

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 10/02/2024
NAME OF PROVIDER OR SUPPLIER WAKULLA I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 5792 & 5812 NC HWY 71 NORTH MAXTON, NC 28364		
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, and interviews, the facility failed to ensure privacy was maintained for 1 of 5 clients (#3). The finding is:</p> <p>During observations in the facility on 10/1/24 at 4:16pm, Staff C assisted client #3 to the bathroom and left the door open as client #3 sat on the toilet. Staff stood in the doorway and did not prompt client #3 to close the door.</p> <p>Interview on 10/2/24 with Staff C revealed that staff should not have allowed client #3 use the bathroom with the door open. Staff are trained to close the door to ensure privacy for all clients. She further confirmed that staff are supposed to hold client #3's gait belt and allow client #3 to close the door.</p> <p>Interview on 10/2/24 with the Home Manager revealed the bathroom doors should have been closed when client #3 was using the bathroom to ensure privacy.</p> <p>Interview on 10/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that staff should honor the client's privacy when using the bathroom by closing the door. She further confirmed that staff should have closed the door when client #3 was using the bathroom.</p>	W 130			
W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with</p>	W 189			

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 189	<p>Continued From page 1</p> <p>initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to properly secure wheelchairs during transport. This affected 2 of 5 audit clients (#4 and #5). The findings are:</p> <p>A. During morning observations at the home on 10/2/24 at 8:15am, client #4 was observed sitting in the front wheelchair position on the van. Client #4 sat in his wheelchair and the shoulder belt was not strapped across his chest. The shoulder belt was looped through the armrests and lay across his abdomen.</p> <p>B. During morning observations at the home on 10/2/24 at 8:15am, client #4 was observed sitting in the rear wheelchair position on the van. Client #5 sat in his wheelchair and the shoulder belt was not strapped across his chest. The shoulder belt was looped through the armrests and lay across his abdomen.</p> <p>Record review on 10/2/24 of training for Wheelchair Securement System Assessment on 8/5/24 revealed staff were trained on how to secure the wheelchair lap and shoulder belt to van.</p> <p>Interview on 10/2/24 with Staff B and Staff G revealed they were trained at the day program to loop the shoulder belt through the loops of the wheelchair's armrests.</p> <p>Interview on 10/2/24 with Staff F revealed the shoulder belt should go across the clients chests</p>	W 189			

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W 189	Continued From page 2 and he fixed the belts on both client #4 and client #5's wheelchairs.	W 189			
W 268	Interview on 10/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff have been trained how to secure the wheelchair and belts on the van last month. CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff maintained positive interactions with clients. This affected 1 of 5 audit clients (#11). The finding is: During dinner observations in the home on 10/1/24, client #11 received repeated commands from Staff C and D during his meal: At 5:50pm, Staff D firmly told client #11 "Sit up straight," whenever he leaned slightly on the left side of his arm chair. At 5:54pm, Staff D firmly told client #11 twice, "Put that fork down." At 5:56pm, Staff D firmly told client #11, "Finish that juice" pointing her finger at him. At 5:56pm, Staff D firmly told client #11, "Put that fork down", "Finish that juice first" and "You better eat your food." At 5:58pm, Staff D firmly told client #11, "Don't sit there and drink all that milk and waste it over you", "Drink your water, stop!" At 5:59pm, Staff D firmly told client #11, "Put that fork down."	W 268			

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W 268	Continued From page 3 At 6:00pm, Staff C firmly told client #11, "Take a sip...and another now." Staff D firmly told client #11, "You got food in your mouth, chew it!" Record review on 10/2/24 of client #11's Individual Program Plan (IPP) from 3/25/24 revealed staff should observe him at mealtimes and ensure he does not overfill his spoon and mouth with food. Interview on 10/2/24 with the Home Manager (HM) revealed he has done an in-service with staff on human rights. During shifts, the HM has noticed some staff can be loud when speaking to clients and use "high inflexion with tone." Interview on 10/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she has observed a staff at the home, who had a military background, using a loud, firm voice with clients and did not think her intent was a concern. The QIDP revealed that client #11 does require repeated prompting to follow directions since he can be noncompliant sometimes.	W 268			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and interview, nursing services failed to ensure staff were adequately trained in appropriate hygiene methods required while administering medication to 1 of 5 clients	W 340			

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W 340	Continued From page 4 (#5). The finding is: During observation of medication administration on 10/1/24 at 4:30 pm, Staff D placed client #5's medication in client #5's mouth using Staff D's bare hands. Interview on 10/2/24 with the Nurse revealed that it is inappropriate for staff to administer medication by placing it in the client's mouth with their hands, as this practice could potentially spread infection. Staff are trained to sanitize their hands, use gloves, name the medication purpose and allow the client to pop the pill in the cup, before consumption.	W 340			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure all medications were administered in accordance with physicians' orders. This affected 1 of 5 clients (#5). The finding is: During breakfast observation in the home on 10/2/24 at 7:30 am client #5 finished his breakfast and afterwards was administered a Gas Relief Chew 125 mg. Record review on 10/2/24 revealed client #5's physician orders dated 6/5/24, prescribed a Gas Relief Chew 125 mg (1 tablet) to be taken 3 times per day (7:30 am, 11:30 am, and 4:30 pm) before meals.	W 368			

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W 368	Continued From page 5	W 368			
W 441	<p>Interview on 10/4/24 with the Nurse revealed that, according to the physicians' order, client #5 should have received the Gas Relief Chew before eating breakfast.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is:</p> <p>Review on 10/1/24 of the facility's fire drills conducted August 2023 through September 2024 revealed the following drills within the same one-hour time frame:</p> <p>*2nd Shift Drills (Wakulla I): 11/4/23 at 4:09pm, 2/5/24 at 3:56pm, 5/1/24 at 3:22pm, and 8/1/24 at 3:16pm</p> <p>*3rd Shift Drills (Wakulla I): 9/4/23 at 12:01am, 12/4/23 at 11:33pm, 3/5/24 at 11:36pm, 6/5/24 at 12:05am, and 9/2/24 at 12:00am</p> <p>Interview on 7/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed drills should be varied.</p>	W 441			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p>	W 460			

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W 460	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients were provided their modified and specially-prescribed diets as indicated. This affected 3 of 5 audit client (#1, #3 and #4). The findings are:</p> <p>A. During breakfast observation in Wakulla I on 10/2/24 from 7:30am to 8:00am, client #1 was served and consumed two pancakes with syrup, one serving of scrambled eggs, one serving of prune juice and orange juice. She did not receive probiotic yogurt.</p> <p>Review on 10/1/24 of client #1's individual program plan (IPP), dated 11/12/23, revealed a prescribed, regular diet with high fiber and whole thin liquids. She should receive one container of yogurt with probiotic and 8 oz. of prune juice twice per day (8am and 6pm).</p> <p>Review on 10/2/24 of client #1's nutritional evaluation, dated 10/4/23, revealed a prescribed, regular diet with high fiber and whole thin liquids. She should receive 1 container of yogurt with probiotic and 8 oz. of prune juice twice per day (8am and 6pm).</p> <p>Interview on 10/2/24 with Staff H revealed client #1 should have probiotic yogurt twice per day, usually at breakfast and at dinner.</p> <p>Interview on 10/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 should receive yogurt with probiotic at breakfast and in the evening as prescribed.</p> <p>B. During dinner observations on 10/1/24 at Wakulla II, and on 10/2/24 during breakfast, client</p>	W 460			

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W 460	<p>Continued From page 7</p> <p>#3 did not receive a Boost VHC 1 beverage.</p> <p>Review on 10/1/24 of client #3's Nutritional Evaluation dated 1/17/24 recommended a weight gain diet with mechanical soft/ground consistency, thin liquids, Yogurt twice per day (BID), and Boost VHC 1 three times per day (TID).</p> <p>Review on 10/2/24 of client #3's Individual Program Plan (IPP), dated 1/9/24 did not list the recommended Boost VHC 1 BID as recommended on client #3's Nutritional Evaluation.</p> <p>Review of client #3 current medication orders did not list the Boost VHC 1 as recommended on the Nutritional Evaluation.</p> <p>Interview on 10/2/24 with Staff B revealed client #3 does not receive a Boost VHC 1 beverage on first shift, and Staff B did not know when client #3 received the Boost.</p> <p>Interview on 10/2/24 with the House Manager revealed that client #3's Boost VHC 1 was not on the (Medication Administration Record (MAR) and client #3 likely had not been receiving the beverage.</p> <p>Interview on 10/2/24 with the Nurse revealed the 1/17/24 Nutritional Evaluation's recommendation for client #3 to receive Boost VHC 1, was overlooked and was not documented in client #3's IPP or provided three times per day since 1/17/24. The Nurse provided documentation of client #3's most current weight of 143lbs, which she advised is within the 140-155 recommended range from the Nutritional Evaluation.</p>	W 460			

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W 460	Continued From page 8	W 460			
W 473	<p>C. During dinner observations in the home on 10/1/24 at 5:45pm, client #4 was given a plate of ground beef for tacos and tater tots, chopped consistency, prepared by Staff A. Client #4 consumed his meal without difficulty. Another observation on 10/2/24 at 6:55am, client #4 was eating scrambled eggs and pancakes cut into bite size pieces the size of a nickel. He consumed his meal without difficulty.</p> <p>Record review on 10/2/24 of client #4's Nutritional Evaluation from 7/15/24 revealed all food to be cut into 1/4" pieces by staff.</p> <p>Interview on 10/2/24 with the nurse revealed 1/4" consistency was small, similar to a grain of rice.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that hot food was maintained at appropriate temperature for consumption. This affected 1 of 5 audit clients (#4). The finding is:</p> <p>During breakfast observation in the home on 10/2/24 at 6:55am, client #4 was eating pancakes and scrambled eggs. Two small bowls, covered in plastic wrap contained pancakes and scrambled eggs for his double portions. At 7:08am, Staff G transferred the eggs and pancakes onto client #4's plate. Client #4 started to feed himself. Staff G was asked to record the temperature of the food left in the bowls. Staff G went immediately into the kitchen and took a food thermometer out</p>	W 473			

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W 473	<p>Continued From page 9</p> <p>of a drawer, cleaned it in probed the pancakes. The temperature gauge was stuck on 138 degrees and Staff was unable to recalibrate the tool to get an accurate temperature. Staff G found another food thermometer but it was already set at 90 degrees and it did not move once he stuck it in the food. The surveyor felt the outside of the bowls and the food was at room temperature.</p> <p>Interview on 10/2/24 with Staff G revealed he acknowledged the scrambled eggs and pancakes served to client #4 from his second portions, "were not that hot."</p> <p>Interview on 10/2/24 with the Home Manager (HM) revealed the food thermometer being used was not working. The HM acknowledged staff should check food temps after preparing the meals and serving to clients. The HM affirmed that staff should not serve any food cold, it should be reheated.</p>	W 473			