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 _____	12/13/2022

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 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 review and interviews, the facility failed to ensure 1 of 6 audit clients (#34) received a continuous active treatment plan consisting of needed interventions and services identified in the Individual Program Plan (IPP) to apply left arm and fingers splint. The finding is: During morning observations on 12/13/22 at 8:38AM, client #34 was asleep in her wheelchair wearing a splint on her right hand, with finger separators. An additional observation at 11:35AM, along with the director of nursing (DON) revealed client #34 still wore the splint and fingers separator on her right hand. Review on 12/12/22 of client #34's IPP dated 10/24/22 revealed left elbow extension and left Posey Roll with finger separators were added as adaptive equipment. Interview on 12/13/22 with the classroom instructor revealed that she did not know which hand the splint should be worn, since it was applied by someone else.	W 249		

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

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W 249	Continued From page 1 Interview on 12/13/22 with Staff C revealed that the habilitation assistants were responsible for applying the splint daily. Interview on 12/13/22 with the Habilitation Assistant #1 (HA #1) revealed that normally HA #2 was assigned to client #34 however today she learned that HA #2 did not come to work. HA #1 admitted she hurriedly applied the splint on client #34's right arm and she did not review the plan to check the orders. Interview on 12/13/22 with the Director of Nursing (DON) acknowledged the splint for #34 was not applied on the correct hand.	W 249		
W 361	PHARMACY SERVICES CFR(s): 483.460(i) The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to pursue pharmacy services ensure 1 of 6 audit clients (#20) had medication refilled. The finding is: During evening medication administration on 12/12/22 at 5:33PM, Nurse B could not locate a bottle of Lactulose medication that was prescribed to client #20. Nurse B called Nurse A at 5:37PM and got permission to retrieve a dose	W 361		

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W 361	Continued From page 2 of Lactulose from another client's medication bottle. Nurse B documented her actions on the Emergency Sheet. Review on 12/13/22 of client #20's Physician Order's signed on 11/23/22 revealed he was prescribed Lactulose SOL 10ml and should receive 10ML by G-tube twice a day. Review on 12/13/22 of the Emergency Sheet for client #20's medications revealed it had only been completed once for borrowed dose of Lactulose on 12/12/22 for 5:00PM dose. Interview with Nurse A on 12/13/22 revealed the refill button on the Electronic Medication Administration Record (EMAR) did not work when trying to order a refill for Lactulose. Nurse A revealed during the morning medication administration for client #20 today, he had to borrow a dose of Lactulose from another client because pharmacy had not delivered client #20's medication. Interview with the Director of Nursing (DON) on 12/13/22 revealed she was unaware there were problems getting the refill button on the EMAR to work and she was unaware nurses were borrowing doses of Lactulose for unknown period of time for client #20. The DON revealed Nurse B was an agency nurse but had received a checklist of their policies. The DON revealed Nurse B had worked with client #20 for two days and should have noticed the bottle of Lactulose was almost emptied and made arrangements with pharmacy for a refill.	W 361		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)	W 369		

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W 369	Continued From page 3 The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to administer all medications prescribed by the physician without error. This affected 1 of 6 audit clients (#26) observed receiving medications. The finding is: During evening observations of medication administration on 12/12/22 at 5:05PM, Nurse A transferred 3ML of Levetiraceta SOL into a syringe and added it to pudding along with crushed medications and fed to client #26. Review on 12/13/22 of client #24's Physician Orders, signed on 11/23/22 revealed client #26 should receive 3ML of Levetiraceta SOL at 6:00AM and 2.5ML of Keppra at 6:00PM. Interview on 12/13/22 with Nurse A revealed he acknowledged that he prepared the evening Keppra dose at 3ML. Interview on 12/13/22 with the Director of Nursing (DON) revealed if client #26 received 3ML of Levetiraceta SOL at 6:00PM, it was a medication error.	W 369		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to vary the times and conditions when conducting fire drills. This had the potential to	W 441		

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W 441	Continued From page 4 affect all clients in the facility. The finding is: Review on 12/13/22 revealed the following pattern for fire drills. 1st Shift 1/30/22 at 1:30PM 4/28/22 at 1:50PM 7/24/22 at 1:00PM 3rd Shift 3/29/22 at 11:55PM 6/29/22 at 12:03AM 9/28/22 at 12:03AM Interview on 12/13/22 with the Administrator revealed no explanation for staff not varying times of fire drills.	W 441		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provide supplements as prescribed for 1 of 6 audit clients (#34). The finding is: During breakfast observations on 12/13/22 from 8:45AM to 9:15AM, the classroom instructor fed client #34 in classroom 2. On the tray, the breakfast included pureed oatmeal, toast and	W 460		

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W 460	Continued From page 5 scrambled eggs. Review on 12/12/22 of client #34's Individual Program Plan (IPP) had an update on 9/9/22 to discontinue the regular diet for client #34 and start a weight gain pureed diet and include prunes and high fiber cereal. Interview on 12/13/22 with the classroom instructor revealed that she fed client #34 only pureed oatmeal, eggs and toast. Interview on 12/13/22 with the Director of Nursing (DON) revealed supplements such as prunes and high-fiber cereal should come on the breakfast tray along with the food on the menu.	W 460		