

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

PRINTED: 02/10/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2401 WAYNE MEMORIAL DRIVE</b> <b>GOLDSBORO, NC 27534</b>		
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F 000	INITIAL COMMENTS  The survey team entered the facility on 1/8/25 to conduct a complaint investigation survey and exited on 1/8/25. Additional information was obtained on 1/22/25 through 1/24/25. Therefore, the exit date was changed to 1/24/25. Event ID# 3N4R11. The following intakes were investigated: NC00225571 and NC00225179. 1 of the 5 complaint allegations resulted in deficiency.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.	F 580		1/29/25	

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

TITLE

(X6) DATE

Electronically Signed

01/28/2025

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 580	<p>Continued From page 1</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, staff and Responsible Party (RP) interviews, the facility failed to notify the RP of a significant change in a resident's condition that included transport and admission to the hospital for 1 of 4 residents reviewed for notification of change (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 9/16/24.</p> <p>Review of Resident #1's medical record revealed his family member was his RP.</p>	F 580	<p>F580 Notification of Change On 12/20/24, the Administrator spoke with the resident representative and resident sone for resident #1 regarding reason for resident transfer and admission to the local hospital. A grievance was completed for timeliness of notification. On 12/20/24, nurse #1 was educated by the Staff Development Nurse regarding notification of the resident representative for all transfers to/from the hospital with documentation in the electronic. On 1/27/25, the Administrator completed an audit of all transfers/admission to the hospital for the past 30 days. This audit is</p>		

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F 580	<p>Continued From page 2</p> <p>Resident #1's admission Minimum Data Set (MDS) assessment dated 9/23/24 revealed Resident #1 was cognitively intact.</p> <p>The discharge MDS dated 12/18/24 showed Resident #1 was moderately cognitively impaired. Resident #1's active diagnoses included delirium.</p> <p>A nursing note dated 12/18/24, written by Nurse #1 revealed Resident #1 requested to be transported to the emergency room. At 11:40 PM the resident was transported to the hospital via stretcher.</p> <p>A nursing note dated 12/19/24, written by Nurse #2 documented she called the hospital to get a status update on Resident #1. The nurse documented she was told the resident was being admitted for intestinal obstruction. Nurse #2 reported the status update to Nurse #1.</p> <p>A phone interview with Resident #1's RP was conducted on 1/8/25 at 10:15 AM. She stated no one from the facility notified her Resident #1 was transported to the hospital on 12/18/24 or that he was admitted to the hospital. She learned of the situation on 12/20/24 when the hospital social worker called her.</p> <p>Attempts made to interview Nurse #1 who discharged Resident #1 to the hospital on 12/18/24 were unsuccessful.</p> <p>An interview with Nurse #2 on 1/8/25 at 1:57 PM revealed she did not notify the family when Resident #1 was transferred to the hospital on 12/18/24 as it would have been the responsibility of Nurse #1.</p>	F 580	<p>to ensure the resident representative was notified of the reason for transfer/admission with documentation in the electronic record. The Assistant Director of Nursing (ADON) addressed all concerns identified during the audit to include notification of the resident representative when indicated with documentation in the electronic record and/or education of staff.</p> <p>On 1/27/25, ADON initiated an audit of resident progress notes for the past 7 days. This audit is to identify any resident with an acute change in condition and to ensure the resident representative was notified of the change to include transfers to the hospital with documentation in the electronic record. The ADON will address all concerns identified during the audit to include notification of the resident representative when indicated with documentation in the electronic record and/or education of staff. The audit will be completed by 1/29/25.</p> <p>On 1/27/25, the Staff Development Coordinator initiated an in-service with all nurses regarding Assessment and Notification of Acute Change with emphasis on (1) assessment of the resident (2) notification of the physician for further recommendations (3) notification of the resident representative for all acute changes to include but not limited to transfers/admission to the hospital with documentation in the electronic record. Inservice also included the nurse responsibility to make additional attempts to reach the resident representative when contact not initially</p>		

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F 580	Continued From page 3  The Administrator, the Director of Nursing and the Vice President of Clinical Services were interviewed on 1/8/24 at 4:00 PM. The Director of Nursing stated they had reviewed the progress notes and facilitated an in-service with Nurse #1 on the notification requirements for RPs. The Administrator stated her expectation would have been for the hall nurse to notify Resident #1's RP of transport and admission to the hospital.	F 580	obtained or notify the next available contact when indicated. (4) complete documentation of Acute Change of Condition to include date/time resident representative notified of acute change and (5) completion of transfer form for all transfers to the hospital. The in-service will be completed by 1/29/25. After 1/29/25, any nurse who has not completed the in-service will complete it prior to the next scheduled work shift. All newly hired nurses will be educated during orientation by the Staff Development Coordinator.  The Assistant Director of Nursing (ADON), Minimum Data Set nurse (MDS), Staff Development Coordinator (SDC) and Unit Managers will review all progress notes for acute change to include transfers/admission to the hospital 5 times a week x 4 week then monthly x 1 month utilizing the Notification Audit Tool. The ADON, MDS nurse, SDC and Unit Managers will address all concerns identified during the audit to include notification of the resident representative when indicated with documentation in the electronic record and/or re-training of staff. The DON will review the Notification Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all areas of concern are addressed.  The DON will present the findings of the Notification Audit Tool to the Quality Assurance Performance Improvement (QAPI) monthly for 2 months for review and to determine trends and/or issues that may need further interventions put into	

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F 580	Continued From page 4	F 580	place and to determine the need for further frequency of monitoring.		