

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

PRINTED: 12/07/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/21/2011
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NAME OF PROVIDER OR SUPPLIER  ALLEGHANY CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675
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F 312 483.25(a)(3) ADL CARE PROVIDED FOR SS=D DEPENDENT RESIDENTS

A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

This REQUIREMENT is not met as evidenced by:

Based on observations, staff interviews and record review, the facility staff failed to thoroughly clean a female resident's peri-area during incontinence care for one (1) of four (4) sampled residents (Resident #1).

The findings are:

A review of a facility document titled "Peri Care/Incontinence Care/Competency General Overview" dated 03/2010 stated in part to gently separate labia to expose urethral meatus and vaginal orifice and wash downward from the pubic area toward the rectum in one smooth stroke."

Resident #2 was re-admitted to the facility on 9/18/11 with diagnoses including Alzheimer's disease, dementia and a stroke.

The most recent Minimum Data Set (MDS) dated 11/13/11 indicated severe impairment in short and long term memory and severe impairment in cognition for daily decision making. The resident was totally dependent on staff for activities of daily living and was always incontinent of bladder and bowel.

F 312 "This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Alleghany Care & Rehabilitation does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."

F312

1. Resident #1 was given peri-care immediately on 11/21/2011 by Assistant Director of Nursing that included the peri-area. Resident #1 was re-assessed by the Licensed Nurse on 11/22/2011 with no signs and symptoms of infection noted. NA #1 was re-educated on peri-care by Director of Nursing on 11/21/2011 to include cleaning the peri-area by separating the labia.

2. Incontinence care observations were completed by the Director of Nursing and the Assistant Director of Nursing beginning on 11/23/2011-12/7/2011 to ensure residents' care included the peri-area.

12/15/11

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

*Julie Braswell NHA*

TITLE

Administrator

(X6) DATE

12/13/11

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 required to continued program participation.

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BY: .....

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F 312 Continued From page 1

During an observation of incontinence care on 11/21/11 at 10:30 AM Nurse Aide (NA) #1 entered the resident's room, washed her hands, and put on gloves. NA #1 removed the resident's brief that was saturated with urine. She wet a washcloth with soap and water and wiped across the top of the residents pubic are and down the inside of the left thigh. She then wiped across the top of the resident's pubic area and down the inside of the right thigh. During care NA #1 did not clean inside Resident #1's peri-area. She placed a clean brief on the resident, removed her gloves and washed her hands.

During an interview on 11/21/11 at 11:42 AM with NA #2 she verified she did not separate the labia with her hands to clean Resident #1. She stated she normally cleaned female residents by wiping across the top of the perineum and then down one side. She stated she would then wipe across the top of the perineum again and down the other side and she used her little finger to wipe down the inside the labia to clean it.

During an interview on 11/21/11 at 2:10 PM with the Staff Development Coordinator who was also in charge of infection control she stated it was her expectation staff should follow the facility policy and procedure to provide incontinence care. She stated she expected nursing staff to clean inside the labial folds to make sure they cleaned the resident thoroughly. She explained she had observed nursing staff and provided a competency evaluation regarding incontinence care in the facility. She verified NA #1 had completed a "Peri Care/Incontinence Care Competency Skill Test (Female)" on 9/29/11.

F 312 Peri-care demonstrations to resume on 12/13/2011 following education for the Director of Nursing, Assistant Director of Nursing, RN Supervisor and Staff Development Coordinator by the Registered Nurse from Wilkes Community College.

3. Certified Nursing Assistants were re-educated on Incontinent Care with return demonstration by the Regional Director of Clinical Operations and the Director of Nursing began on 11/21/2011 including the peri-area and separating the labia for female residents.

Directed training on providing incontinent care to dependent residents to be provided by a Registered Nurse from Wilkes Community College for Certified Nursing Assistants on 12/13/2011, 12/14/2011 and 12/15/2011. The Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator and RN Supervisor to be re-educated on providing incontinent care to dependent residents by a Registered Nurse from Wilkes Community College on 12/13/2011, 12/14/2011 and 12/15/2011.

Trained management will provide re-education on providing incontinent care to dependent residents with return demonstration for newly hired nursing assistants during orientation.

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F 312 Continued From page 2

During an interview on 11/21/11 at 2:18 PM with the Director of Nurses (DON) she stated it was her expectation nursing staff should follow the facility policy and procedure while providing incontinence care to ensure the resident was thoroughly cleaned and to prevent infection.

F 441 483.65 INFECTION CONTROL, PREVENT SS=D SPREAD, LINENS

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.

- (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.

- (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

F 312 4. Director of Nursing, Assistant Director of Nursing or RN Supervisor will perform random incontinent care observations for dependent residents 3x weekly x 1 month then 1 x weekly x 2 months. Results will be submitted to the Performance Improvement Committee monthly for 3 months.  
Completion date: 12/15/2011.

F 441

F441

1. Resident #2 had clothing changed on the evening of 11/21/2011 by the Certified Nursing Assistant. Resident #2 was re-assessed by the Licensed Nurse on 12/13/2011 with no signs and symptoms of UTI noted.  
Nursing Assistant #2 was re-educated on 11/21/2011 by the Director of Nursing concerning changing gloves and hand washing following incontinent care and before proceeding with further care to residents.
2. Incontinence care observations were completed from 11/23/2011- 12/7/2011 by the Director of Nursing and the Assistant Director of Nursing to ensure staff are removing gloves and washing hands after providing care and before handling clean items.
3. Removal of gloves and hand washing re-education with return demonstration by the Regional Director of Clinical Operations and the Director of Nursing began on 11/21/2011 for Certified Nursing Assistants.

12/15/11

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F 441 Continued From page 3  
professional practice.

(c) Linens  
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:  
Based on observations, staff interviews and record review, the facility failed to clean their hands after providing incontinent care and before proceeding with further care for one (1) of four (4) sampled residents (Resident #2).

The findings are:

During an observation of incontinence care on 11/21/11 at 10:30 AM, Nurse Aide (NA) #2 entered the resident's room, washed her hands, and put on gloves. NA #2 removed the resident's brief that was soiled with urine and stool. She provided incontinence care to Resident #2 and rolled the soiled linens up under him. NA #2 put a clean brief on Resident #2 and with her soiled gloves still on, picked up the resident's clean pants and socks and dressed him. She assisted him up on the side of the bed to get up into his wheelchair. NA #2 then removed her gloves and washed her hands.

During an interview on 11/21/11 at 11:42 AM with NA #2 she stated she should have washed her hands and changed her gloves after she handled soiled linens and before she touched the resident's clean clothes.

F 441 Directed training on removal of gloves and hand washing during incontinent care to be provided by a Registered Nurse from Wilkes Community College for Certified Nursing Assistants on 12/13/2011, 12/14/2011 and 12/15/2011. The Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator and RN Supervisor will also be re-educated on removal of gloves and hand washing during incontinent care by a Registered Nurse from Wilkes Community College on 12/13/2011, 12/14/2011 and 12/15/2011.

Trained management will provide re-education on removal of gloves and hand washing during incontinent care with return demonstration for newly hired nursing assistants during orientation.

4. Director of Nursing, Assistant Director of Nursing or RN Supervisor will perform random Incontinent Care observations to include removal of gloves and hand washing 3x weekly x 1 month then 1 x weekly x 2 months. Results will be submitted to the Performance Improvement Committee monthly for 3 months.

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F 441 Continued From page 4

F 441

During an interview on 11/21/11 at 2:10 PM with the Staff Development Coordinator who was also in charge of infection control she stated it was her expectation staff should change their gloves after incontinence care was completed. She further stated if a resident had a bowel movement, they should remove their gloves after they cleaned the resident and wash their hands before going to the next step.

During an interview on 11/21/11 at 2:18 PM with the Director of Nurses (DON) she stated it was her expectation staff should remove their gloves when incontinence was completed and they should not touch a resident's clean clothes before removing or changing their gloves and washing their hands.