

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

PRINTED: 12/19/2019  
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>C</b> <b>12/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WALNUT CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5709 US 70 EAST</b> <b>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
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W 339	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(4)</p> <p>Nursing services must include other nursing care as prescribed by the physician or as identified by client needs.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to provide nursing services in the areas of assessment, monitoring, documentation, and communication with the facility physician. This affected 1 of 3 deceased clients (#1) in the group home. The finding is:</p> <p>Client #1 did not receive nursing care after a visit to the emergency room.</p> <p>Record review on 12/12/19 revealed client#1 was treated in the emergency room on 6/27/19 for shortness of breath with a primary diagnosis of congestion of upper respiratory and returned to the group home the same day. Client #1's chart did not reveal any documentation indicating the facility's nurse had assessed any vital signs a upon return. Further review revealed the facility's nurse contact the physician on 6/2/19 regarding unstable condition of the client. The order was given to assess vital signs every 2 hours for 24 hours. The records indicated only blood pressure was assessed every two hours.</p> <p>Record review on 12/12/19 revealed client #1 was admitted to emergency room on 6/29/19 due to, "unresponsiveness ...and hypoxia and intubated.... he was admitted to ICU for further evaluation...he was febrile to as high as 103 degrees."</p>	W 339	<p>W 339: All nursing care for all individuals will be provided in accordance with the physician's orders. Any verbal physician orders given to nursing, will be checked for accuracy by having nursing read back the order to on-call medical provider. All nursing staff will be inserviced on importance of documenting and implementing physician orders accurately and will be instructed to read the order back to on-call medical provider. After the nurse transcribes the order on paper, the nurse will also document "readback completed".</p> <p>Monitoring to occur at least weekly by either the Director of Nursin or Nurse Designee which will include a review of all verbal orders obtained from on-call medical provider to ensure the orders were notated correctly and completed as ordered. Monitoring will include checking for "readback completed" on each verbal order. Quarterly medical record reviews, completed by a Nurse Designee, will further monitor accuracy and implementation of all orders</p> <p style="text-align: right;"><b>DHSR - Mental Health</b> <b>JAN 3 2020</b> <b>Lic. &amp; Cert. Section</b></p>	1/15/20
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lueba Woodard Administrator</i>	TITLE <i>Administrator</i>	(X6) DATE <b>12/30/19</b>
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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 339	Continued From page 1  Interview on 12/12/19 with a the facility nurse that was on duty on 6/28/19 (via phone) revealed the physician gave her a verbal order of blood pressure only and added she might have wrote with an error for vital sign. The facility nurse did not perform the full vital sign and reported to the oncoming nurse that the order was given for blood pressure only.  Interview on 12/12/19 with the director of nursing (DON) revealed the facility nurse did not follow the pyscian order as given or the documented the order with an error .	W 339			



December 30, 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 December 13, 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