STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345092	A. BUILDING _____ B. WING _____	C 02/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW VALLEY CENTER FOR NURSING AND REHAB	1900 W 1ST STREET WINSTON-SALEM, NC 27104

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F 000	INITIAL COMMENTS The survey team entered the facility on 2/15/23 to conduct a revisit and complaint investigation survey. The survey team was onsite from 2/15/23-2/16/23. Additional information was obtained offsite on 2/17/23. Therefore, the exit date was 2/17/23. (Event ID TNIT12 and Event ID EEI213). The following intakes were investigated NC00197128, NC000197133, NC00197878, NC00198109. 1 of 15 allegations resulted in a deficiency. Please see revisit survey Event ID EE1213- for F867 which was recited. The facility remains out of compliance.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal	F 550		3/6/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/06/2023

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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F 550	Continued From page 1 access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide a private area when providing a finger stick for a blood glucose level and when administering insulin to 1 of 1 Residents, Resident #4, reviewed for administration of insulin. Nurse #1 administered a finger stick glucose level in the hallway at the elevator door with 3 other residents in the immediate area of resident #4 and administered insulin to Resident #4's in the dining area with 7 other residents in the room. Resident #4 did not have the cognition to express her expectation of privacy when care was provided.	F 550	F550 On 2/16/2023, resident #4 record was observed during staff obtaining blood sugars without any further concerns, there was no change in resident baseline or further documentation of any outcomes upon reviewing record. Residents receiving finger sticks and insulin administration have the potential to be affected. On 3/6/2023 observational rounds were conducted by the Unit Managers or Nursing Administration on	

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F 550	Continued From page 2 Findings included: Resident #4 was admitted to the facility on 12/11/2020. She discharged to the hospital on 1/14/2023 and reentered the facility on 1/19/2023 with diagnoses of right ankle fracture and cellulitis of the right lower extremity. A quarterly Minimum Data Set (MDS) assessment dated 1/20/2023 indicated Resident #4's cognition was severely impaired. On 2/15/2023 at 10:15 am during an observation, Nurse #1 checked Resident #1's fingerstick blood glucose level at the nurse's desk directly in front of the doors to the elevator. There were 3 other residents and 4 staff members in the immediate area. Resident #4 was yelling and pulling away from Nurse #1 during the observation. During an observation on 2/15/2023 at 10:18 am, Nurse #1 administered an insulin injection to Resident #4 in the dining room area with 6 other residents present. Resident #4 was yelling and hitting Nurse #1 and told Nurse #1 she would kill her. Nurse #1 gave the insulin in her right arm after having Nurse Aide #1 hold Resident #4's hands. An interview was conducted with Nurse #1 on 2/15/2023 at 11:15 am and she stated she did not know that she should not check Resident #4's blood glucose level and give Resident #4 her insulin in a common area. She stated she had not received any education regarding providing privacy to the residents from the facility. The Director of Nursing was interviewed by phone on 2/17/2023 at 11:15 pm and stated Nurse #1	F 550	residents receiving finger sticks and insulin administration to validate privacy was provided. On 3/4/2023 education was provided to licensed nurses and medication aides regarding providing privacy when administering insulin and doing finger sticks for blood glucose. Those licensed nurses and medication aides that have not received the education will not be able to work until they have received this education. Education will continue in orientation for newly hired medication aides and licensed nurses to include agency staff. The administrator and/or Director of Nursing will observe 4 nurses providing finger sticks and administering insulin to ensure privacy was provided five times a week for four weeks, three times a week for four weeks and then twice weekly for four weeks. Results of the audits will be presented by the administrator in the Quality Assurance and Performance Improvement (QAPI) Meeting quarterly for 2 quarters. The QAPI Committee will review the audits and make recommendations to assure compliance is sustained ongoing.	

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F 550	Continued From page 3 should have asked for Resident #4's permission to check her finger stick glucose level and administer her insulin in the hall or taken her to a private area to protect her dignity. On 2/17/2023 at 12:07 pm the Administrator was interviewed by phone, and she stated Nurse #1 should have provided care in a private area to protect Resident #4's dignity.	F 550		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656		3/6/23

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F 656	Continued From page 4 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to include an intervention to the comprehensive care plan to address the intervention of holding a combative resident's hands during care for 1 of 3 residents, Resident #4, reviewed for abuse. Findings included: Resident #4 was admitted to the facility on 12/11/2020. She discharged to the hospital on 1/14/2023 and reentered the facility on 1/19/2023 with diagnoses of right ankle fracture, cellulitis of the right lower extremity, and dementia. A quarterly Minimum Data Set (MDS) assessment dated 1/20/2023 indicated Resident #4's cognition was severely impaired, and she had behaviors that fluctuate.	F 656	F656 On 3/3/2023, Resident #4's care plan was reviewed and updated. Residents with combative behaviors have the potential to be affected. On 3/3/2023, residents located on 500 hall were observed for behaviors and interventions. Care plans updated on 3/3/2023. On 3/3/2023, Regional Minimum Data Set Director educated the Minimum Data Set nurses on updating the comprehensive care plan to address individualizing the care plan for interventions when residents are having behaviors. Regional Minimum Data Set Director will	

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F 656	Continued From page 5 Resident #4's Care Plan which was revised on 1/31/2023 was reviewed and indicated she was resistive to care related to refusing finger stick glucose levels, refusing insulin, and refusing and spitting out oral medications. The Care Plan further stated the facility's interventions included allowing the resident to make decisions regarding her treatment regime to provide a sense of control, providing consistency in care to promote comfort with activities of daily living, and give a clear explanation of all care activities prior and during each contact. On 2/15/2023 at 10:15 am during an observation, Nurse #1 checked Resident #1's fingerstick blood glucose level and Resident #4 was yelling and pulling away from Nurse #1 during the observation. During an observation on 2/15/2023 at 10:18 am, Nurse #1 administered an insulin injection to Resident #4 in the dining room area. Resident #4 was yelling and hitting Nurse #1 and told Nurse #1 she would kill her. Nurse #1 gave the insulin in her right arm after having Nurse Aide #1 hold Resident #4's hands. On 2/15/2023 at 11:04 am an interview was conducted with Nurse Aide #1, and she stated she was not assigned to Resident #4, but she had cared for her previously, and was asked by Nurse #1 to assist her with giving Resident #4 her insulin. Nurse Aide #1 stated Resident #4 had frequent behaviors of yelling out and hitting staff. Nurse Aide #1 also stated she had held Resident #4's hands on previous occasions to keep her from hitting staff when staff were providing personal care, providing incontinence care, and	F 656	audit five residents a week for four weeks, three residents a week for four weeks and then two residents a week for four weeks. Results of the audits will be presented by the administrator in the Quality Assurance and Performance Improvement (QAPI) Meeting quarterly for 2 quarters. The QAPI Committee will review the audits and make recommendations to assure compliance is sustained ongoing.	

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F 656	Continued From page 6	F 656		

when she was transported to appointments.

An interview was conducted with Nurse #1 on 2/15/2023 at 11:15 am and she stated Resident #4 is frequently combative and refuses care. Nurse #1 stated she was trying to calm Resident #4 by holding her hands, but it did not work and since Nurse Aide #1 was holding Resident #4's hands she administered the insulin. Nurse #1 stated she had not received any in-service education from the facility regarding how to care for residents with behaviors.

The Family Member was interviewed by phone on 2/15/2023 at 2:17 pm and she stated Resident #4 becomes very agitated and she did not have issues with how the staff handle her behaviors. The Family Member also stated the staff would never be able to clean or dress Resident #4 if they did not hold her hands for care.

An interview was conducted with the Physician on 2/16/2023 at 9:07 am and he stated Resident #4 is very combative and impulsive. He stated she kicks, grabs, hits, spits on, and pulls the staff's hair and staff would have no choice but to hold Resident #4's hands down to provide care. The Physician further stated there were no other interventions that worked when attempting to provide care for Resident #4 and holding her hands protected her from hurting herself or staff.

On 2/17/2023 at 9:07 am the Data Set (MDS) Nurse was interviewed, and she stated she care planned Resident #4 for physically aggressive behaviors but had not included an intervention for holding her hands during care. The MDS Nurse stated she had included interventions of separating her from other residents, reporting her

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F 656	Continued From page 7	F 656		

behaviors to the physician, and redirecting her when she was physically aggressive.

The Director of Nursing (DON) was interviewed by phone on 2/17/2023 at 11:15 am and stated holding Resident #4's hands allow the staff to render care that is essential to Resident #4's wellbeing. The DON stated the MDS Nurse should Care Plan interventions for Resident #4's combative behaviors.

On 2/17/82023 at 12:07 pm the Administrator was interviewed by phone, and she stated Resident #4's Care Plan should reflect anything that is relative to her care. The Administrator stated if Resident #4 need her hands held during care, then the intervention should be care planned.