

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/20/2024
NAME OF PROVIDER OR SUPPLIER WAKULLA I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 5792 & 5812 NC HWY 71 NORTH MAXTON, NC 28364		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 148	<p>A complaint was completed on June 20, 2024 for intake #NC00217257. The allegations were substantiated and deficiencies were cited.</p> <p>COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure the guardian was notified of any significant incidents, or changes in the clients condition. This affected 1 of 1 audit clients (#1). The finding is:</p> <p>Review on 6/20/24 of the incident report revealed no guardian was contact was documented on the incident report.</p> <p>Review on 6/20/24 of client #1's record revealed no documentation that client #1's guardian had been notified of the 4/22/24 incident or the laceration on his head and receiving 4 staples.</p> <p>Interview on 6/20/24 the assisting qualified intellectual disabilities professional (QP) revealed there was no documentation of guardian contact informing the guardian of the 4/22/24 incident.</p>	W 148			
W 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p>	W 154			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 154	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure allegations were thoroughly investigated. This affected 1 of 1 audit clients (#1). The finding is:</p> <p>Review on 6/20/24 of a facility incident report, facility incident report dated 4/22/24 revealed client #1 was in bedroom dressed and sitting in his bedroom alone. When staff heard a scream and went in to check on the client and he was found.</p> <p>Review of facility documents did not reveal an investigation had been completed regarding the incident on 4/22/24.</p> <p>Interview on 6/20/24 the qualified intellectual disabilities professional (QP) revealed this was not her assigned home, the assigned QP was on vacation. However, she was unable to locate an investigation and wasn't aware that an investigation was completed.</p>	W 154			