

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

PRINTED: 09/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/16/2019
NAME OF PROVIDER OR SUPPLIER WALNUT CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 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	W 000			
W 189	<p>A deficiency was cited during the complaint survey conducted on 9/16/19 for Intakes #NC00155822, NC00155807, NC00155579, NC00155405, NC00155405, and NC00155288.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>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:</p> <p>Safety checks were not properly documented for client #1 and client #2.</p> <p>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</p>	W 189	<p>W 189: All staff will receive initial and continuing training of required safety checks for all clients.</p> <p>The Director of Nursing, QP, Social Worker or Administrator will review all documentation at a minimum of once per week. A monitoring review form will require the staff who reviews the documentation to initial and indicate any issues with the documentation. All issues will be immediately addressed with the supervisor and assigned staff responsible for the documentation.</p> <p style="text-align: center;">RECEIVED SEP 26 2019 DHSR-MH Licensure Sect</p>	11/11/19	

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

TITLE

(X8) DATE

Linda Woodcock

Administrator

9-25-19

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 189	<p>Continued From page 1</p> <p>will place sheets in binder at supervisors desk. Safety check monitoring forms will be periodically reviewed by administrative staff."</p> <p>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".</p> <p>Further review of client #1's 30-minutes Safety Check sheets for August 2019 and September 2019 revealed the following days with missing documentation:</p> <p>August 2019 (2nd shift)</p> <p>1st - 6th = 5 days 7th - 12th = 4 days 13th - 18th = 3 days 19th - 24th = 4 days 31st No documentation</p> <p>August 2019 (3rd shift)</p> <p>1st - 6th = 6 days 7th - 12th = 5 days 13th - 18th = 6 days 19th - 24th = 5 days 25th - 31st = 7 days</p> <p>September 2019 (2nd shift)</p> <p>1st - 15th = 6 days</p> <p>September 2019 (3rd shift)</p> <p>1st - 15th = 12 days</p>	W 189			

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W 189	<p>Continued From page 2</p> <p>It should also be noted that various days/times indicated "NA" under client #1's Pulse Oximeter being On or Off.</p> <p>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.</p> <p>Interview on 9/16/19 with the Administrator confirmed the 30 minute safety check sheets should be completed without any missing information.</p> <p>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".</p> <p>Further review of client #2's 30-minutes Safety Check sheets for August 2019 and September 2019 revealed the following days with missing documentation:</p> <p>August 2019 (2nd shift)</p> <p>7th - 12th = 2 days 13th - 18th = 3 days 19th - 24th = 3 days</p> <p>August 2019 (3rd shift)</p> <p>1st - 6th = 6 days 7th - 12th = 5 days</p>	W 189			

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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			



September 25, 2019

Ms. Wambui Karanu, BSN, RN
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 Complaint Survey completed September 16, 2019.
Walnut Creek, 5709 U.S. Hwy 70 East, Goldsboro, NC 27534
MHL# 096-009

Dear Ms. Karanu:

Enclosed is the Plan of Correction for the tag cited during the recent complaint survey at Walnut Creek.

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

Sincerely,

A handwritten signature in cursive script that reads "Linda Woodard".

Linda Woodard
Administrator

Enclosures

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