STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G009	A. BUILDING _____ B. WING _____	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT CREEK	5709 US 70 EAST GOLDSBORO, NC 27534

(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 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on document/record review and interviews, the facility failed to ensure pertinent information was shared with the public high school to address the needs of 1 of 4 audit clients (#25). The finding is: Facility staff failed to ensure client #25's needs were addressed as it pertained to her participation in public school. During an interview on 4/15/19 with high school staff #C and #D it was revealed that on 11/26/18 client #25 was not feeling well once she arrived at the high school. Additional interview revealed she was wheezing, very lethargic and coughing. School staff #D stated that facility staff was contacted about 10am and told client #25 was sick and needed to return to the facility to be assessed. School staff #D stated that facility staff were contacted a second time when they had not arrived to pick client #25 up from school by noon. Additional interview with school staff #C and #D revealed client #25 was picked up at school about 12:50pm. Additional interview with school staff #D revealed later that day client #25 was admitted to the hospital to be treated for pneumonia. School staff #D stated there was no update to the high school regarding client #25's hospital admission, medications and additional physician orders when she returned to school after 12/1/18.	W 120	W 120 For all clients who receive outside services, the facility (Walnut Creek) will ensure all client needs are met. For each client who participates in a public school, a communication plan will be developed and will include names and contact information for key staff at Walnut Creek and key staff at the public school. Walnut Creek will share any pertinent information about a client with the public school. The public school will also contact Walnut Creek to communicate any pertinent information. To ensure both parties are in agreement, a memorandum of agreement will be inititated by Walnut Creek. This agreement will outline procedures Walnut Creek will follow to ensure all client needs are met. This process will be monitored at least monthly by the Administrator. DHSR - Mental Health APR 29 2019 Lic. & Cert. Section	5/1/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Linda Woodard	Administrator	04-24-19

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 120	Continued From page 1 Interview on 4/16/19 with the facility Social Worker revealed she had a note on her calendar dated 11/26/19 that client #25 was picked up from school after the facility was contacted by school staff that client #25 was ill. She stated however, she was not certain what time the facility was notified and what time client #25 was picked up from the high school. Interview on 4/16/19 with the Director of Nursing (DON) revealed the facility has two facility vans that are used to transport clients as needed. Additional interview confirmed that on 11/26/18 one facility van was utilized to transport a client to a physician appointment therefore, one facility van should have been available. Additional interview with the DON confirmed client #25 was not feeling well on 11/25/18 and a Flu A&B test was completed which was negative on 11/25/18. The DON stated client #25 had a low grade temperature of 99 degrees Fahrenheit and the decision was made to send her to school on 11/26/18 because there were no other symptoms noted. Further interview confirmed later on 11/26/18 after being picked up from school, client #25 was seen at the local hospital and admitted. Review on 4/16/19 of Nursing notes dated 11/26/18 at 12:50pm revealed,"Reviewed CBC with differential and nasal swab results with Mom this am-WBC WNL. Nasal swab negative for flu." Further review of these nursing notes revealed, "Staff going to school to pick up [client #25] and bring her home to be checked and then she will go out for x-rays and nasal aspirate at [local hospital]." Review on 4/16/19 of a hospital report from 11/26/18-12/1/18 revealed, "The patient	W 120		

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W 120	Continued From page 2 presented with fever and cough with purulent sputum. She was found to have bilateral airspace disease on chest radiograph and neutropenic leukocytosis. Given her history of MRSA and Pseudomonas pneumonia, she was started on broad spectrum antibiotics. ... condition at Discharge: Good." Interview on 4/15/19 with client #25's legal guardian/Mother confirmed she has routine contact with the contract Nurse with the school system that accompanies client #25 to the high school daily. She also has contact with client #25's high school teachers, the facility Social Worker, DON and Administrator. Further interview on 4/16/19 with the facility Social Worker revealed she was not aware of any delay in picking client #25 up from school on 11/26/19 however, she could not locate any times when the facility was contacted on 11/26/18. Additional interview revealed facility staff did not update high school staff after client #25's hospital admission on 11/26/18 in regards to treatment provided in the hospital, medications, physician orders, etc. When asked what communication method is used to relay information with the high school, the Social Worker stated often client #25's Mother/Guardian communicates with the contract Nurse that is sent to school with client #25 or the facility. She stated the Mother/guardian has been the primary contact person with the high school. She stated there has not been a direct communication method established between the facility and the public high school that client #25 attends.	W 120		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)	W 240		

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W 240	Continued From page 3 The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #35's Individual Program Plan (IPP) included information to support the use of his necessary adaptive equipment. This affected 1 of 4 audit clients. The finding is: Client #35's IPP did not include specific information to support the use of his Ankle Foot Orthosis (AFO). During observations in the home throughout the survey on 4/15/19, client #35 wore AFOs on both legs. The AFOs were not observed to been removed. Interview on 4/16/19 with Staff B revealed client #35 wears his AFOs all day; however, they do not document their use. Review on 4/16/19 of client #35's IPP dated 8/31/18 revealed the client wears "leg splints that is rotated between legs during specific times." Additional review of client #35's Physical Therapy (PT) evaluation dated 8/6/18 noted, "Singular AFO used by alteration...wear AFO per medical order". Further review of a physician's order dated 9/10/18 indicated an order for Ankle Foot Orthosis. Review of client #35's IPP did not include specific information regarding the use of his AFOs.	W 240	W 240 Each client's Individual Program Plan will include all necessary information to support the individual toward independence. An addendum to client #35's IPP will include specific information regarding the use of the individual's AFOs. Monitoring to ensure all client's IPPs includes all necessary information to support the individual toward independence will occurr through quarterly record reviews by either of the following: QP, Social Worker, Habilitation Specialist, and Administrator.	5/1/19

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W 240	Continued From page 4 Interview on 4/16/19 with the facility's Social Worker revealed client #35 has been wearing AFOs since his admission in July 2018. Additional interview indicated the AFOs should be worn all day. The Social Worker acknowledged the client's IPP does not include specific instructions regarding the use of the AFOs.	W 240		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #35's hand splints were available for his use. This affected 1 of 4 audit clients. The finding is: Client #35's hand splints were misplaced and unavailable for his use. During observations throughout the survey on 4/15 - 4/16/19, client #35 did not wear hand splints on his hands. Interview on 4/16/19 with Staff A revealed client #35's hand splints had been misplaced or lost about two weeks ago and they are continuing to search for them. Additional interview indicated the Occupational Therapist was aware and would allow the facility to search for another week	W 436	W436 The facility will furnish and maintain, in good repair, all equipment as identified in each client's IPP. This will include the use of dentures, eyeglasses, hearing devices, communication devices, braces and any other identified devices. Any devices that are missing from the facility will be addressed in a timely manner and will include an action plan to secure a replacement device if necessary. The QP will meet with pertinent team members regarding any missing devices and team members will develop an action plan to relocate or replace the device. Details of this meeting will be documented in the QP section of the client record and will include attendees and responsibilities of the professional discipline (OT, PT, SLP, etc.) if device replacment is necessary. Timelines and efforts to locate or replace the missing device will also be documented by the QP. The hand splints for client #35 has been located at the facility on 4/20/19. Client	5/1/19

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W 436	Continued From page 5 before she provides a new pair for client #35. Review on 4/15/19 of client #35's IPP dated 8/31/18 revealed the client wears hand splints "daily on a routine schedule" to prevent regression of range of motion in his arms/hands/elbows. Additional review of the client's Occupational Therapy (OT) evaluation dated 8/6/18 noted, "Continue use of bilateral resting hand splints. OT will monitor...modify/replace as needed." Further review of the client's documentation sheet for the use of the hand splints revealed the splints were last used on 4/3/19. Interview on 4/16/19 with the Social Worker confirmed client #35's hand splints had been misplaced and were currently not available for his use.	W 436	W436 Continued from page 5 #35 is currently using the hand splints as specified in his IPP. This process will be monitored by the following: QP will notify Administrator of missing adaptive devices. Administrator will require QP to provide updates to Administator on the team's action plan. Administrator will address with the licensed professional discipline, any issues of not following the team's action plan in a timely manner.	