

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 01/12/2016
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to follow physician treatment administration orders for 1 of 2 residents (resident # 12). Findings include: Resident was admitted to the facility on 1/26/15, diagnoses included: Dementia without behavioral disturbances, Hypothyroidism, Type II Diabetes Mellitus, Major Depressive Disorder, Anxiety Disorder, Osteoarthritis, Psychosis, Unspecified Mood Disorder, Heart Failure, Hyperlipidemia, Chronic Obstructive Pulmonary Disease. The quarterly Minimum Data Set (MDS) dated 11/23/15 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 3 with impaired cognition. The MDS indicated she sometimes responds appropriately to conversation and sometimes understands others. She required extensive to two person physical assistance with bed mobility. She was coded for risk of development of pressure ulcers and indicated she had an open lesion, other than a pressure ulcer. The current care plan dated 12/1/15, indicated the resident is at risk for skin breakdown. Interventions include to apply protective barrier</p>	F 309	<p>Willow Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this place 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.</p> <p>Willow Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Willow Creek Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>1) The order for resident #12 was clarified by the RN Supervisor on 1/12/16.</p>	2/9/16

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

TITLE

(X6) DATE

Electronically Signed

01/20/2016

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 309	<p>Continued From page 1</p> <p>cream.</p> <p>A record review indicated a physician order dated 12/22/15 which read " status post right hip debridement wound healing well, continue daily dressing changes ". Another physician order dated 12/7/15 indicated to " pack area to right hip with sterile gauze soaked in full strength dakins solution, Monday, Wednesday, Friday and cover with sterile dressing. "</p> <p>A review of the January 2016 treatment administration record (TAR) read " cleanse right hip with normal saline, apply promogran, 2x2 telfa, check every day and change every other day. "</p> <p>An observation was made on 1/12/16 at 11:25 am of treatment nurse #1 performing wound care on resident #12. Treatment nurse #1 cleansed the resident ' s right hip wound with wound cleanser, then she applied a promogran dressing and covered it with a telfa dressing. (A promogran dressing has collagen and oxidised regenerated cellulose impregnated in the dressing.)</p> <p>An interview was conducted with treatment nurse #1 on 1/12/16 at 11:38 am. The treatment nurse indicated she followed the TAR when she performed the treatment for resident #12. She indicated the order was " probably written on 1/2/16 " based on the TAR beginning 1/2/16 and no documentation for 1/1/16. She indicated she was unable to locate a physician order for the application of the promogran dressing.</p> <p>On 1/12/16 at 3:40 pm an interview with the Director of Nursing was conducted. She indicated her expectation is for the nurses to have treatment orders on admission, or obtain orders on admission from the physician. She indicated if a resident is seen out of the facility for a specific treatment, then the facility staff should clarify the orders from the physician who performed the</p>	F 309	<p>2) 100% audit completed on 1/13/16 of comparing the treatment orders to the TAR for all residents requiring treatments, to include resident #12, to ensure that current physician's orders are being followed by the Wound Consultant and Facility Consultants. The clarification orders were obtained by the charge nurse on 1/13/16 for all identified areas of concerns.</p> <p>3) The Treatment Nurses were in-serviced on Following Physician's orders for treatments and to clarify with the physician any discrepancies on 1/13/16 by the Wound Consultant. An inservice was initiated 1/20/16 inservicing to 100% of all licensed nurses for following Physician's orders to include treatment orders by the DON to be completed 2/9/16. All new hired licensed nurses will be inserviced on following Physician's orders to include treatment orders by the DON or staff facilitator during orientation.</p> <p>4) The QI nurses and ADON will pull 10% of residents with wounds to include resident #12 TAR's to ensure that current physician's orders are being followed and documented on the treatment record utilizing a treatment monitoring QI tool, 3 times a week X's 4 weeks, then weekly X's 4 weeks then monthly X's 1 month. The treatment nurses will be immediately re-trained and order clarification obtained by ADON, QI nurses and RN supervisors for any identified areas of concerns. The DON will review and initial the treatment monitoring tool for completion and to ensure all areas of concerns were addressed weekly X's 8 weeks and</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 309	Continued From page 2 debridement or treatment, and make sure they have a written order for the treatment.	F 309	monthly X's 1 month. The Executive QI committee will meet to review the treatment monitoring tool monthly X's 3 months to determine issues and trend to include continued monitoring frequency.		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 431		1/29/16	

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F 431	<p>Continued From page 3</p> <p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to secure medication storage by failing to lock 1 of 3 medication administration carts. Findings include: On 1/10/16 at 9:20 pm, an observation was made of an unlocked medication cart sitting unattended outside of room 510. The door to room 510 was shut and the nurse was inside of the room. The medication cart drawers were facing the open hallway. On 1/10/16 at 9:22 pm, an interview was conducted with nurse #1. She indicated that she should lock her medication cart at all times when it is not within view or reach of her. She stated " I guess I just got in a hurry going into the resident ' s room. " On 1/10/16 at 9:25 pm, an observation was made of the same medication cart unlocked, in the same position sitting unattended outside of room 510. On 1/10/16 at 9:30 pm, a second interview was conducted with nurse #1. She indicated she should lock her medication cart at all times when it is not within view or reach of her. She stated " I left it unlocked again. " On 1/12/16 at 3:44 pm, an interview with the Director of Nursing was conducted. She indicated her expectation is that the medication cart should be locked at all times if it is not within view.</p>	F 431	<p>Willow Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this place 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.</p> <p>Willow Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Willow Creek Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Nurse #1 was educated on keeping medication cart locked at all times when left unattended on 1/10/16 by the director of nursing.</p> <p>100% audit was completed on January</p>		

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F 431	Continued From page 4	F 431	<p>13, 2016 to ensure all medication carts were locked when left unattended, by Facility Consultants. No concerns noted during the audit.</p> <p>100% inservice to all licensed nurses to include nurse # 1 on Medication Cart Security:</p> <ul style="list-style-type: none"> Keep all medication carts locked at all times when not in use and unattended. Will be completed on 1/29/16 by Staff Facilitator, DON or RN supervisor. <p>All new hired licensed nurses will be in-serviced on Medication Cart Security on orientation by the Staff Facilitator or the DON.</p> <p>Medication Carts will be monitored using a Medication Cart Security tool to ensure all medication carts are locked when left unattended, to include cart utilized by nurse #1, by ADON, QI nurses and RN supervisors, to include nights and week-ends, 3 times a week X's 4 weeks, then weekly X's 4 weeks then monthly X's 1 month. The licensed nurse will be immediately re-trained by ADON, QI nurses and RN supervisors for any identified areas of concerns. The DON will review and initial the Medication Cart Security tool for completion and to ensure all areas of concerns were addressed weekly X's 8 weeks and monthly X's 1 month.</p> <p>The Executive QI committee will meet to review the Medication Cart Security tool</p>		

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F 431	Continued From page 5	F 431	monthly X's 3 months to determine issues and trend to include continued monitoring frequency.		