

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/31/2024
NAME OF PROVIDER OR SUPPLIER WAKE ENTERPRISES-THE MILLER BLDG		STREET ADDRESS, CITY, STATE, ZIP CODE 3548 BUSH STREET RALEIGH, NC 27609		
(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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 13, 2024. The complaint was unsubstantiated (intake #NC00223108). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities.</p> <p>This facility has a current census of 123. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/31/2024
NAME OF PROVIDER OR SUPPLIER WAKE ENTERPRISES-THE MILLER BLDG		STREET ADDRESS, CITY, STATE, ZIP CODE 3548 BUSH STREET RALEIGH, NC 27609		
(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) COMPLETE DATE
V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 audited paraprofessional staff (#1 & #2) and 2 of 2 audited Qualified Professional (QP #1 & #2) had training to meet the mh/dd/sa needs of the client. The findings are:</p> <p>Review on 11/5/24 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 10/24/22 - No documentation of diabetes or insulin administration training <p>Interview on 11/1/24 staff #1 reported:</p> <ul style="list-style-type: none"> - Had a nursing background but didn't work as a nurse in the facility - Hadn't received diabetes or insulin administration training at the facility - The facility didn't train staff on diabetes - Felt comfortable with working with clients with diabetes and injecting insulin due to her history with diabetes and insulin administration <p>Review on 11/5/24 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 8/12/22 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/31/2024
NAME OF PROVIDER OR SUPPLIER WAKE ENTERPRISES-THE MILLER BLDG		STREET ADDRESS, CITY, STATE, ZIP CODE 3548 BUSH STREET RALEIGH, NC 27609		
(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) COMPLETE DATE
V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> - No documentation of diabetes or insulin administration training <p>Interview on 11/1/24 staff #2 reported:</p> <ul style="list-style-type: none"> - Hadn't received diabetes or insulin administration training - Diabetes and insulin administration wasn't covered in the medication administration training - Was comfortable with overseeing clients insulin administration by following the instruction on the client's MAR <p>Review on 11/5/24 of QP #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 5/19/22 - No documentation of diabetes or insulin administration training <p>Interview on 11/1/24 QP #1 reported:</p> <ul style="list-style-type: none"> - Had training on diabetes - Diabetes training was covered in the medication administration training - The medication administration training included the signs and symptoms of high and low blood sugar <p>Review on 11/5/24 of QP #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 9/10/22 - No documentation of diabetes or insulin administration training <p>Interview on 11/1/24 QP #2 reported:</p> <ul style="list-style-type: none"> - Had medication administration training which covered a small portion of information about diabetes - The medication administration training discussed glucose readings and administering insulin 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/31/2024
NAME OF PROVIDER OR SUPPLIER WAKE ENTERPRISES-THE MILLER BLDG		STREET ADDRESS, CITY, STATE, ZIP CODE 3548 BUSH STREET RALEIGH, NC 27609		
(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) COMPLETE DATE
V 108	<p>Continued From page 3</p> <p>Review on 10/31/24 of an email written and received on 10/31/24 from the Quality Assurance Specialist (QAS) revealed:</p> <ul style="list-style-type: none"> - "...We don't have any diabetes specific trainings..." <p>Interview on 11/4/24 the facility's training company reported:</p> <ul style="list-style-type: none"> - Taught the first aid and medication administration training at the facility for past 5 years - The medication administration training didn't include training on diabetes or insulin administration - Diabetes and insulin administration was part of a more specialized training - The first aid training included a generalized diabetic emergency training that identified signs and symptoms of a diabetic emergency <p>Interviews on 11/1/24 & 11/13/24 the QAS reported:</p> <ul style="list-style-type: none"> - The facility used a training company for the medication administration training - Believed diabetes and insulin administration was taught in the medication administration training - Staff didn't administer insulin to the client, but staff observed the client administer her own insulin - Didn't know if staff adjusted the medication dose in the insulin pen for the client <p>Interview on 11/13/24 the Licensee reported:</p> <ul style="list-style-type: none"> - Believed diabetes training was included in the medication administration training - Believed the client administered her insulin independently and didn't need staff supervision while administering the insulin - Didn't know insulin administration training 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/31/2024
NAME OF PROVIDER OR SUPPLIER WAKE ENTERPRISES-THE MILLER BLDG			STREET ADDRESS, CITY, STATE, ZIP CODE 3548 BUSH STREET RALEIGH, NC 27609		
(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) COMPLETE DATE	
V 108	Continued From page 4 was required since the client administered her own insulin	V 108			