

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

SEP 17 2013

PRINTED: 09/13/2013
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 09/12/2013
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 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to cover food and beverage items in the presence of flies. Findings include: Beginning at 9:02 AM on 09/11/13, during food preparation observation, flies were observed in the kitchen. From 9:02 AM until 10:23 AM on 09/11/13 two tea canisters, full of brewed tea, were left uncovered. At 10:25 AM on 09/11/13 a dietary employee stated the staff usually covered the tops of the canisters with plastic wrap or aluminum foil to prevent flies or gnats from contaminating the beverage. At 11:10 AM on 09/11/13 a dietary employee was filling a pitcher with tea from an uncovered canister to pour into eight-ounce cups filled with ice. She stated this tea would be served to residents at the lunch meal. Flies were still observed in the kitchen at this time.</p>	F 371	<p>The tea in the canister and the watermelon in the walk in refrigerator were immediately discarded by the Dietary Manager upon discovery of these items being uncovered by the surveyor; both items were re-prepared for the Residents.</p> <p>All other food items which were susceptible to contamination were checked to ensure they were properly covered to prevent bacterial contamination; any other observed items uncovered were discarded and re-prepared for the Residents.</p> <p>All Dietary staff will be re-educated by the Dietary Manager or designee on the importance and standard for covering all food items that are susceptible to bacterial contamination from bugs and insects.</p>	<p>09/20/2013</p> <p>09/20/2013</p> <p>09/20/2013</p>

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

TITLE

(X6) DATE

[Handwritten Signature]

Administrator

09/16/13

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.

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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 371	<p>Continued From page 1</p> <p>At 11:18 AM on 09/11/13 a cart pushed into the walk-in refrigeration was observed uncovered. There were eight rows of trays on the cart on which fresh watermelon cubes or pureed watermelon had been placed. At this time a dietary employee commented the staff usually had plastic covers which fit over the carts to keep the salads, desserts, or fruit from being contaminated. Flies were still observed in the kitchen at this time.</p> <p>At 11:06 AM on 09/12/13 the dietary manager (DM) reported that during in-services her dietary staff were trained to cover all food items in the kitchen and storage areas to help prevent bacterial contamination from bugs and insects.</p>	F 371	<p>The Dietary Manager or designee will audit food items at risk for contamination at each meal X 14 days; then weekly for 3 months. All negative findings will be immediately corrected and appropriate re-education by the Dietary Manager or designee will be provided as needed. All audits will be reviewed weekly X 4 weeks; then monthly X 3 months to ensure compliance with the identified deficient practice. <i>Audit results will be discussed in the upcoming QI meetings.</i></p> <p><i>Per phone conversation with Administrator on 9/20/13 @ 1:38 PM</i></p> <p><i>Samuel Bryant</i></p>	09/20/2013

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

RECEIVED
PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391
NOV 18 2013
CONSTRUCTION SECTION
10/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	

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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V (211) construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD	K 000	The identified PIV valve that did not send the required audible indicator to the fire panel has been repaired and now functions properly.	11/30/2013
K 056 SS=E	If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 12:00 am onward, the following items were noncompliant, specific findings include: both PIV valves located at back of facility did not send a audible signal to fire alarm control	K 056	All other PIV valve tamper alarms will be tested to ensure that they are functioning properly and have the required audible and visual indicators at the required panel. The maintenance director or designee will test all PIV valve tamper alarms weekly 4 weeks and then monthly times 3 months to ensure that the required audible and visual functions are working properly and sending the appropriate signal to the required panel. The Quality Assurance committee will review the weekly and monthly audits weekly times 4 weeks and then monthly times 3 months to ensure continued compliance and will adjust this plan as necessary if any negative findings are found during the audit period.	11/30/2013 11/30/2013 11/30/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 11-18-13

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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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K 056	Continued From page 1 panel when tested.	K 056	The specified fire/smoke damper supply was cleaned to allow proper function.	11/30/2013	
K 067 SS=E	42 CFR 483.70(a) 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: Surveyor: 27871 Based on observations and staff interview at approximately 12:00 am onward, the following items were noncompliant, specific findings include: fire/smoke dampers through out facility are maintained in operating condition. 42 CFR 483.70(a)	K 067	All other fire/smoke damper supplies will be checked and cleaned if needed to maintain proper operating condition. The maintenance Director or designee will audit fire/smoke damper supplies weekly times 4 weeks and then monthly times 3 months to ensure they are clean and maintained in operating condition. The Quality Assurance Committee will meet weekly times 4 week and then monthly times 3 months to ensure continued compliance and will adjust this plan as necessary if any negative findings are found during the audit period.	11/30/2013 11/30/2013 11/30/2013	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING:02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534		
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V (211) construction, one story, with a complete automatic sprinkler system.</p> <p>No Life Safety Code deficiencies determined during the survey.</p>	K 000			

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

TITLE

Administrator

(X8) DATE

11-18-13

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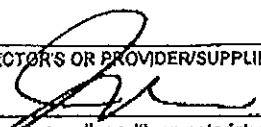
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NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534
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