

MAR 14 2013

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/21/2013
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record reviews, interview with the attending physician and staff interviews the facility failed to administer an anti-nausea, a diuretic, vitamin supplement, an antidepressant, an anti-inflammatory, antihypotensive, a thyroid replacement, protein proton inhibitors, and an oral hypoglycemia medications as ordered by the physician. (Resident#1) The facility failed to administer insulin as ordered. (Resident#2) This was evident for 2 of 4 residents reviewed for medication administration. Findings included: 1. Resident #1 was admitted to the facility on 01/29/13 with cumulative diagnoses of Refractory nausea and vomiting, dehydration, Chronic Kidney Disease, Depression. A review of the physician's admission orders dated 1/30/13 revealed Demadox 40 mg (milligrams) po (by mouth) qd (every day) (a drug used to reduce the fluid retention), Flora-Q Capsule 1 cap po daily (supplement), Paxil CR 25 mg po daily (Depression, anxiety), Prednisone 20 mg po (a steroid drug), Vitamin D 2000 units po QD (vitamin supplement), Midodrine 5 mg po three times a day (a drug to treat low blood pressure), Protonix suspension 40 mg po qd (treat gastric esophageal reflux disease (GERD)), renal caps 1 po daily (multivitamin), Synthroid 0.05 mg po after breakfast (a drug to treat hypothyroidism), Reglan 5 mg po four times a day</p>	F 333	<p>Preface Statement Willow Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary 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.</p> <p>Willow Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Willow Creek Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other Administrative or legal proceeding.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

3/13/13

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.

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

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/21/2013
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 333	Continued From page 1 (a drug to treat GERD, nausea, and vomiting) A review of the medication administration record (MAR) dated January 2013 revealed on 01/30/13 Resident #1 did not receive her scheduled 8 AM daily doses of Vitamin D, Demadex, Flora Q capsule, Paxil Cr, Protonix, Renal caps, Synthroid. Additionally, Resident#1 did not receive on 1/30/13 her 6:00AM and 11:30 dose of Reglan and Midodrine at 6:00 AM, 2:00 PM and 10:00 PM A telephone interview on 02/20/13 at 4:55 PM with Nurse #6 (who worked on 01/30/13) revealed the resident did not receive her medication because there was no MAR document for her to know what medications the resident was to receive. Continued review of the MAR dated January 2013 revealed on 01/31/13 Resident #1 did not receive her 8 am scheduled daily dose of Demadex, Flora Q capsule, Paxil CR and Vitamin D. Several attempts to contact Nurse# who worked on 01/31/13 were unsuccessful. A review of the February 2013 revealed the MAR had blank spaces for 02/01/13. Resident # 1 did not receive her scheduled 8 am daily dose of Demadex, Flora Q, Paxil CR, and Renal caps. Resident #1 did not receive her scheduled 11:30 AM dose of Reglan. An interview on 02/20/13 at 10:00 AM with Nurse # 1 revealed she was unsure why Resident # 1 did not receive her medication on 02/01/13. An interview with the Quality Assurance nurse on 02/20/13 at 2:00 PM indicated Nurse #6 called and informed her Resident #1 did not have a MAR or a chart. Nurse #6 informed the QA nurse the resident did not get her, medications because she saw no physician orders.	F 333	Resident #1 and Resident #2 no longer resides in the facility. Facility Residents are receiving medications as ordered by their physician as evident by reviews of Medication Administration Records, to include from the point of Admission for new Residents, to aide with ensuring residents are free of significant medications errors. A review of Medication Administration Records and Medications for Residents admitted to the facility from 2-1-13 forward was completed on 2-25-13 by the Resource Nurse to ensure Medication Administration records were accurate and that Medications ordered were available for administration and were being given. A second review was completed on 3-8-13 by the Administrative Nurse. The Administrative Nurses to include the Resource Nurse addressed Medication concerns on 2-26-13 and 3-8-13. All current Medication Administration Records were audited by Administrative Nurses to include the Resource Nurse and the Quality Improvement Nurse with oversight by the Director of Nursing on 3-11-13 to ensure Medication Administration Records are completed and that medications are being administered as ordered. Noted issues were corrected as identified. Verification of corrections was completed on 3-12-13.	3/13/2013 3/13/2013	

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

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/21/2013
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 333	Continued From page 2 An interview with the DON on 02/20/13 at 3:30 PM revealed her expectation was the resident should have had her MAR completed and her medication available as soon as possible. ons were received from the pharmacy. An interview with the physician on 02/20/13 at 4:45 PM revealed it was his expectation that the resident ' s receive the medication when it is scheduled to be given. The physician indicated that it was a concern to him that resident #1 did not get all of her medications until 01/30/13 at 4:40 PM and was admitted on 01/29/13 at 7:47 PM. He stated " if they did not have the medication available, the nurse should have called and I would have ordered medication that was available so the resident was treated appropriately. " 2. Resident #2 was admitted to the facility on 9/28/12 with cumulative diagnoses which included diabetes mellitus. Review of the hospital glucose laboratory results dated 9/27/13 revealed 121 milligrams per deciliter (mg/dl). The reference range was 70 -110 mg/dl. Review of the admission physician orders dated 9/28/13 included Novolog flex pen 6 units before each meal. The scheduled times for administration were 8:30 AM, 12:30 PM and 5:30 PM. Continued review of the physician order form revealed the 8:30 AM and 12:30 PM orders were written on one page of the	F 333	Admission Reviews are occurring for all Residents who are admitted to the facility by the Resource Nurse or Administrative Nurse, as assigned by the Director of Nursing, to ensure Medication Administration Records are completed upon Admission and that medications are available for administration as ordered. Any concerns identified are being addressed or corrected at the time of discovery. The review and follow up to any concerns identified is being documented on a QI Tool. In- services related to completing Medication Administration Records according to Physician orders to include upon admission and ensuring medications are being given as ordered were conducted for Facility nurses beginning on 2-28-13 by the Quality Improvement Nurse with oversight by the Director of Nursing. A Pharmacy In-service was conducted on 2-22-13 by the Facility Pharmacy Consultant addressing the Medication Administration Record process, Availability of Medications and Administration of Medications as ordered by the Physician. Information covered in the Pharmacy In-service was also	<u>3/13/2013</u> <u>3/13/2013</u>

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

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/21/2013
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 333	<p>Continued From page 3</p> <p>physician orders then written again on a second page to include 5:30 PM.</p> <p>Review of the Medication Administration Record (MAR) revealed the 8:30 AM and 12:30 PM orders were written on one page of the MAR then written again on a second page to include 5:30 PM. There was a line drawn across the column for the entire month of September 2012 of the MAR for the Novolog flex pen 6 units before each meal on the second page.</p> <p>Interview on 2/21/13 at 8:15 am with Nurse#8 (who admitted the resident on 1/28/13) revealed she was must have been overwhelmed the evening the resident was admitted. " I did not have space on the physician order form to continue with the Novolog 6 units times so I wrote continue on a second page. I wrote 8:30 am, 12:30 n and 5:30 pm. I then drew a line threw the times and just wrote 5:30 pm because I had repeated the times from the 1st page. I do not know who drew lines across the MAR where the nurses would have initialed giving the medications. "</p> <p>Review of the MAR revealed no documentation or nurses ' initials that indicated Novolog 6 units was administered to the resident on 9/29/12 and 9/30/12 at 5:30 p.m.</p> <p>Interview with Nurse#7on 2/20/13 at 3 p.m. (who worked the 9/29/12 and 9/30/12) during the 3- 11 pm shift revealed she had not noticed on the MAR that the 5:30 p.m. dose was ordered. " I did not give it (referring to Novolog 6 units). "</p> <p>An interview with the DON (Director of Nurses) on</p>	F 333	<p>included in training initiated by the Facility QI Nurse on 2-28-13. Nurses who have not received the In-service as of 3-13-13 will receive the training prior to taking a Resident assignment. New Nurses will receive the training during Facility Orientation.</p> <p>Current Medication Administration Records will be reviewed 2 xs weekly for minimum of 4 weeks then weekly x 4 weeks then monthly for a minimum of 2 months. These reviews will be recorded on a QI Tool. Results of the Admission Audits and the Medication Administration Record reviews will be compiled by the QI Nurse and forwarded to the Director of Nursing weekly then monthly to ensure follow up is completed as deemed necessary for any identified concerns. Results will be forwarded to the Quality Improvement Committee to include the Administrator and the Director of Nursing for monthly review for identification of trends, development of action plan and to determine the need and / or frequency of continuing QI monitoring.</p>	3/13/2013	

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

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/21/2013
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 333	Continued From page 4 02/20/13 at 3:30 PM revealed her expectations were that a resident should have an accurate MAR and the medications should be administered as ordered.	F 333			