

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

PRINTED: 04/23/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WALNUT CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5709 US 70 EAST GOLDSBORO, NC 27534</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	
W 210	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain a needed hearing evaluation for 1 of 4 newly admitted clients (#2) no later than 30 days after admission. The finding is:</p> <p>The facility failed to obtain a hearing examination for client #2 in a timely manner.</p> <p>Review on 4/18/18 of client #2's individual program plan (IPP) dated 5/10/17 revealed he was admitted to the facility on 4/11/17. Further review of client #2's record revealed a hearing examination dated 6/12/17.</p> <p>During an interview on 4/18/18, the director of nursing (DON) confirmed client #2's hearing examination was not done within 30 days of admission.</p>	W 210			
W 350	<p><b>DENTAL SERVICES</b> CFR(s): 483.460(e)(3)</p> <p>The facility must provide education and training in the maintenance of oral health.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure adequate training and/or</p>	W 350			

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

TITLE

(X6) DATE

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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W 350	<p>Continued From page 1</p> <p>education was provided for the maintenance of good oral health for 1 of 8 audit clients (#30) The finding is:</p> <p>Client #30 had no evidence of education or new training to address deteriorating dental status.</p> <p>Review on 4/18/18 of client #30's record revealed he was seen by the Dentist on 11/18/16 and received a "Poor Oral Hygiene rating" with recommendations to "Increase brushing."</p> <p>Interview on 4/18/18 with the Facility Social Worker revealed the Dentist was contacted after client #30's dental visit on 11/18/16. Further interview revealed the Dental Hygienist visited the facility on 2/3/17 to provide training to staff on better toothbrushing techniques. The Social worker for the facility provided several inservice sheets which indicated all staff received inservice training.</p> <p>Review on 4/18/18 of client #30's dental visit on 10/6/17 revealed he received a full mouth debridment with fluoride treatment and received an oral hygiene rating of "Poor".</p> <p>Review on 4/18/18 of client #30's Individual Program Plan (IPP) dated 1/18/18 revealed no written training programs for toothbrushing. Further review of the IPP revealed, "Doesn't like toothbrushing but will tolerate it sometimes."</p> <p>Interview on 4/18/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #30 depends on direct care staff for all of his personal hygiene needs and adult daily living skills (ADL). Further interview revealed there has been no additional inservice training completed</p>	W 350			

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W 350	Continued From page 2 and there has been no training developed to assist client #30 with improving his oral hygiene rating.	W 350		