

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 06/20/2018
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 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§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.</p> <p>§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.</p> <p>§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.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§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.</p> <p>§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</p>	F 550		7/10/18

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

TITLE

(X6) DATE

Electronically Signed

07/06/2018

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 550	<p>Continued From page 1</p> <p>exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, resident, family and staff interviews, the facility failed to provide care in a dignified manner by not answering call bells for at least an hour after residents called for incontinent care assistance which resulted in feelings of embarrassment and unpleasantness for 1 of 4 residents reviewed for dignity (Resident #6).</p> <p>Findings included:</p> <p>Record review revealed Resident #6 was admitted to the facility on 8/10/2016 with diagnoses which included Cerebral Vascular Accident (stroke) and Hypertension. The Annual Minimum Data Set (MDS) dated 3/28/2018 indicated the resident was cognitively intact and required extensive to total assistance of 1 staff member for all activities of daily living. The MDS indicated the resident was frequently incontinent of bladder and bowel.</p> <p>Review of Resident #6's care plan revised on 3/28/2018 revealed the resident required the physical assistance of staff for toileting/incontinent care needs. The care plan indicated Resident #6 would receive the necessary assistance through the next review (6/23/2018).</p> <p>An observation and interview was conducted with Resident #6 on 6/20/2018 at 10:45 AM. The resident was alert and oriented. Resident #6 stated there were many times she waited over an hour for assistance after she used her call bell.</p>	F 550	<p>F550 Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>The process that lead to the deficiency was based on record review, observations, resident, family and staff interviews, the facility failed to provide care in a dignified manner by not answering call bells for at least an hour after residents called for incontinent care assistance which resulted in feelings of embarrassment and unpleasantness for 1 of 4 residents reviewed for dignity (Resident #6).</p> <p>100% interviews were completed with all alert and oriented residents, to include resident #6, on 7/2/2018 by the Social Workers (SW) regarding call bells being answered timely and needs met, using a Call Bell Response Time interview tool. All identified issues were addressed by the DON on 7/4/2018 to ensure each resident is being treated with dignity and respect by having the call bell answered timely and needs met.</p> <p>An audit of the non-alert and oriented residents on call bell response time was initiated on 7/2/2018 by the Director of Nursing (DON), the Assistant Director of Nursing, the Quality Improvement (QI) nurses, the RN supervisor, and Staff Facilitator to ensure that call bells are being answered timely and needs are</p>		

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F 550	<p>Continued From page 2</p> <p>There was a clock observed in the resident's room. Resident #6 stated there were times she used her call light for assistance to be cleaned up after a bowel movement and it took so long for the staff to respond, her buttocks would itch due to the bowel movement on her skin. The resident indicated she remembered several times in the last two weeks she waited well over an hour after she used her call light for assistance. Resident #6 also reported at times the staff came in her room, cut the call bell off and told her they would return. The resident indicated it was a long time before they came back to assist. Resident #6 stated it was a terrible, unpleasant and embarrassing feeling when she sat in a soiled brief for a long time.</p> <p>An telephone interview was conducted with Nursing Assistant (NA) #1 on 6/20/2018 at 2:55 PM. NA #1 indicated Resident #6 was on her regular assignment and she worked with her daily. NA #1 stated there were times the resident waited a long time for assistance with her call light on. NA #1 indicated many days there were not enough nursing assistants on the hall and the residents waited a long time for care. NA #1 indicated if she was working with another resident on the hall and Resident #6's call light was on, she would turn the light off and tell the resident she would return as soon as she could. NA #1 stated if she got tied up in another resident's room, it would take her a long time to get back to Resident #6. NA #1 indicated it could be an hour or more at times.</p> <p>An interview was conducted with Nursing Assistant (NA) #2 on 6/20/2018 at 3:15 PM. NA #2 reported she worked with Resident #6 at times and was working with her on 6/20/2018. NA #2</p>	F 550	<p>being met at that time using a Call Bell Timeliness Response Audit Tool and will be completed by 7/6/2018.</p> <p>An inservice was initiated by the Director of Nursing on 7/2/2018 for 100% of all staff, nursing (licensed nurses and nursing assistants), to include NA #1 and NA #2, to include agency nurses, administrative staff, dietary staff, activities director, activities aid, maintenance director and maintenance director, maintenance assistant, payroll coordinator, accounts receivable, central supply, receptionist, housekeeping, laundry and therapy staff regarding answering call bells and having their needs met at that time, and it will be completed by 7/6/2018. All new staff will be in serviced by the Staff Facilitator during orientation regarding the regarding answering call bells timely and having their needs met.</p> <p>10% of all residents, to include resident #6, will be observed by the Assistant Director of Nursing, the Quality Improvement (QI) nurses, the RN supervisor, and Staff Facilitator for call bell response times and having needs met, 5 times a week for 4 weeks, then weekly for 4 weeks then monthly for 1 month using a Call Bell Timeliness Response Audit Tool. The Director of Nursing will review and initial the Call Bell Timeliness Response Audit Tool weekly for 8 weeks then monthly for 1 month for completion and to ensure all identified areas of concern were addressed. The Executive QI committee will meet to review the Call Bell Timeliness Response</p>		

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F 550	Continued From page 3 stated there were times the residents' call lights were not answered for a long time due to the staffing numbers. NA #2 indicated there were too many residents to take care of most days and it was really hard to answer the call lights quickly. NA #2 stated she did the best she could but at times the residents had to wait. NA #2 indicated she wasn't sure how long Resident #6 waited to be changed but if she was busy with another resident it could be an hour or more. An interview was conducted with a family member of Resident #6 on 6/20/2018 at 3:32 PM. The family member was in the room visiting the resident. The family member stated she visited Resident #6 almost every day. The family member indicated there were times the resident would call for assistance to be changed and the light would be on for well over an hour. The family member reported there were times she would look for a nursing assistant to assist with Resident #6 and could not locate anyone to assist. An interview was conducted with the facility Administrator (ADM) on 6/20/2018 at 4:16 PM. The ADM stated the expectation was call lights would be answered and care rendered timely to ensure dignity was maintained for all residents.	F 550	Audit tool monthly for 3 months to determine issues and trend to include continued monitoring frequency. The Administrator and the DON will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.	F 561		7/10/18	

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F 561	Continued From page 4 §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record review, observation and resident and staff interviews, the facility failed to honor resident's choice by failing to provide a resident with showers as scheduled for 1 of 3 residents reviewed for choices (Resident #6). Findings included: Record review revealed Resident #6 was admitted to the facility on 8/10/2016 with diagnoses which included Cerebral Vascular Accident (stroke) and Hypertension. The Annual Minimum Data Set (MDS) dated 3/28/2018 indicated the resident was cognitively intact and required extensive to total assistance of 1 staff	F 561	F561 Self-Determination CFR(s): 483.10(f)(1)-(3)(8) The process that lead to the deficiency was based on record review, observation and resident and staff interviews, the facility failed to honor residents choice by failing to provide a resident with showers as scheduled for 1 of 3 residents reviewed for choices (Resident #6). 100% interviews were completed with all alert and oriented residents, to include resident #6, on 6/21/2018 by the Social		

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F 561	<p>Continued From page 5</p> <p>member for all activities of daily living. The MDS further indicated it was very important for the resident to choose between a bath and a shower. The MDS revealed the resident displayed no rejection of care.</p> <p>An observation of morning care and interview was conducted with Resident #6 on 6/20/2018 at 10:45 AM. During the morning care rendered by Nursing Assistant #2 the resident stated she preferred showers but did not get showers. The resident indicated the nursing assistants who used to give her showers were no longer employed with the facility. Resident #6 reported she had not received a shower for several months and the staff had not offered her a shower. The resident further indicated she preferred a shower a couple of times a week. NA #2 reported she was unaware of the resident's shower days.</p> <p>Review of the shower schedule posted at the nurses' station revealed Resident #6 was scheduled for showers on the 7AM to 3PM shift on Mondays and Thursdays.</p> <p>Review of the nursing assistant documentation of the type of bath Resident #6 received daily from 6/11/2018 to 6/20/2018 revealed no documentation the resident received a shower.</p> <p>An interview was conducted with Nurse #3 on 6/20/2018 at 11:55 AM. Nurse #3 confirmed she was the nurse responsible for Resident #6 daily. Nurse # 3 indicated the nursing assistants were responsible for reporting refusals of showers so it could be documented in the nurse's notes. Nurse # 3 stated she did not recall Resident #6 ever getting a shower and did not recall ever being told</p>	F 561	<p>Workers (SW) regarding preferences for bathing. The Minimum Data Set nurses (MDS) updated the resident care plans and the resident care guides on 6/26/2018 to reflect the residents bathing preferences. All non-alert and oriented residents will be given a shower per policy as medically indicated.</p> <p>100% audit was completed on 6/27/2018 by the Director of Nursing (DON), the Assistant Director of Nursing, the Quality Improvement (QI) nurses, the RN supervisor, and Staff Facilitator for all residents to ensure each resident is given the choice of a shower or bath per their preference, on the resident care guides. All identified issues were addressed immediately by the DON on 6/29/2018 to ensure each resident is given the choice of a shower or bath per their preference, on the resident care guides.</p> <p>100% in-service of licensed nurses, to include agency nurses, and nursing assistants, to include Nurse #3, Nursing assistants (NA) #1, #2 and #5, was initiated by the Staff Facilitator on 6/1/2018 regarding the resident right to make choices about aspects of his or her life in the facility that are significant to the resident including their bathing preferences. The in-service will be completed by 6/29/2018. All new staff will be in serviced by the Staff Facilitator during orientation regarding the resident's right to make choices about aspects of his or her life in the facility that are significant to the resident including their bathing preference.</p> <p>10% of all residents, to include resident</p>		

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F 561	Continued From page 6 the resident refused a shower. An telephone interview was conducted with Nursing Assistant (NA) #1 on 6/20/2018 at 2:55 PM. NA #1 indicated Resident #6 was on her regular assignment and she worked with her daily. NA #1 reported she did not offer Resident #6 a shower on her scheduled shower days and was unsure why. NA #1 stated most of the time there was not enough staff to complete showers. An interview was conducted with Nursing Assistant #5 on 6/20/2018 at 3:50 PM. NA #5 stated there was not enough staff in the facility and showers couldn't be completed. NA #5 stated she felt it was sad there was not enough time to complete residents' showers. An interview was conducted with the Director of Nursing (DON) on 6/20/2018 at 4:01 PM. The DON stated the expectation was showers would be offered/completed on resident's scheduled shower days.	F 561	#6, will be reviewed by the Assistant Director of Nursing, the Quality Improvement (QI) nurses, the RN supervisor, and Staff Facilitator to ensure that each resident is given the choice of a shower or bath per their preference, on the resident care guides 3 times week for 4 weeks, then weekly for 4 weeks then monthly for 1 month using a Resident Care Audit Tool. The Director of Nursing will review and initial the Resident Care Audit Tool weekly for 8 weeks then monthly for 1 month for completion and to ensure all identified areas of concern were addressed. The Executive QI committee will meet to review the Resident Care Audit tool monthly for 3 months to determine issues and trend to include continued monitoring frequency The Administrator and the DON will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in	F 725		7/10/18	

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F 725	<p>Continued From page 7</p> <p>accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff and resident interviews and record review, the facility failed to provide sufficient nursing staff to answer call bells in a timely manner for one of seven residents who required assistance (Resident #6) and failed to provide sufficient staff to provide showers to one of seven residents (Resident #6) who requested showers.</p> <p>Findings included:</p> <p>1. Cross refer to F550. Based on record review, observations, resident and staff interviews, the facility failed to provide care in a dignified manner by not answering call bells for at least an hour after residents called for incontinent care assistance which resulted in feelings of embarrassment and unpleasantness for 1 of 4 residents reviewed for dignity (Resident #6).</p>	F 725	<p>F725 Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>The process that lead to the deficiency was based on staff and resident interviews and record review, the facility failed to provide sufficient nursing staff to answer call bells in a timely manner for one of seven residents who required assistance (Resident #6) and failed to provide sufficient staff to provide showers to one of seven residents (Resident #6) who requested showers.</p> <p>On 6/26/2018 the Director of Nursing (DON) and the Administrator reviewed the clinical staffing schedule to ensure that sufficient staff were on duty to meet the care needs of the residents, to answer call</p>		

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F 725	<p>Continued From page 8</p> <p>2. Cross refer to F561. Based on record review, observation and resident and staff interviews, the facility failed to honor resident's choice by failing to provide a resident with showers as scheduled for 1 of 3 residents reviewed for choices (Resident #6).</p> <p>In an interview with the Director of Nursing (DON) on 6/20/2018 at 3:20 PM, the DON stated staffing was difficult and it seemed that staff would be hired and, shortly thereafter, leave.</p> <p>On 6/20/2018 at 3:45 PM, the staffing scheduler was interviewed and stated she staffed to census numbers and to resident acuity. The scheduler stated when there were staff call outs, when needed (pm) staff and every-other-weekend staff were contacted first to offer them extra work. The scheduler also indicated there were days upcoming that were short on staff and staff could come in and sign up for those days also.</p> <p>In an interview on 6/20/2018 at 4:00 PM, the Administrator stated his expectation was to have staffing for the acuity level to take care of residents adequately.</p>	F 725	<p>bells timely and to provide showers/baths, per resident preferences, to include for Resident #6. The DON will review the daily clinical staffing needs 24 hours prior to the scheduled work times to ensure that clinical staff are on duty to meet the needs of the residents. The weekly case mix index will be reviewed weekly to ensure the acuity of the residents is taken into account with the clinical staffing patterns to meet the needs of the residents, including the needs of Resident #6.</p> <p>On 7/5/2018 the Facility Nurse Consultant initiated an in-service for the Administrator and the DON, and will be completed by 7/10/2018 in regards to Sufficient Staff to include:</p> <ol style="list-style-type: none"> 1. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24 hour basis to provide nursing care to all residents in accordance with resident care plan. 2. The determination of sufficient staff will be made based on the staff's ability to provide needed care to residents that enable them to reach their highest practicable physical, mental, and psychosocial well-being. <p>The facility has hired additional licensed nurses and nursing assistants to fill the vacant position in the current schedule. The facility will utilize agency staffing to ensure daily staffing is sufficient according to the acuity level of the residents and to ensure the needs of residents are met including for Resident #6.</p> <p>An in-service was initiated on 6/26/2018 by the Director of Nursing with the</p>		

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

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F 725	Continued From page 9	F 725	<p>scheduling coordinator regarding that the scheduling coordinator will be notified of night and weekend call-ins and no shows promptly. The scheduling coordinator will make necessary arrangements to ensure adequate staff are on duty. If the scheduling coordinator is unable to obtain adequate staff or if it is outside the scheduling coordinators normal working hours, the nurse on call or the DON will be notified promptly and will be completed by 7/2/2018. The facility administrator and DON will provide ongoing monitoring daily to ensure that there is adequate clinical staff on duty to provide needed care to residents that enable them to reach their highest practical physical, mental and psychosocial wellbeing.</p> <p>An in-service was initiated on 6/27/2018 by the Director of Nursing for 100% of all licensed nurses and nursing assistants, to include agency nurses, regarding that that the scheduling coordinator is the first point of contact for any and all scheduling issues that arise while on shift and procedure for notifying on call nurse or DON after hours and on weekends for further scheduling issues. The scheduling coordinators contact information will be posted in designated employee areas and will include subsequent points of contact which will be available 24/7 to avoid a single point of failure and will be completed by 7/2/2018. All newly hired licensed nurses and nursing assistants will be in-serviced during orientation by the Staff Facilitator that the scheduling coordinator is the first point of contact for</p>		

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(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 725	Continued From page 10	F 725	<p>any and all scheduling issues that arise while on shift and procedure for notifying on call nurse or DON after hours and on weekends for further scheduling issues. Copy of contact information for schedule related issues will be posted in designated areas.</p> <p>The Administrator and/ or the DON will audit staffing schedule at the beginning of each shift to include nights and weekends for 4 weeks then weekly x 4 weeks then monthly x 1 month utilizing the Sufficient Staff Audit Tool to ensure sufficient nursing staff to meet the needs of the residents based upon the acuity level as identified by the Case Mix index score assuring the residents reach their highest practicable physical, mental and psychosocial well-being. All areas of concern will be immediately addressed by the DON/Administrator to include use of administrative nurses pulled to the hall to meet resident care needs.</p> <p>The Administrator will initial the Sufficient Staff Tool daily to assure the staffing patterns are appropriate to meet the needs of the resident care identified by their acuity level from the Case Mix Index Report.</p> <p>The Executive QI Committee will meet monthly x 3 months and review the Sufficient Staff Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p> <p>The Administrator and the DON will be responsible for the implementation of corrective actions to include all 100%</p>		

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

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F 725	Continued From page 11	F 725	audits, in services, and monitoring related to the plan of correction.		