

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/13/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WADDELL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1323 REYNOLDA ROAD</b> <b>WINSTON-SALEM, NC 27104</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 2/13/26. The complaints were substantiated (intake# NC00235249, NC00235245). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 290	<p><b>27G .5602 Supervised Living - Staff</b></p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the</p>	V 290		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 290	<p>Continued From page 1</p> <p>emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 2 of 3 audited clients (Client #1, #3) were assessed annually for their capability to have unsupervised time in the facility and community. The findings are:</p> <p>Review on 2/9/26 of client #1's record revealed: -An admission date of 7/11/13. -Diagnoses of Mild Intellectual Developmental Disability, other specified Anxiety Disorder. -Age 34 -A treatment plan dated 10/16/25 noted " will use safety skills when in the community with one or less verbal prompts.." "...works 2 days a week</p>	V 290		

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V 290	<p>Continued From page 2</p> <p>total (1 day at [clothing store] and 1 day at [Grocer store].)"</p> <p>-Consent-Assessment Unsupervised Time dated 10/30/24.</p> <p>-No updated annual for unsupervised time assessment was documented.</p> <p>Review on 2/9/26 of client #3's record revealed:</p> <p>-An admission date of 9/30/94.</p> <p>-Diagnoses of Anxiety, Depression, Mild Intellectual Developmental Disability, Dysmonorrhea.</p> <p>-Age 71.</p> <p>-Own guardian.</p> <p>-A treatment plan dated 1/1/26 noted " will increase relationship, socialization and communication skills.."</p> <p>-Consent-Assessment Unsupervised Time dated 10/30/24.</p> <p>-No updated annual for unsupervised time assessment was documented.</p> <p>Review on 2/9/26 of the facilities Policy and Procedure Manal dated 11/3/25: Topic: Unsupervised Time revealed:</p> <p>-5. "The QP will monitor each individual's unsupervised time amount and make changes to the assessment and plan as needed. Issues that may lead to removal or change in hours of unsupervised time include, but are not limited to: demonstrating unsafe behavior, not adhering to times limits, failure to communicate with staff, or changes in health status."</p> <p>6. "If no changes are needed the assessment does not need to be updated."</p> <p>7. "When the plan contains the schedule for unsupervised time the plan's signature shall indicate annual consent."</p> <p>Interview on 2/11/26 with client #1 revealed:</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>Stated she had "8 hours of unsupervised time daily."</p> <p>Attempted interview on 2/11/26 with client #3 revealed: -Not feeling well, due to stomach issues, unable to interview.</p> <p>Interview on 2/13/26 with the Residential Director/Qualified Professional revealed: -The clients' unsupervised time assessments were updated when/if something had changed with the client per the facility policy.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		