

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

PRINTED: 04/20/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345466</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/17/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOWBROOK REHABILITATION AND CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>333 EAST LEE STREET YADKINVILLE, NC 27055</b>		
(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	E 000			
F 577 SS=C	<p>Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11)</p> <p>§483.10(g)(10) The resident has the right to-</p> <ul style="list-style-type: none"> <li>(i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and</li> <li>(ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.</li> </ul> <p>§483.10(g)(11) The facility must--</p> <ul style="list-style-type: none"> <li>(i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.</li> <li>(ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and</li> <li>(iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.</li> <li>(iv) The facility shall not make available identifying information about complainants or residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on observations and resident and staff interviews, the facility failed to post the availability</p>	F 577	<p>1) No residents were affected related to this citation.</p>	4/1/22	

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

TITLE

(X6) DATE

Electronically Signed

03/29/2022

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 577	<p>Continued From page 1 of the facility's survey results. This practice had the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>During a tour of the facility including the secured unit on 03/17/22 at 9:06 AM an observation was made that survey results were not posted. There was no notice posted in the facility regarding the availability and location of recent survey results.</p> <p>On 03/17/22 at 9:10 AM Resident #19, the Resident Council President revealed she had no knowledge of the location of the survey results notebook. She stated she was not aware where they were located and had not seen any signage that directed residents to their location.</p> <p>On 03/17/22 at 9:17 AM an interview with a Nurse #1 working on the secured unit revealed there was no survey results notebook on the secured unit. She stated the results were up front. She further stated if family asked about the results, she would take them up front and find them</p> <p>On 03/17/22 at 9:20 AM in an interview with a Nurse Aide #1 regarding the location of the survey results, she stated "I would assume they would be up front". She indicated if family asked for the results, she would locate them and inform the family of their location.</p> <p>On 03/17/22 at 9:22 AM in an interview with the Activity Director she indicated the results were posted at the front.</p> <p>On 03/17/22 at 9:22 AM during an interview with the Administrator she pointed at the file holder outside her door where the survey results book</p>	F 577	<p>2) The Activities Director educated residents regarding the location and availability of recent survey results during the monthly resident council by 04/01/2022.</p> <p>3) The Vice President of Operations educated the Executive Director on 03/17/2022 on posting notice of the availability and location of recent survey results to inform residents, families and staff. On 03/28/2022, the Executive Director posted signs at the main nurse's station and on the secured unit indicating the location of the survey results that are posted in the front lobby outside of the Executive Directors office. The Executive Director, Activities Director, Social Service Director, and or Admissions Director to perform Quality Improvement Monitoring through resident interviews ensuring residents are aware of the location and availability of the recent survey results, interviewing 3 residents 1 times weekly for 4 weeks then 1 times a month for 3 months. The interdisciplinary team will ensure signs are posted regarding the availability and location of recent survey results through observation. New hires will be educated in orientation.</p> <p>4) On 3/29/2022, the Executive Director will present the Plan of Correction to the Quality Assurance Performance Improvement Committee and oversee the Quality Improvement Monitoring as observed by the Executive Director and Interdisciplinary team. The results of the</p>		

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F 577	<p>Continued From page 2</p> <p>was observed. She stated there used to be a sign on the file holder that indicated it contained the survey results notebook. She further stated the results were not posted anywhere else in the facility. She indicated to her knowledge there were no signs posted anywhere else in the facility indicating the location of the survey results.</p> <p>On 03/17/22 at 11:40 AM in a follow-up interview with the Administrator she stated she expected signage to be posted at all nurse stations and in the lobby indicating the location of the survey results. She further stated she expected survey results and the location of survey results to be discussed in Resident Council and that all newly admitted residents were to be made aware of their location.</p>	F 577	<p>Quality Improvement Monitoring will be reported to the Quality Assurance Performance Improvement Committee by the Executive Director and or Director of Clinical Services to ensure compliance is achieved and maintained, monthly for three month and then quarterly for two quarters. Quality Monitoring scheduled may be modified based on quality monitoring findings. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Nursing Supervisor, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse and at one direct care staff.</p>		