STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345113	A. BUILDING **03 - BUILDING 03** B. WING _____	**08/18/2016**

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
K 000	INITIAL COMMENTS A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: V (111) Constructed: 1974 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 200 Census = 186 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/18/2016, at approximately 9:45 AM onward, the following deficiencies were noted: The facility has a build up of dust and lint on the radiation dampers in the return air registers in the following locations:	K 067	K067 Air registers in rooms 804, 905, 1004, and therapy office were cleaned by maintenance director on 8/24/16. 100% audit of all air registers initiated on 8/24/16 by the maintenance department to be completed by 9/18/16. During inspection registers will be cleaned of lint and dust to ensure proper function. Commercial A/C notified to schedule	9/18/16

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

Electronically Signed | 09/02/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345113	A. BUILDING **03 - BUILDING 03** B. WING _____	**08/18/2016**

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
K 067	Continued From page 1 1. Patient bathroom room 804 return air register. 2. Patient bathroom room 905 return air register. 3. Patient bathroom room 1004 return air register. 4. Therapy office return air register. The facility could not verify that the integrity of the radiation damper fusible link was maintained to deploy at the proper temperature or the damper would close the opening completely to maintain the one hour rating of the ceiling. Ref: 2000 NFPA 101 Sections 19.5.2.1; 9.2, NFPA 90A Section 19.5.2.2 This deficiency affected two of approximately six smoke zones in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	100% inspection of all air registers to ensure the integrity of the radiation dampers fusible link is maintained to ensure the one hour rating of the ceiling. Administrator implemented monitoring tool on 8/29/16 to ensure inspection and cleaning is documented. Maintenance director and maintenance assistant in-serviced on monitoring tool on 8/29/16 by administrator. Maintenance Director and Assistant maintenance will conduct monthly inspections times 3 months than quarterly thereafter on air registers to ensure proper cleaning and function of the radiation damper. The maintenance director will report monthly results of inspections and audits to the Quality Assurance Committee. This committee will review the audits and recommend continued monitoring as necessary.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 076	K076	8/23/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345113	A. BUILDING **03 - BUILDING 03** B. WING _____	**08/18/2016**

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
K 076	Continued From page 2 Based on observations, and documentation review on 8/18/2016, at approximately 9:45 AM onward, the following deficiencies were noted: The facility inspection of the storage of oxygen cylinders was non-compliant the specific items include: The oxygen storage room near nurses station 4 had a mixture of full and empty oxygen cylinders in the full storage rack. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. Ref: 2000 NFPA 101 Section 19.3.2.4; NFPA 99 4-3.5.2.2b(2) This deficiency affects 1 of approximately 12 smoke zones in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 076	The oxygen storage tanks were immediately separated empty and full on 8/18/16. Extra Oxygen tank holders were installed to ensure ample storage space was available. The oxygen storage area was labeled to ensure staff was aware of proper placement and storage. A 100% inspection of all oxygen storage rooms was completed on 8/18/16 to ensure that all oxygen cylinders were properly stored. Upon completion of inspection no other oxygen cylinder storage rooms were found to be out of compliance. The Administrator initiated an oxygen cylinder storage monitoring tool on 8/23/16 for the Maintenance Director, Assistant Maintenance and Central Supply Staff to ensure the proper storage of oxygen cylinders. The Administrator educated the Maintenance Director, Assistant Maintenance and Central Supply Staff on the oxygen cylinder storage monitoring tool on 8/23/16. The administrator also educated the Maintenance Director, Assistant Maintenance and Central Supply Staff that in any event that an oxygen cylinder is found to be improperly stored that the administrator is to be notified immediately. The Maintenance Director, Assistant Maintenance and/or Central Supply Staff will conduct the oxygen cylinder storage monitoring tool weekly for 4 weeks, then	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345113	A. BUILDING **03 - BUILDING 03** B. WING _____	**08/18/2016**

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
K 076	Continued From page 3	K 076	monthly for 12 months. The Maintenance Director, Assistant Maintenance and/or Central Supply Staff will report monthly the results of the audits to the Quality Assurance Performance Improvement Committee. This committee will review the audits and recommend continued monitoring as necessary.	