STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345113	A. BUILDING _____ B. WING _____	C 12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK NURSING AND REHABILITATION CENTER	2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534

(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
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and resident and staff interviews, the facility failed to provide dignity by conferencing with the Resident regarding her Minimum Data Set assessment while she was toileting for 1 of 3 sampled residents (Resident # 3). Findings included: Resident #3 was admitted on 11/14/2014 with diagnoses that included cerebrovascular disease, hypertension, gastro-esophageal reflux disease without esophagitis. The annual Minimum Data Set (MDS) dated 11/01/2016 indicated Resident #3 was cognitively intact and required extensive assistance for toileting and personal hygiene. During an interview on 11/28/2016 at 4:20 pm, Resident #3 stated, "about three weeks ago, the week of the presidential election, I was on the bedpan and the social workers came and banged on my door. They were told 'patient care' by the nursing assistant at the desk and I said, 'patient care' also, but they kept banging. I then said come in. They came in, stood at the door and discussed my MDS assessment while I was on the bed pan." During an interview with Nursing Assistant #1 on 11/29/2016 at 9:45 am, she explained that on 11/11/2016, Social Worker #1 and Social Worker #2 knocked on Resident #3's room. She stated	F 241	Willow Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quali-ty of care of residents. The plan of correction is submit-ted as a written allegation of compliance. Willow Creek Nursing and Rehabilitation Center's re-sponse to this Statement of Deficiencies does not de-note agreement with the Statement of Deficiencies nor does it constitute an admission that any deficien-cy is accurate. Further, Willow Creek Nursing and Rehabilitation Center re-serves the right to refute any of the deficiencies on this Statement of Deficien-cies through Informal Dis-pute Resolution, formal ap-peal procedure and/or any other administrative or legal proceeding.	12/28/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/21/2016

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F 241	Continued From page 1 she was at the desk right outside of Resident #2's room and she told them "patient care." She stated Social Worker #1 stated "I'm a Social Worker" and knocked again. Nursing Assistant #1 revealed after the Social Workers knocked again, she expressed to them that Resident #3 was on the bedpan and she was waiting for her to complete her bowel movement, but they entered the room anyway. Later, when she Resident #3 turned her call light on to come off the bedpan, Resident #3 expressed to Nurse Assistant #1, she was embarrassed and humiliated. When asked if Nurse Assistant #1 reported this incident to her supervisor, she stated "no." During an interview with Social Worker #1 on 11/29/2016 at 9:55 am, she explained they (Social Worker #1 & Social Worker #2) knocked on Resident #3 room door. She stated to come in. She stated they went in the room and talked to Resident #3 regarding her MDS assessment data while she was on the bedpan. When asked if she knew Resident #3 was on the bed pan, she said, "yes." When asked if she routinely speak with Residents while they are toileting, she stated "no." She responded, "she (Resident #3) said come in." An interview with Social Worker #2 on 11/29/2016 at 9:59 am, revealed she and Social Worker #1 entered Resident #3 room after knocking and Resident #3 stated, "come in." She stated she remembered the Nursing Assistant saying "patient care", but the Resident did say, "come in." When asked if she knew Resident #3 was on bedpan, she answered "yes." When asked if she would interview and converse with Residents while they were toileting routinely, she stated, "no." An interview on 11/30/2016 at 8:50 am with Resident #3 revealed she was humiliated and	F 241	Resident #3 had concern that SW #1 and SW #2 en-tered room during care. On 11-29-16 the Staff Facilitator-RN in-serviced Social Worker #1 and Social Worker #2 on dignity and respect, and not to enter a resident room during care. Resident Liaison visits resident #3, initiated on 12/5/16, daily for any concerns voiced by resident #3. All alert and oriented resi-dents, to include resident #3 were interviewed using the resident right/dignity tool for aspects of dignity to as-sure the rights and dignity of residents of the facility are upheld. The interviews were initiated by licensed nurse's MDS nurses, RN unit man-ager and LPN resource nurs-es on 11/30/16. The inter-views were completed on 12-9-16 any concerns identi-fied were addressed imme-diately. 100% of all staff, to include Social Worker #1 and Social Worker #2, in-service on treating residents with Digni-ty and Respect was initiated 11-30-16 by Staff Facilitator and in-servicing was com-pleted on 12/9/16. All new hires will receive in-services regarding treating Residents with Dignity and Respect, upon hire and an-nually. Assigned directors will moni-tor for	

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F 241	Continued From page 2 was offended with the two Social Workers present. She continued by stating she felt she had to let them in so they would stop knocking and go away. She stated "it is hard enough to go to the bathroom on a bedpan, it is even harder when someone is talking and watching you." During an interview on 12/01/16 at 10:00 am with the Administrator and the Regional Vice President, the Regional Vice President stated the two Social Workers should have left immediately after being informed that Resident #3 was on the bed pan. He continued by stating it was their expectation that all residents should be "treated with dignity and respect."	F 241	compliance utilizing the rounding tool and report any areas of concern. Resident rights/Dignity in-terviews, to include resident #3, will be performed by So-cial Workers and resident liaison, q 2 weeks x 2 months, than monthly x 3 months utilizing the Resi-dent rights/dignity tool. The Executive QI committee will meet monthly and re-view and address any issues, concerns, and/or trends and to make change as needed.	
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.	F 520		12/28/16

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F 520	Continued From page 3 Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based upon staff interview and record review, the facility's Quality Assurance (QA) committee failed to prevent the reoccurrence of deficient practice related to dignity which resulted in a repeat citation at F 241. The re-citing of F241 during the last year of federal survey history showed a pattern of the facility ' s inability to sustain an effective QA program. This tag is cross-referenced to: F241: Dignity. Based on observations, record review and resident and staff interviews, the facility failed to provide dignity by conferencing with the resident regarding the Minimum Data Set assessment while toileting for 1 of 3 sampled residents (Resident #3). Review of the facility's survey history revealed F 241 was cited during the facility's 07/14/2016 annual recertification survey. During an interview on 12/01/2016 at 2:00 PM with the Administrator and the Regional Vice President, the Administrator stated the QA Committee met on a quarterly basis with their meeting focused on concerns identified by the facility's interdisciplinary team, family members, Resident Council, and external customers. The Administrator explained specific identified issues such as dignity were addressed and immediately a plan to focus on causes and providing improvement were put into place. The Administrator stated recent changes in facility staff, nursing staff turnover, and the closing of a unit secondary to flooding from the recent	F 520	Willow Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Willow Creek Nursing and Rehabilitation Center's re-sponse to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficien-cy is accurate. Further, Willow Creek Nursing and Rehabilitation Center re-serves the right to refute any of the deficiencies on this Statement of Deficien-cies through Informal Dis-pute Resolution, formal ap-peal procedure and/or any other administrative or legal proceeding. The Administrator, and DON were educated by the Facility Nurse Consultant on 12/9/16 on the QI process, to include implementation of Action Plans, Monitoring Tools, the Evaluation of the QI process, and modification and correction	

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F 520	Continued From page 4 hurricanes may have contributed to the delays in consistent follow up. The Regional Vice President stated he understood the QA committee had not been successful. He stated the facility corporation had recently hired new management for the facility, which included a new Director of Nursing, in order to help stabilize the facility and bring about needed changes regarding quality of care concerns. The Administrator and the Regional Vice President stated these concerns will be addressed at the QA meeting in order to implement a new strategy to prevent reoccurrence of cited issues.	F 520	if needed to prevent the reoccurrence of deficient practice to include resident dignity when providing care. The Administrator, and DON were educated by the Facility Consultant on 12/9/16 on the QA process to include identifying issues that warrant development and establish a system to monitor the corrections and imple-ment changes when the ex-pected outcome is not achieved and sustaining an effective QA program. The DON/ designee will review action plans and will revise and update any areas of concern. DON/Designee will present to the QI Committee any concerns identi-fied. All data collected for identified areas of concerns to including dignity of resident will be taken to the Quality Assurance Committee for review monthly X 4 months by the DON/ designee and/or Quality improvement Nurse. The Quality Assur-ance Committee will review the data and determine if plans of correction are being followed, if changes in plans of action are required to improve outcomes, if further staff education is needed, and if increased monitoring is required. Minutes of Quality Assurance Committee will be documented monthly at each meeting by the DON or QI nurse. The Facility Consultant will ensure the facility is main-taining and effective QA program by reviewing and initialing the Executive Quar-terly meeting minutes and	

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F 520	Continued From page 5	F 520	ensuring implemented procedures and monitoring practices to address inter-ventions, to include, Resi-dent Dignity and all current citations and QI plans are followed and maintained Quarterly X 2. The facility consultant will immediately retrain Administrator, DON, and QI Nurse for any identified areas of concern. The results of the monthly Quality Assurance meeting minutes will be presented by the Administrator and/or DON to the executive Com-mittee Quarterly X 2 for re-view and identification of trends, development of ac-tion plans as indicated to determine the need and/or frequency of continued monitoring.	