

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

PRINTED: 08/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2024
NAME OF PROVIDER OR SUPPLIER WALNUT CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 5709 US 70 EAST GOLDSBORO, NC 27534		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 104	<p>A complaint survey was conducted on 8/5/24 for intake #NC00220194. The complaint was substantiated with deficiencies cited.</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure food was kept in a climate controlled environment. The finding is:</p> <p>During observations at the facility on 8/5/24, two outside storage buildings at the back of the facility were observed. One storage building contained various paper products; however, closer observation of the building revealed four large cans of vanilla pudding and two cases of applesauce cups.</p> <p>Immediate interview with Staff C (Dietary staff) revealed they often keep some food items in the storage building because there is not enough room to store it in the kitchen. When asked if the food should be in temperature controlled area, the staff indicated she did not know.</p> <p>Interview on 8/5/24 with the Dietary Supervisor confirmed they have kept food like applesauce in the outside storage building due to lack of storage space inside; however, they are now bringing those items inside.</p> <p>Interview 8/5/24 with the Administrator revealed no food should be stored outside and should be in a temperature controlled environment.</p>	W 104			

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

TITLE

(X6) DATE

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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all staff were sufficiently trained in appropriate preventative health and hygiene methods. This potentially affected all clients in the home, specifically client #2 The finding is:</p> <p>Interview on 8/5/24 with Staff F revealed client #2 had ring worm about a month ago and she contracted it from her. The staff indicated she has ring worm near the outer corner of her right eye. The staff physically pointed to the area near her eye while describing it to the surveyor. Additional interview revealed the staff did not inform her supervisor that she has ring worm; however, it was confirmed after she went to the doctor on her own. Further interview indicated the staff believed the ring worm was effectively covered as she wore a face mask over her mouth and also wears eye glasses.</p> <p>Review on 8/5/24 of client #2's record revealed physician's orders dated 7/8/24 and 7/9/24 for Lotrisone Cream, "apply to red/round/raised area on (right) cheek...apply to red/round/raised area on (left) thigh" BID for 7 days.</p> <p>Interview on 8/5/24 with the Staff B (Certified Nursing Assistant II) and Lead Nurse confirmed client #2 frequently has ring worm and was</p>	W 340			

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W 340	Continued From page 2 recently diagnosed with it and received treatment. Review on 8/5/24 of the facility's Infection and Exposure Control Manual (dated 2-26-16) revealed, "Tinea (Ring Worm)...Can be located on all parts of the body...Ring Worm is very contagious but typically not dangerous. It is spread by direct contact with infected skin." Interview on 8/5/24 with the Administrator and Registered Nurse confirmed ring worm is very contagious and staff have been trained to use universal precautions to prevent the spread. Additional interview revealed all staff are required to inform their supervisor when they suspect they have contracted ring worm and have it confirmed by a doctor. Further interview indicated staff should cover the infected area "100%" with a bandage, clothing or other means in order to prevent the potential spread.	W 340			
W 454	INFECTION CONTROL CFR(s): 483.470(I)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure procedures were implemented to avoid the potential transmission of infections. This affected 1 of 2 audit clients (#1). The finding is: During observations in Willow Cottage on 8/5/24 at 11:20am, Staff D provided physical assistance to client #1 while walking from his bedroom into the living room. At 3:48pm, Staff E provided	W 454			

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W 454	<p>Continued From page 3</p> <p>physical assistance to client #1 as he walked from the living room back to his bedroom. After assisting the client, the staff were not observed to wash and/or sanitize their hands.</p> <p>Interview with Staff D and Staff E revealed they were not aware of any cases of ring worm in the home.</p> <p>Review on 8/5/24 of client #1's record revealed a physician's order dated 7/31/24 for Lotrisone Cream, "apply to red/round/raised area on (left) upper back" BID for 7 days.</p> <p>Interview on 8/5/24 with Staff B (Certified Nursing Assistant II) revealed client #1 and two other clients had recently been diagnosed with ring worm and a topical cream (Lotrisone) was being used for treatment. The nurse indicated ring worm is highly contagious and staff should be washing their hands and using/changing gloves often. Additional interview noted the infection is generally transported to clients by staff.</p> <p>Review on 8/5/24 of the facility's Infection and Exposure Control Manual (dated 2-26-16) revealed, "Tinea (Ring Worm)...Can be located on all parts of the body...Ring Worm is very contagious but typically not dangerous. It is spread by direct contact with infected skin. Therefore, HAND WASHING and early detection is very important to prevent the spread of ring worm."</p> <p>Interview on 8/5/24 with the Administrator and Registered Nurse confirmed ring worm is very contagious and staff have been trained to use universal precautions to prevent the spread.</p>	W 454			