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 12/18/2013

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 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to provide thickened fluids for 1 of 8 (Resident #4) sampled residents reviewed for medication administration who required thickened fluids. Findings included: Resident #4 was admitted to the facility on 10/03/13 with cumulative diagnoses of muscle weakness and congestive heart failure (CHF). Resident #4's Admission Minimum Data Set (MDS) dated 10/10/13 showed that Resident #4 was moderately cognitively impaired. Review of the Physician Telephone Orders dated 11/18/13 showed a change in diet to regular solids, no concentrated sweets with a diabetic snack at hour of sleep (HS) and nectar thick liquids (NTL). Review of the Dysphagia Swallowing Test dated 11/26/13 showed the reason for referral for the test was due to coughing with thin liquids. Potential additional risk factors for complications from dysphagia included increased respiratory complications, potential rehospitalization and an increased risk for aspiration and choking on food, liquid and medications. In an observation of medication administration on	F 367	Nurse #1 was re-educated by the Staff Development Coordinator on the procedure for identifying the correct liquid consistency for each Resident. The "how do I take my meds" instructional sheet that identifies the specific way in which each Resident receives their medications was corrected for Resident #4 to reflect nectar thick liquids by the Director of Nursing. The Director of Nursing or designee will audit all Residents charts to ensure the orders are correct for liquid consistency. The Director of Nursing or designee will audit all Residents "how do I take my meds" instructional sheets to ensure they are accurate to match physician orders. The Director of Nursing or designee will audit all Residents "Care Guides" who are on thickened liquids to ensure they are correct. A red file folder will be placed in the front of the MAR for every Resident who receives special liquids to indicate and alert the nurse to the appropriate liquid consistency. The director of Nursing or designee will audit all Residents on thickened liquids weekly times four weeks and then	1/3/14

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

Electronically Signed | 12/30/2013

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 367	Continued From page 1 12/16/13 at 4:30 PM Nurse #1 prepared Resident #4's medication and placed it in a small plastic cup. Nurse #1 poured ice water from the pitcher on the medication cart into a larger plastic cup and placed a straw into the cup. She then proceeded into Resident #4's room and handed Resident #4 the cup containing her medications. Nurse #1 then handed Resident #4 the plastic cup containing the ice water. Resident #4 proceeded to lift the cup with the medications to her mouth and to lift the ice water toward her face. At that time the medication administration was stopped at the request of the surveyor. In an interview with Nurse #1 immediately following the stopped medication administration she was asked about the fluids she had provided to Resident #4. She stated Resident #4 was supposed to receive NTL and that it was a mistake that she had provided regular ice water to the resident. She proceeded to fill another cup with NTL and Resident #4 was able to take her medications. In an interview on 12/18/13 at 2:22 PM the Director of Nursing (DON) stated it was her expectation for the nurses to know who their resident's were and what they needed. She indicated she would not expect providing thickened liquids would be a problem for her nurses.	F 367	monthly times three months to ensure that the MAR, "how do I take my meds" sheet, Care guide and red file folder indicate the specified thickened liquids. All nursing staff will be re-educated by the staff development coordinator or designee on the procedure for identifying the correct liquid consistency for each Resident All audits and re-education will be reviewed in a weekly quality assurance meeting times four weeks and then monthly times three months. The quality assurance committee will review and change the correction plan as needed based on individual audit outcomes.	