

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

PRINTED: 10/08/2021
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 10/05/2021
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 186	<p>DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record reviews and confirmed by interviews with staff, the facility failed to ensure there were sufficient staff to assist 3 of 6 audit clients (#1, #27 and #29) as documented in their individual program plans (IPP) specifically relating to repositioning and toileting. The findings include:</p> <p>A. During observations on 10/4//21 in classroom #1 from 4:20pm until 6:30pm, Client #1 was seated at a table in a chair at a desk. Staff D offered several activities to her during this time which included coloring pictures with crayons, drawing and recognizing pictures of manual signs. She was not offered the opportunity to go to the toilet and or to change her position for two hours and 10 minutes. At 6:00pm, Client #1 moved in her chair and tried to sit sideways, resting her head on the armrest. There were 2 staff in this classroom to 10 individuals. The surveyor asked the qualified intellectual disabilities professional (QIDP), who was working in classroom #1, if she could assist Client #1.</p> <p>During further observations on 10/4/21 at 6:05pm the QIDP assisted Client #1 who was seated at a table in a chair at a desk. Client #1 motioned to a recliner, climbed into one of three recliners lined against the wall and pulled a blanket over her.</p>	W 186	<p>W 186 The facility will provide sufficient direct support staff to manage and supervise clients in accordance to their individual program plans.</p> <ol style="list-style-type: none"> 1. Current processes to proactively recruit staff will continue. Administrator will work closely with Corporate HR for assistance with additional actions that may increase the number of applicants. 2. Each Direct Support Supervisor will continue to submit weekly schedules in Humanity Scheduler and will also submit a hard copy to Administrator. Through Humanity, staff can sign up for any shift vacancies. Inadequate staffing on any shift will be addressed timely the the DS Supervisors and with support from Administrator, Social Worker, and QIDP. 3. On a daily basis, each Supervisor will designate a staff from their shift who will serve as a "holdover staff". the "holdover staff" will remain on the oncoming shift in the event of a call-out on the oncoming shift and will remain on that shift until a relief staff arrives. 4. All direct support staff and any staff from other departments who may assist with direct support coverage will be trained on client's IPPs with focus on meeting the needs of frequent repositioning and timely assistance with toileting needs. Specific needs for Clients #1, #27, and #29 will include timely assistance with toileting needs and frequent repositioning. <p>Monitoring to occur trough daily observations and through monthly interaction assessments by either of the following: Administrator, QIDP, Social Worker, and Habilitation Specialists.</p>	12/5/21	

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

TITLE

(X6) DATE

Linda Woodard

Linda Woodard

Adminstrator

10/15/2021

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.

DHSR - Mental Health

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W 186	<p>Continued From page 1</p> <p>When the surveyor left the classroom at 6:30pm Client #1 had not been given the opportunity to go to the toilet since 4:20pm.</p> <p>Immediate interview with the QIDP on 10/4/21 at 6:30pm revealed that the facility has been chronically understaffed and that she was working in the classroom because they had several direct support staff to call out of work. The QIDP stated she thought first shift had checked all clients in classroom #1 for toileting accidents before they departed their shift at 3:30pm.</p> <p>Interview on 10/4/21 with Staff D revealed staff try to offer Client #1 the opportunity to go to the toilet every hour but frequently she declines or waves them away.</p> <p>Review on 10/5/21 of Client #1's IPP dated 9/15/21 revealed she has profound intellectual disabilities, is non- verbal, uses gestures, facial expressions and some sign language to communicate. Further review of the IPP revealed she has needs to improve self help skills and is on an informal toileting schedule because of increased toileting accidents. Additional review of the IPP revealed Client #1 is currently not expressing the need to go to the toilet consistently and should be offered the opportunity to toilet every hour. The IPP indicated that staff will need to be patient if she waved them away and go back to her with any requests related to essential activities. Subsequent review of the IPP revealed Client #1 is ambulatory with assistance as her gait is unsteady. She requires staff assistance to walk short distances.</p> <p>Interview on 10/5/21 with the Social Worker, who</p>	W 186			

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W 186	<p>Continued From page 2</p> <p>is Acting Administrator, confirmed that Client #1's IPP is current and Client #1 should be offered frequent opportunities to go to the toilet. Further interview confirmed the facility had been chronically understaffed and that on 10/5/21 third shift staff were being called into work early to assist with staff shortages.</p> <p>B. During observations in the facility on 10/5/21 from 6:00am-9:00am Client #1 was awake in bedroom #20 and occasionally sat up in bed and even sat on the edge of the bed as early as 6:15am. Staff did not check on her for over 65 minutes from 6:40am-7:45am. At 7:45am Client #1 was sitting on the side of the bed, Staff G stopped into her room to tell her she had to go to another bedroom to assist another client and she would have to wait. Client #1 shook her head and tapped her forehead with her hand as Staff G left her bedroom. Staff G told client #1, " You're next." At 8:10am, facility Nurse B took medications into bedroom #20 to Client #1's roommate and Client #1 was noted to be awake. At 8:15am, direct care Staff G went into bedroom #20 to assist Client #1 to the bathroom and shut the door.</p> <p>During interview on 10/5/21, Staff G indicated Client #1 was dry and had been checked by third shift staff around 6:00am. Further interview revealed in general, direct care staff try to get Client #1 up first in the mornings as she is ambulatory and prone to falls if she tries to ambulate alone. Additional interview confirmed the facility has been chronically understaffed.</p> <p>Review on 10/5/21 of Client #1's IPP dated 9/15/21 revealed she has profound intellectual disabilities, is non verbal, uses gestures, facial expressions and some sign language to</p>	W 186	<p>W 186</p> <p>The facility will provide sufficient direct support staff to manage and supervise clients in accordance to their individual program plans.</p> <ol style="list-style-type: none"> 1. Current processes to proactively recruit staff will continue. Administrator will work closely with Corporate HR for assistance with additional actions that may increase the number of applicants. 2. Each Direct Support Supervisor will continue to submit weekly schedules in Humanity Scheduler and will also submit a hard copy to Administrator. Through Humanity, staff can sign up for any shift vacancies. Inadequate staffing on any shift will be addressed timely the the DS Supervisors and with support from Administrator, Social Worker, and QIDP. 3. On a daily basis, each Supervisor will designate a staff from their shift who will serve as a "holdover staff". the "holdover staff" will remain on the oncoming shift in the event of a call-out on the oncoming shift and will remain on that shift until a relief staff arrives. 4. All direct support staff and any staff from other departments who may assist with direct support coverage will be trained on client's IPPs with focus on meeting the needs of frequent repositioning and timely assistance with toileting needs. Specific needs for Clients #1, #27, and #29 will include timely assistance with g needs and frequent repositioning. <p>Monitoring to occur through daily observations and thru monthly interaction¹² assessments by either of the following: Administrator, QIDP, Social Worker, and Habilitation Specialists.</p>		

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W 186	<p>Continued From page 3</p> <p>communicate. Further review of the IPP revealed she has needs to improve self help skills and is on an informal toileting schedule because of increased toileting accidents. Additional review of the IPP revealed Client #1 is currently not expressing the need to go to the toilet consistently and should be offered the opportunity to toilet every hour.</p> <p>Interview on 10/5/21 with the shift supervisor (Staff B) indicated that all clients are checked every 30 minutes to ensure they do not need to be changed. She indicated she had been assigned responsibility for assisting Client #1 in getting her up, dressed on 10/5/21 but she was currently working alone in classroom #1 with 7 individuals. Additional interview revealed she asked Staff G to assist Client #1 with her morning routine but there were still a lot of individuals to get up and dressed on 10/5/21.</p> <p>C. During observations in the facility on 10/4/21 Client #27 was not offered the opportunity to change his position nor was he checked for wetness or dryness from 3:00pm-4:00pm or 4:20pm-6:30pm. During these observations Staff D, staff E and the facility QIDP worked alone in classroom #1 with 10 clients, most of whom use wheelchairs for mobility and some who receive enteral feedings. Staff D left the classroom between 6:00-6:30pm, leaving Staff E and the facility QIDP with 10 clients in classroom #1. Client #27 sat in his wheelchair until he was assisted with consuming his supper at 6:07pm by staff E. At no time during these observations, was he taken to his bedroom or the bathroom to check to see if he needed to be changed. He was also not provided the opportunity to change his positioning.</p>	W 186			

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W 186	<p>Continued From page 4</p> <p>Interview on 10/4/ 21 with Staff E who was the shift supervisor indicated the facility had been chronically understaffed and that first shift had checked all clients for wetness and possible soiling before they left their shift at 3:30pm. She indicated any client who obviously needed to be changed would be toileted immediately. Further interview confirmed that Client #27 sometimes became fussy when he was positioned in his wheelchair but that he was required to be in his wheelchair for 30 minutes after meals.</p> <p>Review on 10/5/21 of Client #27's IPP dated 5/10/21 revealed he is non ambulatory, has Profound Intellectual Disabilities, Spastic Quadriplegia, Cerebral Palsy and a Chronically dislocated left hip. Further review of Client #27's IPP confirmed he requires assistance with all activities of dally living, is non-verbal and should be offered frequent opportunities to be positioned out of his wheelchair.</p> <p>D. During observations in the facility on 10/4/21 from 3:00-4:00pm and from 4:20-6:30pm in classroom #1, Client #29 was seated in a recliner with her bilateral hand splints and was secured to the recliner with a large velcro strap. At no time during these observations was she taken to the bathroom or bedroom to check for wetness or dryness or offered the opportunity to change her position.</p> <p>Interview with interview on 10/4/ 21 with Staff E who was the shift supervisor indicated the facility had been chronically understaffed and that first shift had checked all clients for wetness and possible soiling before they left their shift at 3:30pm. She indicated any client who obviously</p>	W 186			

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W 186	Continued From page 5 needed to be changed would be toiletied immediately. Review on 10/5/21 of Client #29's IPP dated 9/11/21 revealed she has Profound Intellectual Disabilities, Spastic Quadriplegia, Bilateral dislocated hips, Dysphagia and has a gastrostomy. Further review of the IPP confirmed that Client #29 depends on direct staff to assist her with all daily living needs and that she is non verbal. Interview on 10/5/21 with the QIDP confirmed the facility had been chronically understaffed and that all clients should be repositioned frequently any client toileting needs should be attended to immediately.	W 186			
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 observations, records review and staff interviews, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 1 of 6 audit clients (#26). The finding is: During observations in the home on 10/4/21 from 4:30-6:00 pm, Client #26 sat in a wheelchair that had adaptive equipment which included a neck-head collar, seatbelt and shoulder straps. Client #26's head either leaned over his left shoulder or was tilted back, causing his neck to be extended and his eyes to look at the ceiling. At	W 189	W 189 The facility will provide each employee with initial and continuing training that enables the employee to perform job duties effectively, efficiently, and competently. All staff working in a direct support role will be trained on proper positioning of all clients in wheelchairs and how to effectively use adaptive equipment. Emphasis will be placed on Client #26 by ensuring the shoulder straps are snug and his hips are positioned properly in the back of the wheelchair. All new staff will receive this training during new hire orientation. Monitoring to occur through daily observations by the PT Habilitation Assistant and through monthly interaction and mealtime assessments		

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W 189	<p>Continued From page 6</p> <p>6:00 pm, Staff B brought Client #26 to the dinner table to feed him. Client #26 did not demonstrate, good head control. Staff B placed her left hand on the back of Client #26's head to stabilize it as she fed him and gave him a cup to drink fluids.</p> <p>Record review on 10/5/21 of Client #26's Physical Therapy Evaluation on 10/12/20 revealed he only had minimal head control, with brief midline position maintained. Client #26's head was noted to roll partially to left side.</p> <p>Record review of a Wheelchair Concern Form for Client #26 dated 8/30/21 reported his "head getting under head rest and arm under arm rest." The response by the Physical Therapist (PT) was to adjust the neck rest and use tray to help keep his arms on top. The work was performed by the PT on 9/16/21.</p> <p>Interview on 10/5/21 with Staff B revealed Client #26's head had the tendency to drop down when fed. Staff B had observed that if Client #26 is fed with his head down, the food contents would spill out of his mouth. Staff B stated she supported Client #26's head in place during the meal to ensure he would not have food spillage.</p> <p>Interview on 10/5/21 with the PT revealed Client #26 has had the same wheelchair since his admission. The PT stated that last month the school expressed concern about the neck-collar used on the wheelchair. The PT re-evaluated the chair and found that the collar was thick enough to support Client #26's head. The PT emphasized the shoulder straps must be snug to prevent Client #26 from leaning forward and that the hips must be back in the chair to help Client #26 maintain positioning. The PT stated all staff are</p>	W 189	completed by either of the following: Administrator, QIDP, Social Worker, and Habilitation Specialists.	12/5/21	

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W 189	Continued From page 7 trained during orientation, how to position clients in wheelchair and use the adaptive equipment. The PT said this was a general policy and staff should know this "before they're even on the floor."	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#1 and #27) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program pan (IPP) in the area of following repositioning guidelines and toileting schedules. The findings include: A. During observations on 10/4/21 in classroom #1 from 3:30pm-4:00pm and 4:20pm until 6:30pm, Client #1 was seated at a table in a chair at a desk. Staff D offered several activities to her during this time which included coloring pictures with crayons, drawing and recognizing pictures of manual signs. She was not offered the opportunity to go to the toilet and or to change her position for two hours and thirty minutes. At	W 249	W 249 The facility will ensure each client receives a continuous active treatment program as identified in their individual program plan to include all needed interventions and services. All staff working in a direct support role will be trained on implementation of Client #1's informal toileting guidelines and positioning guidelines as written in her IPP. All staff will also be retrained on the implementation of Client #27's comfort checklist and positioning guidelines as written in his IPP. This training will also include the need to address all client's specific needs as written in each IPP. Monitoring to occur through daily observations and through monthly mealtime and interaction assessments by either of the following: Administrator, QIDP, Social Worker, and Habilitation Specialists.	12/5/21	

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W 249	<p>Continued From page 8</p> <p>6:00pm, Client #1 moved in her chair and tried to sit sideways, resting her head on the armrest. There were 2 staff in this classroom to 10 individuals. The surveyor asked the qualified intellectual disabilities professional (QIDP), who was working in classroom #1, if she could assist Client #1. The QIDP assisted her in getting across the room to a recliner, got a blanket and covered her up in the recliner. By 6:30pm, Client #1 was asleep in the recliner but had not been offered the opportunity to go to the bathroom for toileting.</p> <p>Interview on 10/4/21 with the shift supervisor confirmed Client #1 is offered the opportunity to go to the bathroom to toilet every hour because of frequent toileting accidents.</p> <p>Review on 10/5/21 of Client #1's individual program plan dated 9/15/21 revealed she has profound intellectual disabilities, is non verbal, uses gestures, facial expressions and some sign language to communicate. Further review of the IPP revealed she has needs to improve self help skills and is on an informal toileting schedule because of increased toileting accidents. Additional review of the IPP revealed Client #1 is currently not expressing the need to go to the toilet consistently and should be offered the opportunity to toilet every hour or so. The IPP indicated that staff will need to be patient if she waved them away and go back to her with any requests related to essential activities. Subsequent review revealed Client #1 is ambulatory with assistance as her gait is unsteady. She requires staff assistance to walk short distances.</p> <p>Interview on 10/4/21 with the qualified intellectual</p>	W 249		
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W 249	<p>Continued From page 9</p> <p>disabilities professional (QIDP) confirmed staff should offer Client #1 frequent opportunities every hour for toileting to prevent toileting accidents.</p> <p>B. During observations in classroom #1 on 10/5/21 at 7:30am, Staff B assisted Client #27 with his meal, scooping his food with his spoon and helping him bring his food to his mouth. After he finished his meal, Staff B propelled Client #27's wheelchair to the middle of classroom #1 and clamped a bead assistive device onto his wheelchair tray. At 8:20am, Client #27 became upset, trying to knock over the assistive device on his wheelchair tray, vocalizing and crying. Staff B told Client #27 he would have to wait 30 minutes after his meal to be repositioned. Staff B explained that Client #27 does not like to be positioned in his wheelchair for extended periods of time.</p> <p>Review on 10/5/21 of Client #27's IPP dated 5/10/21 revealed he has a comfort checklist which should be addressed when he is vocalizing or indicating he is uncomfortable (undated). The checklist indicated staff should assess if Client #27 is thirsty, check to see if he is wet or soiled, staff should assess if his position needs to be changed, check to see if his toes are curled up inside of his shoes, check to see if the immediate area is too loud or if Client #27 is hungry. Further review confirmed if Client #27 is uncomfortable, he will vocalize, cry and sometimes try to bite his hand.</p> <p>Interview on 10/5/21 with the facility social worker, who is acting administrator, confirmed Client #27's IPP is current and staff should be implementing his guidelines and programs.</p>	W 249			



October 15, 2021

Ms. Esther Moore, BSW
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

RE: Plan of Correction for recertification survey on 10/04/21 to 10/05/21
Walnut Creek, 5709 U.S. Hwy 70 East, Goldsboro, NC 27534
MHL# 096-009

Dear Ms. Moore:

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth McNeil". The signature is fluid and cursive, with the first name being more prominent.

Elizabeth McNeil

Social Worker

Enclosures

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