CENTERS	OR MEDICARE & MEDICAID SERVICES			A FORW			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:			
		345113	B. WING	6/22/2017			
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES						
F 356	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION						
	483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name.						
	(ii) The current date.						
	(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:						
	(A) Registered nurses.						
	(B) Licensed practical nurses or licensed vocational nurses (as defined under State law)						
	(C) Certified nurse aides.						
	(iv) Resident census.						
	(2) Posting requirements.						
	(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.						
	(ii) Data must be posted as follows:						
	(A) Clear and readable format.						
	(B) In a prominent place readily accessible to residents and visitors.						
	(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.						
	(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to post the correct updated information on the Nurse Staffing Sheet located in the lobby of the facility.						
	Findings included:						

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

The above isolated deficiencies pose no actual harm to the residents

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NAME OF PROVIDER OR SUPPLIER WILLOW CREEK NURSING AND REHABILITATION CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES					
F 356	Continued From Page 1					
	On entry into the facility on 06/19/2017 at 10:20 AM the facility Nurse Staffing Information was observed in a plastic frame on a table in the lobby. The posted Nurse Staffing Information was dated 06/16/17.					
	In an observation on 06/19/2017 at 12:30 PM the Nurse Staffing Sheet was observed in a plastic frame on a table in the lobby. The posted Nurse Staffing sheet was dated 06/19/17.					
	In an interview on 06/22/2017 at 4:30 PM the Director of Nursing (DON) stated there was a manager on duty every weekend and they were responsible for updating the staffing information and posting it in the lobby. The DON indicated she was aware the posted information was not updated from 6/16/2017 to 6/19/2017 but did not know why manager on duty for the weekend did not compete the required task of posting the information. The DON stated the expectation was the information on the information sheet to be updated daily and posted in the lobby.					