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 _____	C 09/16/2019

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 000	INITIAL COMMENTS A deficiency was cited during the complaint survey conducted on 9/16/19 for Intakes #NC00155822, NC00155807, NC00155579, NC00155405, NC00155405, and NC00155288.	W 000		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all staff were sufficiently trained to document required safety checks for 2 of 2 audit clients (#1, #2). The findings are: Safety checks were not properly documented for client #1 and client #2. Review on 9/16/19 of shift Safety Check Binders revealed, "Safety Check Monitoring Instructions". The instructions noted, "Staff are responsible for monitoring individuals every 30 minutes and initially off under times. Staff will record A for awake, S for sleep and ON OFF or NA for those individuals with pulse oximeter in the column under the time and place their initials where indicated at the bottom of each time column. Staff must hand-off their safety check sheets to another staff when they are on break or will not be available to monitor. Supervisors will review their safety check sheets at the end of the shift and initial off under the date when staff turns the sheets in at the end of their shift and supervisors	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 189	Continued From page 1 will place sheets in binder at supervisors desk. Safety check monitoring forms will be periodically reviewed by administrative staff." a. Additional review on 9/16/18 of client #1's Individual Program Plan (IPP) dated 9/20/18 and physician's orders dated 5/30/19 indicated, "Pulse Ox at bedtime while in bed and sleeping. Pulse Ox settings: High Sats 100% Low Sats 92% High HR 185, Low HR 80". Further review of client #1's 30-minutes Safety Check sheets for August 2019 and September 2019 revealed the following days with missing documentation: August 2019 (2nd shift) 1st - 6th = 5 days 7th - 12th = 4 days 13th - 18th = 3 days 19th - 24th = 4 days 31st No documentation August 2019 (3rd shift) 1st - 6th = 6 days 7th - 12th = 5 days 13th - 18th = 6 days 19th - 24th = 5 days 25th - 31st = 7 days September 2019 (2nd shift) 1st - 15th = 6 days September 2019 (3rd shift) 1st - 15th = 12 days	W 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 189	Continued From page 2 It should also be noted that various days/times indicated "NA" under client #1's Pulse Oximeter being On or Off. Interview on 9/16/19 with the Shift Supervisor confirmed each safety check sheet should be filled in completely. The Supervisor also indicated "NA" should not be noted for client #1's use of his Pulse Oximeter. Interview on 9/16/19 with the Administrator confirmed the 30 minute safety check sheets should be completed without any missing information. b. Additional review on 9/16/18 of client #2's Individual Program Plan (IPP) dated 9/13/19 and physician's orders dated 8/27/19 indicated, "Pulse Ox at bedtime while in bed and sleeping. Pulse Ox settings: High Sats 100% Low Sats 92% High HR 185, Low HR 80". Further review of client #2's 30-minutes Safety Check sheets for August 2019 and September 2019 revealed the following days with missing documentation: August 2019 (2nd shift) 7th - 12th = 2 days 13th - 18th = 3 days 19th - 24th = 3 days August 2019 (3rd shift) 1st - 6th = 6 days 7th - 12th = 5 days	W 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 189	Continued From page 3 13th - 18th = 6 days 19th - 24th = 5 days 25th - 31st = 7 day s31st No documentation September 2019 (2nd shift) 1st - 15th = 8 days September 2019 (3rd shift) 1st - 15th = 14 days. Interview on 9/16/19 with the Director of nursing (DON) confirmed each safety check sheet should be filled in completely. Interview on 9/16/19 with the Administrator confirmed the 30 minute safety check sheets should be completed without any missing information.	W 189		