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 10/15/2014

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 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 225		11/10/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/28/2014

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 225	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to withhold employment for 1 of 5 employees (employee #1) who had a substantiated allegation of abuse on the Health Care Personnel Registry. Findings included: Review of the North Carolina Nurse Aide Registry/Health Care Personnel Registry Verification received by the facility on 07/25/14 showed employee #1 had one substantiated finding of abuse of a resident. Review of employee #1's employment packet showed a hire date of 08/19/14. Employee #1 was still working at the facility at the time of the investigation on 10/15/14. In an interview on 10/15/14 at 2:03 PM, the Assistant Staff Facilitator stated she looked over applications, interviewed prospective employees, and checked references. She also performed background checks and checked with the Board of Nursing and the Healthcare Registry. The Assistant Staff Facilitator indicated if anything showed up during the verification process she would pass the information to the Director of Nursing (DON) and the Administrator. She indicated she had seen the substantiated allegation and had provided the DON with the information. In an interview on 10/15/14 at 2:38 PM, employee #1 indicated the incident which caused the substantiated allegation of abuse to be on her record happened in 2002 before she received her certification. She stated when the incident happened she did not know it was considered to be abuse. In an interview on 10/15/14 at 2:48 PM, the DON stated it was her decision on whether or not to hire an employee. She indicated she was not in	F 225	Willow Creek Nursing and Rehabilitation 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. Willow Creek Nursing and Rehabilitation□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. F225 On 10/15/14, employee #1 was immediately removed from their assignment, drug tested, and suspended pending investigation by the Administrator. Employee was terminated on 10/15/14 by Administrator in accordance with Abuse, Neglect, and Misappropriation of Property company policy when a check of the Health Care Personnel Registry exposed a finding of substantiated abuse on	

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F 225	Continued From page 2 the DON position when employee #1 was hired. She stated after reading the information from the Healthcare Registry she would not have hired employee #1.	F 225	record. To ensure no residents were at risk of receiving care from staff with an heretofore unidentified substantiated finding of abuse, neglect or misappropriation, a 100% review of current staff, both employed and contract, was completed using the Health Care Personnel Registry by the Staff Facilitator Assistant, Therapy Manager, Housekeeping manager and Payroll and each record reviewed by the Administrator. This audit was completed on 10/15/and 10/16/2014. Any areas of concern were addressed immediately to include termination of any person with a negative finding on the Registry. The Director of Nursing and Administrator were in-serviced by the RN Facility Consultant on 10/15/14 on company policy on abuse, neglect, misappropriation of resident property to include screening of potential employees/contract workers using the Health Care Personnel Registry. 100% in-service to Administrative nurses, Staff Development Assistant, Payroll, & receptionist, Housekeeping managers, Dietary managers, and therapy managers was initiated on 10/15/14 by Director of Nursing on the hiring process, which includes screening of potential employees/contract workers by the facility for negative findings on the Health Care Personnel Registry. This process will also be included in the orientation of all future managers with hiring responsibility.	

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F 225	Continued From page 3	F 225	The Director of Nursing and/or Administrator will review pre-hire documents for all the potential employees/ contract workers prior to their being hired to ensure there are no negative findings exposed on the Health Care Personnel Registry. This audit will be performed by the Administrator or DON weekly for a period of 3 months to include the completion of the QI Application Pre-Hire Audit Tool to ensure continued compliance. The Administrator or DON designee will review with the Quality Improvement Executive Committee the results of the audits monthly for 3 three months seeking further recommendations, taking action as appropriate, and monitoring continued compliance in proper pre-employment screening in the area. Full Compliance with this corrective action will be completed by November 10, 2014.	