

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

PRINTED: 11/14/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  346080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/02/2011
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVE PLACE NW HICKORY, NC 28601	
(X4) ID PREFIX TAG F 241 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, and medical record review, the facility failed to pull the privacy curtain and/or close the door for one (1) of one (1) resident during toileting on a bedpan (Resident #45); and the facility failed to knock and/or announce their presence prior to entering seven (7) rooms on the 500 hall during an evening meal.  The findings are:  Resident #46 was admitted to the facility with diagnoses of chronic obstructive pulmonary disease and diabetes. The most recent Minimum Data Set (MDS), dated 09/21/11, revealed the resident had no cognitive impairment and required extensive assistance with most activities of daily living including toileting. The MDS also revealed the resident was frequently incontinent. A review of the care plan, dated 10/7/11, for the resident revealed the problem of incontinence was addressed with interventions which included maintaining dignity during care.  On 10/31/11 at 8:50 AM Resident #46 was observed from the hallway outside her room. The resident was in her bed and covered with a sheet and blanket. The door to her room was open and	ID PREFIX TAG F 241	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law."  F241 Dignity 1. Corrective action for the affected residents for the alleged deficient practice of providing dignity during toileting and failure to knock prior to entering rooms, was unable to be corrected after the original incidences of occurrence, however offending staff were re-educated regarding dignity and respect practices. 2. Dignity rounds throughout the facility was completed by the Nursing Home Administrator, Housekeeping Director, Director of Nursing and Regional Director of Clinical Services on 11/10/11. Areas which have potential to be affected by the same alleged deficient dignity practices were observed. No new areas were identified. Facility residents have the potential to be affected by the alleged deficient practice were also observed. This includes, but is not limited to privacy practices, and knocking prior to entry. 3. Measures put into place to ensure alleged deficient practice does not reoccur includes re-education for facility staff, as well as contract staff to be completed by the Staff Development Nurse and	(X5) COMPLETION DATE

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

TITLE

(X6) DATE

*Susan Nelson, RN, Director of Nursing, signing for CHRIS MURRAY, WHA* 11/23/11

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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F 241	<p>Continued From page 1</p> <p>the privacy curtain was not pulled, allowing the resident to be observed from the hallway. Resident #46 was the only resident in the room at that time. The resident was asked for permission to enter her room. She stated she was on a bedpan.</p> <p>On 10/31/11 at 8:56 AM Nursing Assistant (NA) #1 was observed to enter the resident's room and close the door.</p> <p>On 10/31/11 at 9:06 AM NA #1 was interviewed. She stated she had placed the resident on a bedpan and then returned later to clean her. She stated the curtain should be pulled for privacy when someone is on a bedpan. She stated the curtain would stop someone from walking in on the resident. She stated she forgot to pull the curtain for the resident.</p> <p>On 10/31/11 at 11:03 AM Resident #46 was interviewed. She stated staff usually pulled the curtain when she was on the bedpan but forgot to pull it today. She stated that she wanted the curtain pulled and that she was embarrassed by the incident.</p> <p>On 11/01/11 at 8:42 AM Licensed Nurse (LN) #2 was interviewed. She stated that when an NA puts a resident on a bedpan they should cover the resident, pull the privacy curtain, and close the door. She stated that NA #1 should have pulled the curtain and closed the door.</p> <p>On 11/01/11 at 8:55 AM the Director of Nursing was interviewed. She stated that staff should cover the resident, pull the privacy curtain, and close the door when a resident is on a bedpan to</p>	E 241	<p>the Director of Nursing beginning 11/07/2011 for dignity, respect, and resident rights. The Director of Nursing, Staff Development Nurse, and shift Charge Nurses will validate dignity practices by completing dignity rounds daily Monday thru Friday for a period of 4 weeks, then bi-weekly for a period of 4 weeks.</p> <p>4. The Director of Nursing/Administrator will review the data obtained from audits and observations, analyzing for patterns/trends and reporting monthly in Quality Assessment and Assurance Committee meetings. The QA&amp;A Committee members will evaluate the effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to ensure continued compliance.</p> <p>5. Date of Compliance: November 23, 2011</p>	

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F 241	<p>Continued From page 2</p> <p>maintain dignity. She stated even if no other resident is in the room, the curtain should be pulled so that if someone opened the door they would not see the resident. She stated she intended to have the Staff Development Director inservice all the staff about this issue.</p> <p>2. Observations during the evening meal on 10/30/11 on the 500 hall revealed nurse aide (NA) #2 failed to knock on doors and/or announce her entrance to residents during the passing of meal trays as follows:</p> <ul style="list-style-type: none"> <li>*Room 503 B at 5:19 PM</li> <li>*Room 513 B at 6:20 PM</li> <li>*Room 507 A at 6:22 PM</li> <li>*Room 511 B at 6:23 PM</li> <li>*Room 508 A at 6:25 PM</li> </ul> <p>At this time all trays were passed and NA #2 began making rounds to check on the residents. NA #2 entered the following rooms without knocking as follows:</p> <ul style="list-style-type: none"> <li>*Room 502 at 6:27 PM</li> <li>*Room 506 B at 6:28 PM</li> <li>*Room 513 at 6:30 PM</li> <li>*Room 508 at 6:32 PM</li> </ul> <p>On 10/31/11 at 6:35 PM, NA #2 was interviewed about knocking on resident doors. NA #2 stated that she usually knocks on doors but with passing the trays she missed knocking on some doors.</p> <p>On 10/31/11 at 10:40 AM Resident #169 stated staff knock about fifty percent of the time before entering. He further stated that it did not bother him when staff failed to knock or announce their entrance with the evening meal tray on 10/30/11.</p>	F 241			

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F 241	Continued From page 3 On 10/31/11 at 3:49 PM, Resident #62 stated that she could not recall if staff knocked on the door during tray delivery on the evening of 10/31/11. she did state that she would prefer that staff knock before entering her room.  During interview on 11/1/11 at 5:37 PM, the DON stated staff should always knock or announce their presence before entering a resident's room. would have expected to knock or announce coming in.	F 241	F371 Infection Control  1. No specific resident was identified with this alleged deficient practice. 2. Sanitation rounds throughout the facility was completed by the Nursing Home Administrator, Housekeeping Director, Director of Nursing and Regional Director of Clinical Services on 11/10/11. Areas that have potential to be affected by the same alleged deficient sanitation practices were observed. No new areas were identified. Facility residents have the potential to be affected by the alleged deficient practice were also observed. This includes, but was not limited to hand washing practices. No further deficient sanitation practices were noted upon rounds.	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility kitchen staff failed to wash their hands after removing soiled gloves and before putting on clean gloves to prevent the spread of contamination to clean dish ware.  The findings are:  On 11/1/11 at 1:16 PM two staff were observed removing trash and rinsing off dirty dishes and loading the trays to go into the dish machine.	F 371	3. Measures put into place to ensure alleged deficient practice does not reoccur includes re-education for facility staff, to be completed by the Staff Development Nurse and the Director of Nursing beginning 11/07/2011. These sanitation standards will include, but not be limited to policies regarding kitchen sanitation, including hand-washing practices. The Nursing Home Administrator, Staff Development Nurse and Dietary Supervisor will validate hand washing practices by completing skills validation with dietary staff. Five (5) random hand washing audits will then be conducted weekly for a period of	

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F 371	Continued From page 4 Once several trays were loaded and sent through the dish machine, dietary staff #1 removed her soiled gloves and without washing her hands with soap or using sanitizer, she placed new gloves on her hands and proceeded to put away the clean dishes coming out of the dish machine. At this time Dietary staff #1 stated she did not wash her hands between glove changes as she was replacing her dirty gloves with clean ones. She further stated this was the normal procedure she used.  On 11/1/11 at 1:50 PM the Dietary Manager (DM) stated that she did not expect her staff to wash their hands in between changing gloves as the local health department told her that as long as the staff changed to clean gloves there would not be contamination when going from the dirty side of the dish machine to working with the clean dishes. A sign over the hand sink located in the dish machine area included to wash hands regularly and after working with dirty dishes and utensils.  On 11/2/11 at 12:38 PM interview with the Staff Development Coordinator revealed she would recommend and teach that once staff stop scraping dishes before going to the clean side to handle clean dishes, staff remove their soiled gloves, wash their hands with soap and water and then put on new gloves. She stated that some people have said they can remove their gloves without contaminating their hands, however, she does not recommend or teach that as you can contaminate the clean gloves you are pulling on.	F 371	4 weeks to include all shifts and weekends to be completed by the Staff Development Nurse, and the Dietary Supervisor. 4. The Interdisciplinary team, including the Nursing Home Administrator, Dietary Supervisor, Staff Development Nurse, Director of Nursing, and the Assistant Director of Nursing, will conduct sanitation rounds daily, Monday thru Friday for a period of 4 weeks to observe for deficient sanitation practices. The Dietary Supervisor/Administrator will review the data obtained from audits and observations, analyzing for patterns/trends and reporting monthly in Quality Assessment and Assurance Committee meetings. The QA&A Committee members will evaluate the effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to ensure continued compliance.  Date of Compliance: November 23, 2011	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		

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F 441	<p>Continued From page 5</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 441	<p>F441 Infection Control</p> <ol style="list-style-type: none"> <li>1. No specific resident was identified with this alleged deficient practice.</li> <li>2. Infection Control rounds throughout the facility was completed by the Nursing Home Administrator, Housekeeping Director, Director of Nursing and Regional Director of Clinical Services on 11/10/11. Areas which have potential to be affected by the same alleged deficient infection control practices were observed. No new areas were identified. Facility residents at risk for infection having the potential to be affected by the alleged deficient</li> </ol>	

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F 441	<p>Continued From page 6</p> <p>by: Based on observations, record review and staff interviews, the facility staff failed to remove a contaminated germicidal disposable wipe (Sani-wipe) from around a blood glucose monitor (glucometer) and clean it before placing it in a medication cart for one (1) of three (3) residents observed (Resident #100); and the facility failed to ensure staff handled and transported dirty privacy curtains in a manner to prevent infection on one (1) or four (4) halls.</p> <p>The findings are:</p> <p>1. A review of a facility procedure that was undated and titled "Cleaning and Disinfecting Glucometers Checklists/Training/Tracking" revealed when using the Sani-Cloth Plus Germicidal Disposable Wipes the blood glucose monitor must stay wet for five (5) minutes and allow to air dry and remember to clean before and after every use.</p> <p>Resident # 100 was admitted to the facility with diagnoses including diabetes mellitus, Alzheimer's disease and dementia.</p> <p>The latest Minimum Data Set (MDS) dated 09/27/11 indicated impairment in short and long term memory and severe impairment in cognition for daily decision making. The resident required extensive assistance from staff for all activities of daily living.</p> <p>On 10/31/11 at 4:40 PM (LN) # 1 was observed to open a medication cart and a small black plastic box that contained two (2) glucometers. She removed one (1) of the glucometers from the box,</p>	F 441	<p>practice were also observed. This includes hand washing practices, cross contamination of laundry, and proper cleaning and storage of glucometers. No further deficient infection control practices were noted upon rounds.</p> <p>3. Measures put into place to ensure alleged deficient practice does not reoccur includes re-education for facility staff, as well as contract staff to be completed by the Staff Development Nurse and the Director of Nursing beginning 11/07/2011. These infection control standards will include, but not be limited to policies regarding hand</p>		

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F 441	<p>Continued From page 7</p> <p>cleaned it with a Sani-wipe and then wrapped the Sani-wipe around the glucometer and waited for five (5) minutes. She washed her hands, put on gloves, and took a lancet, alcohol wipes and the glucometer with the Sani-wipe still wrapped around it to the resident's room. She placed the Sani-wipe on the resident's overbed table with the glucometer on top of it and the lancet and alcohol wipes next to it. She checked the resident's blood sugar, removed her gloves, picked up the Sani-wipe off the table and wrapped it around the glucometer. She took the glucometer to the medication cart in the hallway and placed the glucometer still with the same Sani-wipe around it in the black plastic box on top of another glucometer in the box. She locked the cart and started to give medications to other residents.</p> <p>During an interview on 10/31/11 at 4:46 PM LN #1 stated she had been told the nurses were supposed to clean the glucometers after they did a finger stick blood sugar, wrap the glucometer in a Sani-wipe and put it in the black plastic box for the 5 minute time limit. She stated she usually cleaned the glucometer with a clean Sani-wipe before she placed it in the plastic box with the other glucometer but she was not sure why she didn't this time. She stated she realized the Sani-wipe was contaminated once she placed it on the overbed table and she should have discarded that Sani-wipe and should have cleaned the glucometer before she placed it in the black plastic box on top of the other clean one.</p> <p>During an interview on 11/2/11 at 3:06 PM with the Staff Development Coordinator (SDC) who also coordinated infection control in the facility</p>	F 441	<p>washing, linen transport, and glucometer cleaning. Administrative nursing, including the Director of Nursing, Staff Development Nurse, and shift Charge Nurses will validate hand washing practices by completing skills validation with facility staff. Five (5) random hand washing audits will then be conducted weekly for a period of 4 weeks to include all shifts and weekends to be completed by the Staff Development Nurse, and the Director of Nursing.</p> <p>4. The Interdisciplinary team, including the Staff Development Nurse, Director of Nursing, and the</p>	

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F 441	<p>Continued From page 8</p> <p>she stated they keep two (2) glucometers on the medication carts at all times. She explained each medication cart had a small black plastic box to store the glucometers in. She stated the facility used Sani wipes to clean the glucometer after every finger stick blood sugar. She further stated the glucometer should always be clean when stored in the box. She explained the nurses were expected to clean the glucometer with the Sani wipes after each finger stick blood sugar, wait five (5) minutes, let it air dry for three (3) minutes and then put the clean glucometer back in the box. She stated the Sani wipe was contaminated after it was placed on the overbed table and should have been discarded. She further stated the nurse should not put the glucometer wrapped with a contaminated Sani wipe into the black plastic box on top of a clean glucometer.</p> <p>During an interview on 11/2/11 at 3:22 PM with the Director of Nurses (DON) she stated clean glucometers should be stored inside the black plastic box in the medication cart. She stated it was her expectation glucometers had to be cleaned with the Sani-wipe after every use. She stated the Sani wipe was contaminated after it was placed on the overbed table and should have been discarded. She also stated the glucometer should have been cleaned with a Sani wipe before it was placed back inside the plastic box with a clean glucometer.</p> <p>2. On 10/31/11 at 2:53 PM, housekeeping staff (HS) #1 was observed in room 205 taking down two privacy curtains for cleaning. She dropped both curtains in a pile on the floor by the doorway, went back into the room, returned momentarily, and picked up the pile of privacy curtains. She</p>	F 441	<p>Assistant Director of Nursing, will conduct infection control rounds daily to identify potential deficient practices. The Director of Nursing/Administrator will review the data obtained from audits and observations, analyzing for patterns/trends and reporting monthly in Quality Assessment and Assurance Committee meetings. The QA&amp;A Committee members will evaluate the effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to ensure continued compliance. Date of Compliance: <i>November 23, 2011</i></p>	
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NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVE PLACE NW HICKORY, NC 28601		
(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	
F 441	<p>Continued From page 9</p> <p>was not wearing gloves. HS #1 held the curtains against her upper body with her arms, and walked down the hall toward the laundry, carrying the loose privacy curtains against her upper body.</p> <p>On 11/01/11 at 2:55 PM, the Director of Environmental Services was interviewed. He stated that the housekeeping staff deep cleaned four rooms a day, five days a week, which included removal and laundering of privacy curtains. He stated that on 10/31/11, housekeeping staff deep cleaned one room on the 200 hall, room 205. He stated that privacy curtains were considered dirty linen and as such infection control precautions should be used during handling, which included use of gloves and placement of the dirty linens in a plastic bag for transport to the laundry. He stated he had not specifically inserviced his staff on this procedure as he had observed them handling dirty privacy curtains appropriately.</p> <p>On 11/02/11 at 9:17 AM, HS #1 was interviewed. She confirmed that she had handled the dirty privacy linens as described above. She stated she had not been trained to handle dirty privacy curtains any other way.</p>	F 441			