PRINTED: 12/18/2023 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G009	B. WING			С	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE 1	2/12/2023	
WALNU	T CREEK			5709 US 70 EAST GOLDSBORO, NC 27534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 149	A complaint survey 12/12/2023 for intak complaint was subsicited. It was determined by immediate jeopardy The interdisciplinary comprehensive plan the clients, which wateam before their exiculent PROTECTICFR(s): 483.420(a) The facility must ensortherefore the facility This CONDITION is The facility failed to: and procedures that (W149); and failed to are thoroughly invest to its clients. STAFF TREATMENT CFR(s): 483.420(d)(1) The facility must developed to the facility must developed to the facility statutorily mandated to its clients. STAFF TREATMENT CFR(s): 483.420(d)(1) The facility must developed to the	was completed on e #NC00210607. The tantiated. Deficiencies were were the team on site that an was present to the clients. It team was able to develop a to remove the jeopardy to is accepted by the survey it from the facility. ONS ure the rights of all clients. It must not met as evidenced by: implement written policies prohibited neglect of a client ensure all alleged violations igated (W154). It of these systemic practices is failures to provide services of client protections OF CLIENTS Plop and implement written	W 122	Preparation and/or execution plan of correction does not admission or agreement by provider or the truth of the falleged, or conclusions set statement of deficiencies. To correction is prepared and/o solely because it is required provisions of Federal and S	constitute the facts forth in the The plan of or executed d by the state law. The of a mented. The allegations of allegations and mainly allegations and mainl	1.20.2024	

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 pursing homes, the findings stated above and its determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY				
		34G009	B. WING		4.0	С
WALNU (X4) ID	T CREEK SUMMARY STA	TEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZIP COD 5709 US 70 EAST GOLDSBORO, NC 27534 PROVIDER'S PLAN OF CORRE	DE	2/12/2023
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	Review on 12/11/23 Improvement System 9/26/23, revealed do review of the IRIS re #1 was sent to the horown emesis that the was evaluated and rown 3:30pm. Upon returnalert and active with evening and night not to 00 9/22/23 at approximate approxim	of the Incident Response m (IRIS) report, dated at #1 died on 9/22/23. Further eport revealed on 9/21/23, do ospital due to large, dark ested positive for blood; he eturned to the facility at not the facility, dc #1 was monitoring throughout the oting no distress. Eximately 10:30am, the rese (LPN) was called to dc at support associate (DSA) I him to be actively seizing at Itoco nasal spray per order at LPN administered a second redered. Vital signs for dc #1 oxygen saturation at 84% on applied, which increased at e of 150-160s and rectal	W 14	No individual at Walnut Cree has an order to use a warming. A written protocol for the use warming unit will be implemed. The facility management tear in-serviced to investigate alleneglect thoroughly. Administrator will ensure all a are investigated thoroughly a reported to appropriate official. All nursing staff to be trained properly use a warming unit a importance and protocol to for physician orders. All staff to be trained on the pof a Warming Unit to include a following: - Only licensed personnel to a warming unit to an individual - Application/Removal of the vunit will be documented in Therap/Quickmar - Monitoring of temperature will be completed and documented e minutes and/or according to manufacturer recommendation - Application of the warming unit applied only if meets written pleparameters.	of a ented. In will be egations of allegations and als. on how to and the allow all aroper use the apply the every 15 allegations and the elevery 15 allegations and 15 allegations and 15 allegations and 15 allegatio	1.20.2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G009	B. WING			1:	C 2/12/2023
A DATA A COMPANIENT OF SHAPE A SHAPE	PROVIDER OR SUPPLIER T CREEK			STREET ADDRES 5709 US 70 EAS GOLDSBORO			2/12/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	VIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHO REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	include Seizure Disci IPP revealed dc #1 use of his arms and upon staff for mover further revealed he hypothermia with ter nurses every shift. T temperature is less of blankets should be p #1 should wear a tol layered clothing to k than 95 degrees. An will be determined by Review on 12/11/23 #1, dated 8/1/23, rev Trauma, Constipation Hypothermia, Dysph. Gastroesophageal R Disability, Muscle Sp Allergic Rhinitis, Sco Emptying, Bilateral N Disorder. Temperature each shift. If noted be thermals, warm blank Hypothermia. Review on 12/12/23 of #1, dated 7/27/23, rev temperature check ev Bair Hugger device for degrees.	order and Hypothermia. The is non-ambulatory, has limited hands, and is dependent ment and positioning. The IPP has occasional episodes of mperature monitoring by the IPP noted that if his than 95 degrees, warm placed on him. In addition, do toggan, thermals, and eep his temperature greater by variations of the protocol by the nursing staff. Of physician's orders for do ealed a diagnosis to include and Hyponatremia, agia, Quadriplegia, eflux Disease, Intellectual asticity, Optic Atrophy, liosis, Delayed Gastric dephrolithiasis, Seizure are checks should be checked allow 96 degrees, apply kets, and hat due to his of physician's orders for do wealed a prescribed rectal very shift with the use of the part temperatures less than 90 and for the following: temperature of 96.1 emperature of 97.6	W 1	daily obser Staff, Nurs Supervisor Formal mo monthly the	nonitoring to occur the relations by Administic Team Leaders, Destroy, and QP's, and item of the completion of assessment.	trative ON, least	

- 9/22/23 at 10:30am temperature of 109

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NAME OF	PROVIDER OR SUPPLIER	340009	B. WING _		12	2/12/2023	
	T CREEK			STREET ADDRESS, CITY, STATE, ZIP COD 5709 US 70 EAST GOLDSBORO, NC 27534	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	OULD BE	(X5) COMPLETION DATE	
W 149	, and the state of	-	W 14	19			
	documentation for the when it was applied	#1's record revealed no ne use of the Bair Hugger, or monitored.					
	worked 1st shift 9/22 approximately 10:00 breathing heavy. She and found him limp a wearing full thermal warming blanket, an	2/23. She walked the hall at am and heard dc #1 e then went in to check him and hot to touch. He was pajamas, the Bair Hugger d a lot of blankets on him. In irmed the Bair Hugger was					
	turned on when she removed all of the bl LPN. She remained	went into the room. She ankets and called for the in the room while the LPN ature. His temperature was heit rectally. Staff					
	Bair Hugger on dc #1 responsible for apply	12/12/23 with Staff E aware of who applied the . Usually the nurses were ing and monitoring the use taff E had not been trained					
	had worked 1st shift of into do #1's room after did not enter his room morning, Staff C was technician that there woody feeling warm to n his room, his cover ne was wearing his the dot #1 was having seiz valtoco and took his v	s with Staff C revealed she on 9/22/23 and briefly looked or arriving to work. Staff C in at this time. Later in the notified by the medical was a concern with dc #1's touch. When Staff C arrived is had been removed, and ermals. Staff C determined cures, so she sent for his vitals. DC #1's vital signs abnormal with a rectal temp					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 5709 US 70 EAST GOLDSBORO, NC 27534	P CODE	2/12/2023	
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	of 108.4. Staff C the to go to the hospital was notified. Further interview on revealed the Bair Hubut she did not see Staff C revealed the when his temperature usually monitored evaluation of the Whole of the wh	en determined dc #1 needed, and the medical provider 12/12/23 with Staff C lagger was in dc #1's room, it on him when she arrived. Bair Hugger is used on him re is 95 or below rectally and very three hours. The Bair emoved when his temperature revealed whoever finds dc wishould apply the Bair dical technicians are suppose apply it. Staff C stated the restraining for Bair Hugger polication and monitoring. 3 with Staff A revealed dc #1 health until the time heart there had been several er was used on him because aped. His temperature was and he seemed to be acting (23, Staff A arrived at work ed by dc #1's room to briefly ponded by looking up and ally. Staff A saw the Bair his bed, but she could not on him because he was forter. Later in the morning, bring to dc #1's room. Staff A told her the Bair Hugger emperature was 108. Staff A taff if she had heard the not hear the Bair Hugger, but leing used on him with his bed comforter on 9/22/23. Imperature drops, warmed	W 1	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		I IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER T CREEK			STREET ADDRESS, CITY, STATE, Z 5709 US 70 EAST GOLDSBORO, NC 27534	IP CODE	12/12/2023	
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	towels from the drye apply the Bair Hugg done by nurses whe Interview on 12/11/2 #1's temperature had degrees prior to 9/22 his temperature drop staff applied warm be would then monitor he minutes or based on Interview on 12/11/2 was always cold. State his temperature upon contacted the nursed degrees. Normally, the #1 and she assists we his temperature was nurses apply a "heating blanket that hooks up hot air across his bod a 3M Bair Hugger equictures of a warming identify equipment us the machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine did not he on it, so she would have machine the temperature on him every 1 minutes but was unsumit the the Bair Huggnever known his temperature known his te	er are used before the nurses er, and monitoring should be in using the Bair Hugger. 3 with Staff B revealed dc d not risen to above 105 2/23 as far as he knew. When oped to 95 degrees or lower, lankets from the dryer. Staff nis temperature every 30 nurses judgement. 3 with Staff D revealed dc #1 off D stated she usually took a arriving at work and when it was below 96 one nurse comes to treat dc with what the nurse needs. If below 96 degrees, the ng blanket as a thin, white to a machine, and blows dy. When shown pictures of upment, Staff D pointed to gunit and warming blanket to be dwith dc #1. Staff D stated have a temperature monitor ave to go in and check his with a thermometer. When had risen, she told the ner to not use it anymore was ok. Staff D tried to 5 minutes, no later than 30 are of how often to check her was in use. She had berature to spike to high 106 and above because	W 1	49			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/S AND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
		34G009	B. WING		12	C 2/ 12/2023	
	PROVIDER OR SUPPLIER T CREEK			STREET ADDRESS, CITY, STATE, ZIP CO 5709 US 70 EAST GOLDSBORO, NC 27534	DDE	112/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BF	(X5) COMPLETION DATE	
	Review on 12/11/23 Warming Unit Opera system should only professionals per a requires the use of twarming unit, warming unit, warming unit, warming unit, recautions injury include recommonitoring of core to monitoring is not positive monitoring is not positive monitoring is not positive injury include recommonitoring is not positive injury injury include recommonitoring is not positive injury	of the 3M Bair Hugger ating Manual revealed the be used by trained medical medical order. Safe usage hree components: the ng blanket, and temperature is to reduce the risk of thermal mended continuous emperatures. If continuous emperatures. If continuous emperatures. If continuous estible, the manual revealed a ste temperature checks for ants, children and other opulation should not be left arming therapy. Air be discontinued or adjusted goal is reached, if elevated corded or there is an adverse at the facility social and a diagnosis of a with the facility social and the meant to say warmed the meant to seizures over thowever, he had not atture rises due to seizures at been sick. The facility had bestigation because they behavior, and felt it was all administrator stated the	W 1	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		34G009	B. WING		1	C 2 /12/2023
	PROVIDER OR SUPPLIER T CREEK			STREET ADDRESS, CITY, STATE, ZIP 5709 US 70 EAST GOLDSBORO, NC 27534	CODE	2/12/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	,	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	Interview on 12/11/2 of Nursing (RDON) clients vitals "like ev revealed if there is a drops/rises, there is increased monitorin increased according. Further interview on revealed the facility conducts training for the RDON complete and staff also. Traini have been complete RDON stated it is "nutrain on because it is clients are checked temperature is not not contact the doctor. Dute the contact the contact the doctor. Dute the contact the	23 with the Regional Director revealed staff tried to monitor revealed staff tried to monitor revery 30 minutes". The RDON a crisis in temperature no facility protocol for g times. Monitoring would be to nurses' judgement. 12/12/23 with RDON had a lead trainer who murses and staff. In addition, is follow up training for nurses and on the Bair Hugger would do by other nurses, but the pot something we just go and with used much." Normally, every 30 minutes, and if the pormal within an hour, we recommentation for should be documented in the time, but may also be in a door with the state of the facility's ices Manual updated	W 1	49		
i	3/30/22 revealed poli and Exploitation which failure to provide sendecessary to protect physical and/or psychincludes failing to followed for medical treatment abuse/neglect, and famonitoring systems. If 102.05 revealed uning	cy 102.05 Abuse, Neglect ch defines neglect as the vices and supports a person from serious hological harm. This low through with doctor ide adequate staff training, failing to have adequate further review of policy tentional neglect with harm of carelessness, omission.				

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		34G009	B. WING				С
	PROVIDER OR SUPPLIER			ST 57	TREET ADDRESS, CITY, STATE, ZIP CODE 709 US 70 EAST OLDSBORO, NC 27534	1 1	2/12/2023
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W 149	substantiated allega	ge 8 Ition of neglect whereby there son or significant risk for	W 1	49			
	12/12/23 that immed facility based on rev staff interviews as the clients at the facility Interviews revealed Hugger on 9/22/23. Physician orders per warming unit. Physic temperature to be 90 determining factor for	fied by the surveyors on diate jeopardy existed in the iew of the client records and here were found to be 3 other with Hypothermia issues. dc #1 was placed on the Bair The facility failed to follow his taining to the Bair Hugger cian orders stipulated his 0 degrees or below as the per applying the unit. The perature on 9/22/23 was					
	staff training for med revealed nurses and #1's temperature sho applying the Bair Hug temperature should he device. Interviews re- not aware of safety p	y failed to provide adequate ical treatment. Interviews staff were unsure of what do ould have been before ager, as well as what his have been to remove the vealed nurses and staff were recautions regarding perature while the Bair					
t e	to him while the Bair I manufacturer recomn temperature monitorii with a 15 minute mini continuous monitoring Temperature monitori emperature was not levery 15 minutes; dat	ng for vulnerable patients, mum in cases when					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/18/2023 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 34G009 B. WING 12/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5709 US 70 EAST WALNUT CREEK GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 149 Continued From page 9 W 149 hours apart, all resulting in the neglect of dc #1. The facility responded with the following plan of protection actions. The adminstrator and RDON will ensure the plan of protection is implemented. -Facility management will investigate possible neglect thoroughly in relation to an individual being sent out to the emergency department, based on the outcome of he investigation, appropriate corrective action will be addressed. -Nursing staff will be trained on how to use a warming unit and the importance/protocol to follow all physician orders. No individual at Walnut Creek currently has a standing order to use the warming unit, and the warming unit is not currently available while relocated at Caswell. -All staff will be trained on the proper use of Bair Hugger/Warming Unit to include only licensed personnel to apply the warming unit. -All staff will be trained on temperature monitoring and removal of Bair Hugger per manufacturer safety recommendations. -All staff will be trained in proper documentation

W 154

related to the application and removal of the Bair

After reviewing the plan of protection developed by the facility on 12/12/23, it was determined the

The facility must have evidence that all alleged

This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an incident of unintentional

neglect was thoroughly investigated. This

Hugger, as well as monitoring.

immediate jeopardy was removed.

STAFF TREATMENT OF CLIENTS

violations are thoroughly investigated.

CFR(s): 483.420(d)(3)

W 154

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G009	B. WING _		12	C / 12/2023	
	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 5709 US 70 EAST GOLDSBORO, NC 27534 PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	N) BE	(X5) COMPLETION DATE	
	finding is: Review on 12/11/23 Improvement Syster 9/26/23, revealed do review of the IRIS re #1 was sent to the h brown emesis that to was evaluated and ra:3:30pm. Upon returnalert and active with evening and night not for 10 miles. The LPN noted and administered valwithout success. The dose of Valtoco as or were abnormal with oxygen sats to 100%, heart remperature of 108.6 immediately notified, hospital. While at the hospital, hospital staff. The face #1's doctor stated he had and would be initiating 9/22/23, dc #1 passed Review on 12/11/23 or Review on 12/11/23 or miles with revening and mould be initiating 9/22/23, dc #1 passed Review on 12/11/23 or miles with the system of 12/11/23 or miles with the properties of the province of the p	of the Incident Response m (IRIS) report, dated at 1 died on 9/22/23. Further report revealed on 9/21/23, do cospital due to large, dark rested positive for blood; he returned to the facility at 1 to the facility, dc #1 was monitoring throughout the oting no distress. It is a compared to the facility at 1 to the facility, dc #1 was monitoring throughout the oting no distress. It is a compared to the facility seizing and the second face of 150-160s and rectal to the facility seizing and the face of 150-160s and rectal to the face of 150-160s and 150	W 154	No individual at Walnut Creek cur has an order to use a warming un A written protocol for the use of a warming unit will be implemented. The facility management team will in-serviced to investigate allegation neglect thoroughly. Administrator will ensure all allega are investigated thoroughly and reported to appropriate officials. All nursing staff to be trained on he properly use a warming unit and the importance and protocol to follow a physician orders. All staff to be trained on the proper of a Warming Unit to include the following: Only licensed personnel to apply warming unit to an individual Application/Removal of the warmi unit will be documented in Therap/Quickmar Monitoring of temperature while warming unit is in place will be completed and documented every minutes and/or according to manufacturer recommendations Application of the warming unit to applied only if meets written physiciparameters.	be ns of tions bw to be all use the ng	1.20.2024	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/18/2023 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 34G009 B. WING 12/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5709 US 70 EAST WALNUT CREEK GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 154 Continued From page 11 Informal monitoring to occur through W 154 daily observations by Administrative Review on 12/11/23 of dc #1's Individual Program Staff, Nurse Team Leaders, DON, Plan (IPP), dated 2/22/23, revealed a diagnosis to Supervisors, and QP's. include Seizure Disorder and Hypothermia. Formal monitoring to occur at least monthly through completion of the Review on 12/11/23 of dc #1's Individual Program Plan (IPP), dated 2/22/23, revealed a diagnosis to QA Assessments (Interaction include Seizure Disorder and Hypothermia. The assessment, ICF Medical and IPP noted that if his temperature is less than 95 Non-Medical Chart Audits. degrees, warm blankets should be placed on him. Medication Pass Audit). In addition, dc #1 should wear a toboggan, thermals, and layered clothing to keep his temperature greater than 95 degrees. Any variations of the protocol will be determined by the nursing staff. Review on 12/11/23 of physician's orders for do #1, dated 8/1/23, revealed a diagnosis to include Hypothermia. Temperature checks should be checked each shift. If noted below 96 degrees, apply thermals, warm blankets, and hat due to his Hypothermia. Review on 12/11/23 of dc #1's rectal temperature monitoring data revealed the following: - 9/22/23 at 12:03am temperature of 96.1 - 9/22/23 at 5:32am temperature of 97.6

9/22/23 at 8:07am temperature of 98.49/22/23 at 10:30am temperature of 109

Further review of dc #1's record revealed no documentation for the use of the Bair Hugger,

Interview on 12/12/23 with Staff E, revealed she worked 1st shift 9/22/23 and check on dc #1 at approximately 10:00am. She noticed he was breathing heavy, as well as hot and limp to touch. She noticed the Bair Hugger device was applied to dc #1 at the time of her check. She called the

when it was applied or monitored.

PRINTED: 12/18/2023 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED C 34G009 B. WING 12/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5709 US 70 EAST WALNUT CREEK GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 154 Continued From page 12 W 154 LPN to check his temperature, and his

Interview on 12/11/23 with the administrator revealed dc #1 had an increase in seizures over the past few months. However, he had not normally had temperature rises due to seizures before and he had not been sick. The facility had not completed an investigation because they found no suspicious behavior, and felt it was all medical issues. The administrator stated the hospital was trying to find out why his

Hugger, thermals, and his comforter.

temperature was 108 degrees. They immediately

Interview on 12/12/23 with Staff C revealed she worked 1st shift on 9/22/23 and was called to dc #1's room during the morning shift. She noticed his covers had been removed when she entered his room, and he was wearing his thermals. Staff C stated the Bair Hugger was in dc #1's room, but it was not attached to him when she arrived. Staff C determined he was having seizures, so she sent for his Valtoco and took his vitals. DC #1's vital signs were taken and abnormal with a rectal temp of 108.4. Staff C immediately called 911.

Interview on 12/11/23 with Staff A revealed she worked 1st shift on 9/22/23 and saw the Bair Hugger at the end of dc #1's bed. She did not know if the Bair Hugger was attached to him because he was covered with his comforter. Later in the morning, Staff A saw people going to dc #1's room, and she was told the Bair Hugger was on him. Staff A believed he was wearing the Bair

Interview on 12/11/23 with the Regional Director

temperature was high and it was a "mystery" to

the hospital.

called 911.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G009	B. WING			С	
	PROVIDER OR SUPPLIER		ST 57	REET ADDRESS, CITY, STATE, ZIP CODE 709 US 70 EAST OLDSBORO, NC 27534	12	/12/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	of Nursing (RDON) clients vitals "like every revealed if there is a drops/rises, there is increased monitorin increased according. Further interview on revealed the facility every 30 minutes, an normal within an hour documentation for to documented in Quic may also be in nurse revealed death investom de #1's case. Review on 12/12/23 NC/MH/IDD/SU Serva 3/30/22 revealed poliand Exploitation white failure to provide servecessary to protect physical and/or psychiacludes failing to follorders, failing to provide for medical treatment abuse/neglect, and famonitoring systems. In 102.05 revealed unin is defined as an act of accident or distraction substantiated allegati was harm to the persharm. The facility failed to action to the facility failed to action to the persharm.	revealed staff tried to monitor rery 30 minutes". The RDON a crisis in temperature no facility protocol for g times. Monitoring would be to nurses' judgement. 12/12/23 with RDON Normally, clients are checked and if the temperature is not sur, we contact the doctor. Emperature checks should be kMAR most of the time, but as notes. The RDON stigations are usually cility, but was not completed for the facility's rices Manual updated for 102.05 Abuse, Neglect ch defines neglect as the vices and supports a person from serious nological harm. This ow through with doctor ide adequate staff training to failing to report ailing to have adequate Further review of policy tentional neglect with harm f carelessness, omission.	W 154				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) D.	(X3) DATE SURVEY COMPLETED	
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NAMEO	PROVIDER OR SUPPLIER	34G009	B. WING		1	2/12/2023	
	IT CREEK			STREET ADDRESS, CITY, STATE, ZIP COI 5709 US 70 EAST GOLDSBORO, NC 27534	E		
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W 154	report who applied to determine if proper complete a death in HEALTH CARE SER CFR(s): 483.460	he Bair Hugger device, monitoring was completed, or vestigation. RVICES	W 1	All nursing staff to be trained properly use a warming unit a importance and protocol to fo	nd the	1.20.2024	
	This CONDITION is The facility failed to: regarding the adminiadministration and vi (W331) and failed to	not met as evidenced by: provide nursing oversight stration of medication ital medical treatment provide adequate training for edical equipment, safety nentation (W340).		Informal monitoring to occur t daily observations by Nurse T Leaders, DON and QP's. Formal monitoring to occur at monthly through completion o Medical and Non-Medical Cha	nrough eam least f the ICF		
W 331	practices resulted in statutorily mandated NURSING SERVICE CFR(s): 483.460(c) The facility must proviservices in accordance This STANDARD is a Based on records refacility failed to provid accordance with the relient (dc #1) relative were followed for the equipment. The finding Review on 12/11/23 of Improvement System.	the facility's failure to provide services in health care. S ride clients with nursing ce with their needs. not met as evidenced by: view and interviews, the le nursing services in needs of 1 of 1 deceased to ensuring physician orders use of prescribed medicaling is: If the Incident Response	W 33	A written protocol for the use warming unit will be implement All nursing staff to be trained importance and protocol to follophysician orders. Informal monitoring to occur the daily observations by Nurse Tourist Leaders, DON and QP's. Formal monitoring to occur at monthly through completion of Medical and Non-Medical Characterists.	ated. On the low all arough least at the ICF	1.20.2024	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		N 35 3550 p. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER T CREEK			STREET ADDRESS, CITY, STATE, ZIP (5709 US 70 EAST GOLDSBORO, NC 27534	CODE	112/2023
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	review of the IRIS re #1 was sent to the h brown emesis that t was evaluated and re 3:30pm. Upon return alert and active with evening and night no licensed practical nu #1's bedside by dire staff. The LPN noted and administered Va without success. The dose of Valtoco as o were abnormal with room air with oxyger sats to 100%, heart temperature of 108.6 immediately notified, hospital. While at the hospital hospital staff. The far #1's doctor stating hi doctor stated he had and would be initiating 9/22/23, dc #1 passes. Review on 12/11/23 or revealed no investigation 9/22/23. Review on 12/11/23 or Plan (IPP), dated 2/2 include Seizure Disor IPP revealed dc #1 is use of his arms and his suse of his arms and his suse of his arms and his province with the provi	eport revealed on 9/21/23, do nospital due to large, dark ested positive for blood; he returned to the facility at in to the facility, dc #1 was monitoring throughout the oting no distress. ximately 10:30am, the arse (LPN) was called to dc ct support associate (DSA) if him to be actively seizing altoco nasal spray per order to LPN administered a second ordered. Vital signs for dc #1 oxygen saturation at 84% on applied, which increased or the second ordered of 150-160s and rectal	W 3	31		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The State of Commercial and	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER T CREEK			STREET ADDRESS, CITY, STATE, ZIP 5709 US 70 EAST GOLDSBORO, NC 27534	CODE 1 12	2/12/2023	
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	hypothermia with tenurses every shift. The temperature is less blankets should be purely than 195 degrees. And will be determined but than 95 degrees. And will be determined but than 95 degrees. And will be determined but the determined but	has occasional episodes of imperature monitoring by The IPP noted that if his than 95 degrees, warm placed on him. In addition, do boggan, thermals, and eep his temperature greater by variations of the protocol y the nursing staff. of physician's orders for do realed a diagnosis to include in, Hyponatremia, agia, Quadriplegia, Reflux Disease, Intellectual pasticity, Optic Atrophy, Iliosis, Delayed Gastric Rephrolithiasis, Seizure re checks should be checked elow 96 degrees, apply kets, and hat due to his conference of the protocol of the following: a temperature of 96.1 temperature of 97.6 temperature of 98.4 temperature of 109 for the Bair Hugger.	W 3	31			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second secon	LTIPLE CONSTRUCTION DING	(X3) D.	(X3) DATE SURVEY COMPLETED	
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W 331	Interview on 12/12/2 worked 1st shift 9/2 approximately 10:00 breathing heavy. Sh and found him limp wearing full thermal warming blanket, ar addition Staff E conturned on when she removed all of the b LPN. She remained checked his temper: 108 degrees Fahren immediately called E Further interview on revealed she was ur Bair Hugger on dc # responsible for apply of the Bair Hugger. Sin this area. Interview on 12/12/2 had worked 1st shift into dc #1's room afted did not enter his room morning, Staff C was technician that there body feeling warm to in his room, his cover he was wearing his the dc #1 was having sei Valtoco and took his were were taken and of 108.4. Staff C them	23 with Staff E, revealed she 2/23. She walked the hall at 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	W3	131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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estro Martinent protessado estrat fac	PROVIDER OR SUPPLIER T CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 5709 US 70 EAST GOLDSBORO, NC 27534	12	2/12/2023	
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	Further interview on revealed the Bair Hibut she did not see Staff C revealed the when his temperature usually monitored exhugger should be resis above 97. Staff C #1's temperature low Hugger, but the medito ask the nurse to a facility nurse provide use including the application of the provided use including the provided use including the provided use including the massed away, but the times the Bair Hugger his temperature drop normal on 9/21/23, alike himself. On 9/22 for 1st shift and walk speak to him. He resistant of the provided the end of see if it was applied to covered with his composition. Staff A saw people go stated somebody had was on him, and his toward was on him, and his toward him. Staff A did respectively the sair Hugger apply the Bair Hugger apply the Bair Hugger and Hugger apply the Bair Hugger apply the Bair Hugger and Hugger apply the Bair Hugger apply the Bair Hugger apply the Bair Hugger and Hugger apply the Bair Hugger a	ge 18 12/12/23 with Staff C ugger was in dc #1's room, it on him when she arrived. Bair Hugger is used on him re is 95 or below rectally and very three hours. The Bair emoved when his temperature revealed whoever finds dc v should apply the Bair lical technicians are suppose upply it. Staff C stated the estraining for Bair Hugger plication and monitoring. 3 with Staff A revealed dc #1 nealth until the time he at there had been several er was used on him because uped. His temperature was nd he seemed to be acting /23, Staff A arrived at work ed by dc #1's room to briefly ponded by looking up and ally. Staff A saw the Bair his bed, but she could not to him because he was forter. Later in the morning, bing to dc #1's room. Staff A d told her the Bair Hugger emperature was 108. Staff A d told her the Bair Hugger, but eing used on him with his bed comforter on 9/22/23. Imperature drops, warmed are used before the nurses r, and monitoring should be using the Bair Hugger.	W 3	31			

		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DA	J. 0938-039 ATE SURVEY
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ŀ	NAME OF	DDOVIDED OF CUENTY	34G009	B. WING _		12	2/12/2023
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	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
		The facility failed to according to client in dc #1 was placed or 9/22/23 with the faci physicians' order. Pl #1's temperature be determining factor followest recorded temperature checks to the facility client was appropriately Hugger was applied temperature checks NURSING SERVICE CFR(s): 483.460(c)(c) Nursing services must other members of the appropriate protective measures that include training clients and shealth and hygiene in This STANDARD is Based on record reservices failed to prostaff in the use of me protocols, monitoring 1 deceased client (dc) Review on 12/11/23 climprovement System 9/26/23, revealed dc review of the IRIS rep #1 was sent to the hobrown emesis that tes	provide nursing services leeds as interviews revealed in the Bair Hugger device on lity failing to follow dc #1's hysician orders stipulated dc 90 degrees or below as the or applying the device. His apperature on 9/22/23 was 96.1 also failed to ensure the tely monitored while the Bair to ensure required were completed. ES (5)(i) st include implementing with the interdisciplinary team, the and preventive health le, but are not limited to taff as needed in appropriate the hethods. In the finding is since and documentation for 1 of the Incident Response.	W 340	1		
		3:30pm. Upon return	to the facility, dc #1 was				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DAT	TE SURVEY MPLETED
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	On 9/22/23 at approlicensed practical nu #1's bedside by dire staff. The LPN noted and administered Va without success. The dose of Valtoco as of were abnormal with room air with oxyger sats to 100%, heart temperature of 108.6 immediately notified, hospital. While at the hospital hospital staff. The fa #1's doctor stating hid doctor stated he had and would be initiating 9/22/23, dc #1 passes. Review on 12/11/23 or revealed no investigation 9/22/23. Review on 12/11/23 or Plan (IPP), dated 2/2 include Seizure Disor IPP revealed dc #1 is use of his arms and hupon staff for movem further revealed he had hypothermia with tem nurses every shift. The temperature is less the blankets should wear a tobor #1 should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should wear at other temperature is less the blankets should be plankets.	eximately 10:30am, the curse (LPN) was called to do cot support associate (DSA) of him to be actively seizing altoco nasal spray per order to LPN administered a second ordered. Vital signs for dc #1 oxygen saturation at 84% on a applied, which increased rate of 150-160s and rectal 5. The doctor was and dc #1 was sent to the spoken to dc #1's mother ag comfort measures. On the daway in the hospital. Of the facility's documents ation regarding the incident of dc #1's Individual Program 2/23, revealed a diagnosis to order and Hypothermia. The non-ambulatory, has limited before and Hypothermia. The non-ambulatory, has limited before and hypothermia. The non-ambulatory has limited before and positioning. The IPP as occasional episodes of perature monitoring by the IPP noted that if his has 95 degrees, warm acced on him. In addition, dc		A written protocol for the use of a warming unit will be implemented. All nursing staff to be trained on he properly use a warming unit and the importance and protocol to follow a physician orders. All staff to be trained on the proper a Warming Unit to include the followarming unit to an individual - Application/Removal of the warming unit be documented in Therap/Quical - Monitoring of temperature while warming unit is in place will be comand documented every 15 minutes according to manufacturer recommendations - Application of the warming unit to applied only if meets written physiciparameters. Informal monitoring to occur through observations by Administrative Staff Nurse Team Leaders, DON, Supervand QP's. Formal monitoring to occur at least monthly through completion of the Cassessments (Interaction assessments (Interaction assessments) (Interaction assessments) (Interaction Pass Audit).	ne all use of wing: the ing unit kmar inpleted and/or be ian h daily f, visors,	

DEPAI	RTMENT OF HEALTH	AND HUMAN SERVICES					: 12/18/202 1 APPROVEI	
		& MEDICAID SERVICES					. 0938-039	
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION		X3) DAT	E SURVEY MPLETED	
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	than 95 degrees. An will be determined b Review on 12/11/23 #1, dated 8/1/23, rev. Trauma, Constipatio Hypothermia, Dysph Gastroesophageal R Disability, Muscle Sp. Allergic Rhinitis, Sco. Emptying, Bilateral N Disorder. Temperatu each shift. If noted be thermals, warm blank Hypothermia. Review on 12/12/23, rev. temperature check eres air Hugger device for degrees. Review on 12/11/23 of monitoring data reveating data reveating data feromals. Review on 12/11/23 of monitoring data feromals. Review on 12/11/23 of monitoring data feromals. Review on 12/11/23 of monitoring data feromals. Further review of defence for degrees. Further review of defence for degrees for degrees. Further review of defence for degrees for degrees. Further review of defence for degrees for degrees for degrees.	y variations of the protocol y the nursing staff. of physician's orders for do realed a diagnosis to include n, Hyponatremia, agia, Quadriplegia, deflux Disease, Intellectual resticity, Optic Atrophy, liosis, Delayed Gastric dephrolithiasis, Seizure re checks should be checked elow 96 degrees, apply kets, and hat due to his of physician's orders for do evealed a prescribed rectal very shift with the use of the for temperatures less than 90 of dc #1's rectal temperature aled the following: temperature of 96.1 temperature of 97.6 temperature of 98.4 temperature of 109 degrees, apply temperature of 98.4 temperature of 109 degrees. It is record revealed no expected the Bair Hugger, or monitored. with Staff E, revealed she 23. She walked the hall at	W3					

and found him limp and hot to touch. He was wearing full thermal pajamas, the Bair Hugger

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	warming blanket, an addition Staff E conturned on when she removed all of the bLPN. She remained checked his temper 108 degrees Fahrer immediately called E Further interview on revealed she was un Bair Hugger on dc # responsible for apply of the Bair Hugger. Sin this area. Interview on 12/12/2 had worked 1st shift into dc #1's room aft did not enter his room morning, Staff C was technician that there body feeling warm to in his room, his cove he was wearing his tidc #1 was having selvaltoco and took his were were taken and of 108.4. Staff C there to go to the hospital, was notified. Further interview on revealed the Bair Hugger to the body feeling warm to staff C there to go to the hospital, was notified.	and a lot of blankets on him. In firmed the Bair Hugger was went into the room. She blankets and called for the in the room while the LPN ature. His temperature was wheir rectally. Staff	W3	40			

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NI IMPED.		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	is above 97. Staff C #1's temperature lov Hugger, but the med to ask the nurse to a facility nurse provide use including the ap Interview on 12/11/2 was always in good passed away, but th times the Bair Hugger his temperature drop normal on 9/21/23, a like himself. On 9/22 for 1st shift and walk speak to him. He res making a sound vert Hugger at the end of see if it was applied covered with his com Staff A saw people g stated somebody hav was on him, and his was asked by other s machine. Staff A did she believed it was b thermal pajamas and Normally, when his te towels from the dryer apply the Bair Hugge done by nurses when Interview on 12/11/23 #1's temperature had degrees prior to 9/22/ his temperature drop staff applied warm bla	revealed whoever finds dow should apply the Bair dical technicians are suppose apply it. Staff C stated the estraining for Bair Hugger plication and monitoring. 3 with Staff A revealed dc #1 health until the time he at there had been several er was used on him because oped. His temperature was and he seemed to be acting 1/23, Staff A arrived at work led by dc #1's room to briefly sponded by looking up and oally. Staff A saw the Bair in his bed, but she could not to him because he was afforter. Later in the morning, oing to dc #1's room. Staff A dot told her the Bair Hugger temperature was 108. Staff A staff if she had heard the not hear the Bair Hugger, but eing used on him with his led comforter on 9/22/23. Emperature drops, warmed are used before the nurses of a using the Bair Hugger. with Staff B revealed dc not risen to above 105 as far as he knew. When oned to 95 degrees or lower, ankets from the dryer. Staff is temperature every 30	W 3	40			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER T CREEK			STREET ADDRESS, CITY, STATE, 5709 US 70 EAST GOLDSBORO, NC 27534	ZIP CODE	2/12/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
in n	Interview on 12/11/2 was always cold. Statis temperature upon contacted the nurse degrees. Normally, the stemperature was nurses apply a "heat described the heating blanket that hooks upon hot air across his boad 3M Bair Hugger expictures of a warming identify equipment ust the machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine did not on it, so she would het machine the sand they told once the temperature rectally did the state of the warming unit of the system should only be professionals per a metallic system should	aff D stated she usually took on arriving at work and when it was below 96 he nurse comes to treat do with what the nurse needs. If below 96 degrees, the ing blanket" on him. Staff D g blanket as a thin, white p to a machine, and blows dy. When shown pictures of puipment, Staff D pointed to g unit and warming blanket to sed with dc #1. Staff D stated have a temperature monitor ave to go in and check his with a thermometer. When had risen, she told the her to not use it anymore was ok. Staff D tried to 5 minutes, no later than 30 ure of how often to check ger was in use. She had be rature to spike to high a 106 and above because usually low. If the 3M Bair Hugger ing Manual revealed the ended by trained medical edical order. Safe usage the components: the g blanket, and temperature to reduce the risk of thermal	W 3				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/18/2023 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 34G009 B. WING 12/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5709 US 70 EAST WALNUT CREEK GOLDSBORO, NC 27534 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 340 Continued From page 25 W 340 safety. However, infants, children and other vulnerable patient population should not be left unattended during warming therapy. Air temperature should be discontinued or adjusted once the therapeutic goal is reached, if elevated temperatures are recorded or there is an adverse response. Interview on 12/11/23 with the facility social worker revealed dc #1 had a diagnosis of Hypothermia and usually wore thermals all day. However, if his temperature dropped, staff would put a warming blanket on him. The facility social worker later stated she meant to say warmed blankets from the drver. Interview on 12/11/23 with the administrator revealed dc #1 had an increase in seizures over the past few months. However, he had not normally had temperature rises due to seizures before and he had not been sick. The facility had

the hospital.

not completed an investigation because they found no suspicious behavior, and felt it was all medical issues. The administrator stated the hospital was trying to find out why his

temperature was high and it was a "mystery" to

Interview on 12/11/23 with the Regional Director of Nursing (RDON) revealed staff tried to monitor clients vitals "like every 30 minutes". The RDON revealed if there is a crisis in temperature drops/rises, there is no facility protocol for increased monitoring times. Monitoring would be increased according to nurses' judgement.

Further interview on 12/12/23 with RDON revealed the facility had a lead trainer who

conducts training for nurses and staff. In addition,

DEPARTMENT OF HEALTH AND HUMAN SERVICES						RINTE	D: 12/18/2023
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STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
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NAME O	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	12	/12/2023
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(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		G	OLDSBORO, NC 27534		
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W 340	Continued From page	ne 26					
		es follow up training for nurses	W 3	340			
	and staff also. Train	ing on the Bair Hugger would					
	have been complete	ed by other nurses, but the					
	train on because it is	ot something we just go and sn't used much." Normally,					
	clients are checked	every 30 minutes, and if the					
	temperature is not n	ormal within an hour, we					
	contact the doctor. E	should be documented in					
	QuickMAR most of t	he time, but may also be in					
	nurses notes. The F was not completed o	RDON stated an investigation					
	Hugger on 9/22/23.	dc #1 was placed on the Bair Nurses and staff were not					
	aware of safety preca	autions regarding monitoring					-
	of dc #1's temperatur	re while the Bair Hugger was					
	adequate monitoring.	e facility failing to provide				-	
	recommends continu	ous temperature monitoring					
	for vulnerable patient	s, with a 15 minute minimum					
	possible Temperatur	uous monitoring is not e monitoring data revealed					
	dc #1's temperature	was not monitored					
	continuously or every	15 minutes; data revealed					
	temperature checks phours.	performed in spans of 2 to 5					
	riodro.						