



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director

April 23, 2018

Linda Woodard, Administrator  
RHA Howell Care Centers, LLC./Walnut Creek  
5709 US Hwy 70 East  
Goldsboro, NC 27534

Re: Recertification Completed April 18, 2018  
Walnut Creek Center, US Hwy 70 East, Goldsboro, NC 27534  
Provider Number 34G009  
MHL# 096-009  
E-mail Address: lwoodard@rhanet.org

Dear Ms. Woodard:

Thank you for the cooperation and courtesy extended during the recertification survey completed April 18, 2018. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

#### **Type of Deficiencies Found**

- Standard level deficiencies were cited.

#### **Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 17, 2018.

#### **What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr/ • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call [Sherri.Capps@dhhs.nc.gov](mailto:Sherri.Capps@dhhs.nc.gov) or 919-703-6145.

Sincerely,



Sherri Capps, RN  
Nurse Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO  
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO  
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO  
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO  
Sarah Stroud, Director, Eastpointe LME/MCO  
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO  
W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO  
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO  
Victoria Whitt, Director, Sandhills Center LME/MCO  
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO  
File



April 27, 2018

Ms. Sherri Capps, RN/Nurse Consultant I  
Mental Health Licensure and Certification Section  
Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, North Carolina 27699-2718

RE: Plan of Correction for Annual Recertification Survey completed April 18, 2018  
Walnut Creek, 5709 U.S. Hwy 70 East, Goldsboro, NC 27534  
MHL# 096-009

Dear Ms. Capps:

Enclosed is the Plan of Correction for the tags cited during the recent recertification survey at Walnut Creek.

Please do not hesitate to call if you have questions regarding this matter.

Sincerely,

*Linda Woodard*

Linda Woodard  
Administrator

Enclosures

Walnut Creek  
5709 US 70 East \* Goldsboro, NC 27534  
919.778.3524 Voice 919.778.9619 Fax

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>
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NAME OF PROVIDER OR SUPPLIER  <b>WALNUT CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6709 US 70 EAST GOLDSBORO, NC 27534</b>
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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
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	<p>The interdisciplinary team will ensure all evaluations, to include hearing examinations, are completed within the first 30 days of any person moving into the residence of Walnut Creek. Prior to admission and as soon as the LOC has been approved, Nursing will schedule all necessary appointments. In the event, Nursing faces challenges with the medical provider not having availability within the 30 day time period, nursing will provide documentation of such challenges in the nursing notes that will become part of the person's record.</p> <p>QP and/or Social Worker will monitor to determine that all evaluations are completed within thirty days of admissions through completion of the company's Admissions Checklist (Form #7030). Documentation of this checklist begins during the screening process and ends after thirty days of admission.</p>	06/15/2018
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	<p>After each person's dental examination, the team will review all ratings. For those people with "less than good" rating, the team will determine the next course of action to improve the oral status of each person. The team will consider if the person is resistive to tooth brushing and if so, develop formal training or guidelines to improve the person's</p>	06/15/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linda Woodard TITLE: Administrator (X6) DATE: 4-27-18

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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NAME OF PROVIDER OR SUPPLIER  <b>WALNUT CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5709 US 70 EAST GOLDSBORO, NC 27534</b>		
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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	<p>tolerance of tooth brushing. The team will also determine if staff are providing proper tooth brushing techniques and if staff are not competent, they will receive education on how to properly support the maintenance of good oral health.</p> <p>The team has scheduled a dental hygienist to provide educational training to staff, which will include a demonstration of proper tooth brushing techniques.</p> <p>Regarding client #30, a formal training objective will be implemented to increase tolerance to tooth brushing. The best method of instruction will be determined after observations of the tooth brushing activity. The QP, Occupational Therapist, and Habilitation Specialist will work together to develop this formal training objective.</p> <p>Monitoring to determine if the team has addressed each person's oral hygiene needs will occur through monthly medical record reviews (each person receives a review every six months) completed by Nursing. Additional monitoring will occur through tooth brushing observations completed by either of the following; QP, Nursing, Social Worker, or Administrator. Documentation of these observations will be maintained for review at the facility's monthly internal quality assurance meetings. One observation each month will be completed for all people with "poor" ratings. One observations every three</p>	06/15/2018

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NAME OF PROVIDER OR SUPPLIER  <b>WALNUT CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6709 US 70 EAST GOLDSBORO, NC 27534</b>
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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	months will be completed for people with "less than good" ratings.	06/15/2018
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