

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

PRINTED: 12/10/2025
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 12/09/2025
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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients #4, #5, #11 and #12 had the right to dignity related to the use of incontinence pads. This affected 4 of 6 audit clients. The findings are:</p> <p>A. During observations throughout the survey on 12/8 - 9/25, client #4 was observed sitting on a couch in the living room. Further observations revealed client #4 was sitting on a washable incontinence pad.</p> <p>Review on 12/9/25 of client #4's Individual Program Plan (IPP) dated 9/29/25 revealed there was no information stating he is to sit on a washable incontinence pad.</p> <p>B. During observations throughout the survey on 12/8 - 9/25, client #5 was observed sitting in his wheelchair. Further observations revealed client #5 was sitting on a washable incontinence pad.</p> <p>Review on 12/9/25 of client #5's IPP dated 5/15/25 revealed there was no information stating he is to sit on a washable incontinence pad.</p> <p>C. During observations on 12/9/25 at 7:10am, client #11 was observed sitting on washable incontinence pad while sitting on the couch in the living room.</p>	W 125			

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 125	Continued From page 1 Review on 12/9/25 of client #11's IPP dated 9/29/25 revealed there was no information stating he is to sit on a washable incontinence pad. D. During observations during the survey on 12/8 - 9/25, client #12 was observed sitting on washable incontinence pad, whenever he was sitting in a recliner which is located in the living room. Review on 12/9/25 of client #12's IPP dated 1/7/25 revealed there was no information stating he is to sit on a washable incontinence pad. During an interview on 12/9/25, Staff A stated that clients #4, #5, #11 and #12 all are toileted every two hours. Further interview revealed the incontinence pads are being used to prevent accidents on the furniture or the clients wheelchairs. During an interview on 12/9/25, the Home Supervisor (HS) stated no clients should be sitting on washable incontinence pads while sitting on furniture or in their wheelchairs. During an interview on 12/9/25, the Qualified Intellectual Disabilities Professional (QIDP) stated the washable incontinence pads are being used for best practice; which is to prevent toileting accidents.	W 125			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively,	W 189			

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W 189	Continued From page 2 efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the usage of client wheelchairs. This affected 1 of 6 audit clients (#4). The finding is: During observations in the home on 12/8/25 at 6:02pm, Staff B was observed sitting in client #4's wheelchair and propelling it with her feet. Further observations revealed Staff B was exiting the living room and entering the dining room and going around the table and providing hand sanitizer to the clients around the table, while still sitting in client #4's wheelchair. During an interview on 12/8/25, Staff B could not give any reasons why she was using client #4's wheelchair for her own personal use. During an interview on 12/9/25, the Home Supervisor (HS) confirmed there is never a time where a staff should be personally using any of the clients' wheelchair for their personal use. During an interview on 12/9/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed there is never a time where a staff should be personally using any of the clients' wheelchair for their personal use.	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number	W 249			

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W 249	Continued From page 3 and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 6 audit clients (#11) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of wheelchair safety. The finding is: During observations during the survey on 12/8 - 9/25, client #11 was not prompted to use his gloves; which are to be used whenever he is self propelling his wheelchair. Review on 12/8/25 of client #11's IPP dated 3/18/25 stated, "Gloves worn during times he is propelling his wheelchair". Further review revealed client #11's gloves are used for safety while in wheelchair. During an interview on 12/9/25, Staff A confirmed client #11 should be prompted to wear his gloves whenever he is self propelling his wheelchair. Further interview revealed client #11's gloves are kept in his bedroom in his drawer. During an interview on 12/9/25, the Qualified Intellectual Disabilities Professional (QIDP) stated client #11 should be wearing his gloves whenever he is self propelling his wheelchair.	W 249			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 383			

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W 383	Continued From page 4 Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is: During morning observations in the home on 12/9/25 at 7:26am, the Home Supervisor (HS) told Staff A the keys to the medication closet are located in a unlocked drawer in the medication room. Further observations revealed the door to the medication room was open and unlocked. During an interview on 12/9/25, Staff A confirmed the keys that were in the unlocked drawer were the keys to the medication closet. During an interview on 12/9/25, the HS confirmed the medication keys were being kept in an unlocked drawer in the medication room. During an interview on 12/9/25, the facility's nurse stated whomever the medication technician is should always have the keys on their person.	W 383			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate any problems with fire evacuation drills, including the reason for extended times needed for evacuations. The finding is:	W 448			

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W 448	Continued From page 5 Review on 12/8/25 of the facility's fire evacuation drills over the past year revealed several drills with extended evacuation times to include: 1/3/25 (5 minutes), 2/3/25 (7 minutes), 4/1/25 (6 minutes), 5/5/25 (5 minutes), 7/2/25 (5 minutes), 8/4/25 (5 minutes), 10/5/25 (5 minutes) and 12/3/25 (5 minutes). During an interview on 12/9/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the drills should have been evaluated to determine the issues of the extended evacuation times and a plan of correction should have been developed.	W 448			