

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Willow Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Wayne Memorial Drive Goldsboro, NC 27534	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50404</b></p> <p>Based on record review, staff and Responsible Party (RP) interviews, the facility failed to notify the RP of a significant change in a resident's condition that included transport and admission to the hospital for 1 of 4 residents reviewed for notification of change (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on [DATE].</p> <p>Review of Resident #1's medical record revealed his family member was his RP.</p> <p>Resident #1's admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 was cognitively intact.</p> <p>The discharge MDS dated [DATE] showed Resident #1 was moderately cognitively impaired. Resident #1's active diagnoses included delirium.</p> <p>A nursing note dated 12/18/24, written by Nurse #1 revealed Resident #1 requested to be transported to the emergency room . At 11:40 PM the resident was transported to the hospital via stretcher.</p> <p>A nursing note dated 12/19/24, written by Nurse #2 documented she called the hospital to get a status update on Resident #1. The nurse documented she was told the resident was being admitted for intestinal obstruction. Nurse #2 reported the status update to Nurse #1.</p> <p>A phone interview with Resident #1's RP was conducted on 1/8/25 at 10:15 AM. She stated no one from the facility notified her Resident #1 was transported to the hospital on 12/18/24 or that he was admitted to the hospital. She learned of the situation on 12/20/24 when the hospital social worker called her.</p> <p>Attempts made to interview Nurse #1 who discharged Resident #1 to the hospital on 12/18/24 were unsuccessful.</p> <p>An interview with Nurse #2 on 1/8/25 at 1:57 PM revealed she did not notify the family when Resident #1 was transferred to the hospital on 12/18/24 as it would have been the responsibility of Nurse #1.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Administrator, the Director of Nursing and the [NAME] President of Clinical Services were interviewed on 1/8/24 at 4:00 PM. The Director of Nursing stated they had reviewed the progress notes and facilitated an in-service with Nurse #1 on the notification requirements for RPs. The Administrator stated her expectation would have been for the hall nurse to notify Resident #1's RP of transport and admission to the hospital.</p>