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 02/14/2020

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
E 000	Initial Comments An unannounced recertification and complaint survey was conducted 02/10/2020 through 02/14/2020. The facility was found in compliance with the requirement CFR.483.73, Emergency Preparedness. Event CHGH11.	E 000		
F 000	INITIAL COMMENTS No deficiencies cited as a result of complaint investigation of 02/14/2020 Event CHGH11.	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 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	F 550		3/8/20

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

Electronically Signed | 03/06/2020

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F 550	Continued From page 1 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 observations, record review, resident and staff interviews, the facility failed to treat residents with dignity and respect when staff entered residents' rooms without knocking or obtaining permission for 2 of 6 sampled residents reviewed for dignity. (Resident #86 and Resident #160) Findings included: 1.Resident #86 was admitted to the facility on 05/31/2017 with diagnoses which included seizure disorder and anxiety disorder. Resident #86's annual Minimum Data Set (MDS) dated 01/01/2020 revealed the resident was cognitively intact. An observation on 2/10/2020 at 1:07 PM revealed Housekeeper #1 entered Resident #86's room without knocking or asking permission to enter. She was observed walking into the room unannounced and proceeded to start cleaning the	F 550	F550 Housekeeper #1 was in serviced with return demonstration on knocking on residents□ doors prior to entering a resident□s room and/or asking for permission to enter on 2/13/2020 by the Staff Facilitator. Questionnaires were initiated by the Nurse Supervisors and/or DON with 100% of all staff to include housekeeping staff with questions in regards to: What should you do prior to entering a resident□s room? The purpose of the questionnaire is to ensure staff validate knowledge and understanding of knocking on resident□s doors prior to entering the resident rooms and/or asking for permission to enter. Any staff that does not answer the questionnaire correctly will be retrained by the Nurse Supervisors and/or DON. An in-service was initiated on 2/13/2020	

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F 550	Continued From page 2 room. Housekeeper #1 exited Resident #86's room at 1:14 PM. Resident #86 was in his room in his wheelchair when the housekeeper entered. Resident #86 was interviewed in his room on 2/10/2010 at 1:16 PM and reported staff entered his room all the time without knocking or asking permission. He also stated it made him feel disrespected as a person, because his room was his home and he would like staff to knock and ask permission to enter his room. He also stated he got upset and sometimes angry when they entered without asking or knocking. An interview was conducted with Housekeeper #1 on 2/10/2020 at 1:30 PM, and she stated she was aware all staff needed to knock and announce prior to entering any of the resident's rooms. Housekeeper #1 stated she entered Resident #160's room without knocking due to being focused on her housekeeping duties. An interview with the Administrator on 2/13/2020 at 12:06 PM revealed the facility's policy indicated all staff were required to knock, ask permission to enter and address the resident as to why they are entering the room. 2. Resident #160 was admitted to the facility on 8/14/2019 with diagnosis which included major depressive disorder, essential hypertension, muscle weakness, anemia and low back pain. Resident #160's quarterly Minimum Data Set (MDS) dated 01/28/2020 revealed resident was cognitively intact. During a resident interview on 2/10/2020 at 1:23 PM with Resident #160 in his room, Housekeeper	F 550	with all staff to include housekeeping staff, CNAs, dietary staff, nurses, maintenance department, central supply, receptionist, agency staff, department managers (social workers, therapy, medical records, activities, bookkeeping, payroll) regarding knocking on resident□s doors prior to entering resident rooms and/or asking for permission to enter. All newly hired staff to include housekeeping will be in serviced during orientation by the Staff Facilitator and/or Administrator regarding knocking on resident□s doors prior to entering resident rooms and/or asking for permission to enter. 10% of all staff in each department to include CNAs, dietary department, nurses, housekeeping department, maintenance department, central supply, receptionist, or department managers will be observed by the Nurse Supervisors and/or DON entering a resident□s room to include resident #86 and #160 room to ensure staff are knocking on resident□s door prior to entering resident rooms and/or asking for permission to enter. This audit will be completed weekly x 8 weeks then monthly x 1 month by utilizing a Resident Care Audit QI Tool. Any concerns will be immediately addressed by the Nurse Supervisors and/or DON with reeducation of staff during the time of the audit. The Administrator will review and initial the Resident Care Audit Tool for completion and to ensure all areas of concern were addressed. The Executive QA committee will meet	

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F 550	Continued From page 3 #1 entered the room without knocking or asking permission to enter. She walked in the room, changed the trash then exited the room and never spoke to or acknowledged the resident. The resident was in a wheelchair, and the door to the resident's room was open during time of observation. At 1:28 PM, Housekeeper #1 entered the resident's room for a second time without knocking or asking permission and again did not speak to Resident #160. An interview was conducted with Housekeeper #1 on 2/10/2020 at 1:30 PM, and she stated she was aware all staff needed to knock and announce prior to entering any of the resident's rooms. Housekeeping staff #1 stated she entered Resident #160's room without knocking due to being focused on her housekeeping duties. An interview was conducted with Resident #160 on 2/10/2020 at 1:33 PM, and he stated housekeeping staff and other staff entered his room almost daily without knocking. Resident #160 also stated he felt staff should knock and ask permission before entering his room. The resident also indicated he felt like staff didn't consider his privacy when they entered his room without knocking. An interview with the Administrator on 2/13/2020 at 12:06 PM revealed the facility's policy indicated all staff were required to knock, ask permission to enter and address the resident as to why they are entering the room.	F 550	monthly x 2 months and review the Resident Care Audit Tools and address any issues, concerns, and/or trends as well as make changes as needed to include continued frequency of monitoring.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals	F 761		3/8/20

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F 761	Continued From page 4 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. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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. §483.45(h)(2) 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 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to dispose of expired drugs or biologicals on one of four medication carts inspected for expired medications. Findings included: On 2/12/2020 at 3:45 PM, the 400-hall medication cart was inspected and found to have one multi-dose bottle of Mapap (Acetaminophen) oral liquid 160 milligrams / 5 milliliters with an expiration date of 1/2020.	F 761	F761 On 2/12/2020, the Director of Nursing removed the expired medications from the 400 hall medication cart. On 2/12/2020, an audit of 100% of all medication carts to include the medication cart on the 400 hall was completed by the Director of Nursing and Minimum Data Set (MDS) nurse. The audit was to ensure no expired medications were stored in the medication carts. The Director of Nursing	

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F 761	Continued From page 5 The Director of Nursing (DON) was interviewed on 2/12/2020 at 4:00 PM, and stated nursing oversaw checking for expired medication. The DON stated the 400-hall cart had been checked. The DON stated her expectation was the medication carts would be checked thoroughly for expired medications.	F 761	and Minimum Data Set (MDS) nurse addressed all concerns identified during the audit to include removal of expired medications. An in-service was initiated by the Staff Facilitator on 2/13/2020 with all nurses in regards to Medications. This in-service emphasized (1) checking medications before administration for expiration dates. All newly hired nurses will be in-serviced regarding medications by the Staff Facilitator. 10% of all medication carts will be monitored by the Nurse Supervisors weekly x 4 weeks then monthly x 1 month utilizing the Medication Audit Tool. This audit is to ensure no expired medications were stored in the medication carts. The nurse will be immediately re-trained by the Nurse Supervisor for any identified areas of concern. The DON will review and initial the Medication Audit Tool weekly x 8 weeks then monthly x 1 month to ensure all areas of concerns were addressed. The DON will present the findings of the Medication Audit Tool to the Executive Quality Assurance (QA) committee monthly for 2 months. The Executive QA Committee will meet monthly for 2 months and review the Medication Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.	
F 880	Infection Prevention & Control	F 880		3/8/20

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F 880 SS=D	Continued From page 6 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a	F 880		

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F 880	Continued From page 7 resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to wash hands with soap and water prior to exiting the room for 1 of 1 resident on contact precautions for Clostridium Difficile. (Resident # 168) Findings Included: A review of the contact precautions policy dated 9/20/2014 required staff after removing gloves to	F 880	F880 Nurse #2 was in-serviced and perform return demonstration on washing hands with soap and water prior to exiting a room with precautions to include contact precautions on 2/13/2020 by the DON. Return demonstrations were initiated on 2/13/2020 with 100% of all nurses and nursing assistants on washing hands with soap and water prior to exiting a room	

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F 880	Continued From page 8 perform hand hygiene with soap and water before leaving the resident area. The stool culture dated 1/16/2020 for Resident #168 was positive for Clostridium Difficile (C-diff). A contact precautions sign and a container with gowns, gloves and disposable equipment were observed on Resident #168 door on 2/11/2020 at 11:00am. During an observation on 2/11/2020 at 1:19pm Nurse #1 was observed removing gown and gloves prior to exiting Resident #168 room and using hand sanitizer on the adjacent hallway. On 2/12/2020 at 8:19am Nurse #2 was observed entering Resident #168 room with isolation gown and gloves on. Nurse #2 removed the gown and gloves prior to exiting the room and walked outside Resident #168 room to the adjacent hallway and applied hand sanitizer located on the wall. During an interview on 2/12/2020 at 8:24am Nurse #2 noted C-diff was a germ that required contact precautions and followed the precaution sign on the door when caring for Resident #168. Nurse #2 also admitted after the gown and gloves were removed in the room using hand sanitizer in the hallway because the bathroom was away from the doorway. Nurse #2 noted residents with C-diff required handwashing after resident care. An interview conducted on 2/13/2020 at 3:56pm with the Infection Control Nurse revealed Resident #168 was on contact isolation for C-diff, and contact precautions required Resident #168 to be in a private room with personal protective	F 880	with precautions to include contact precautions by the Staff Facilitator. This audit is to ensure staff are following hand hygiene per policy prior to exiting a room with precautions. Retraining will be completed with staff by the Staff Facilitator during the audit for any identified area of concerns. An inservice was initiated on 2/13/2020 by the DON with 100% of all staff to include nurse #2 on contact precaution procedures which includes washing hands with soap and water prior to leaving the resident□s room. This inservice will be completed by 3/8/2020. All newly hired nurses and nursing assistants will be in-serviced on contact precautions during orientation by the Staff Facilitator and/or Administrator. The Nurse Supervisors will observe 10% of nurses to include nurse #2 and nurse□s assistants in rooms with precautions to ensure staff wash hands with soap and water prior to leaving the room. This audit will be completed weekly x 4 weeks then monthly x 1 month utilizing a resident audit tool. The nurse or nursing assistant will be immediately retrained during the audit for any identified areas of concern by the Nurse Supervisors. The Director of Nursing (DON) will review and initial the Resident Care audit tools weekly x 4 weeks then monthly x 1 month for completion and to ensure all identified areas of concern have been addressed. The Director of Nursing will forward the	

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F 880	Continued From page 9 equipment available for use when caring for Resident #168. The Infection Control Nurse further noted hand hygiene before entering and exiting the room required hand washing with soap and water. On 2/14/2020 at 8:53am during an interview, the Corporate Clinical Director noted the contract precautions procedure required hand hygiene with soap and water before leaving a resident's room. An interview with the Director of Nursing (DON) on 2/14/2020 at 3:59pm revealed the staff member who initiated the contact precautions educated staff on the requirements of personal protective equipment and handwashing. The DON further noted staff were educated annually and for each incident of activation in infection control measures. The DON noted staff were to wash hands with soap and water before leaving a resident's room on contact precautions. During an interview on 2/14/2020 at 4:04pm, the Administrator stated the staff were to use universal precautions when providing resident care and when contact precautions were necessary, staff were to follow contact precautions in the use of personal protective equipment and proper handwashing.	F 880	results of the Resident Care audit tools to the Executive QA Committee monthly x 2 months. The Executive QA committee will meet monthly for 2 months to review the Resident Care Audit tools for trends and/ or issues and to determine the continued need and frequency of monitoring.	