

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

PRINTED: 01/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2012
NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 616 BARBOUR RD SMITHFIELD, NC 27577	
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F 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon resident and staff interviews, and record reviews the facility failed to honor 1 of 5 sampled residents (Resident #2) preference to receive showers on scheduled shower days.</p> <p>Findings Include:</p> <p>Resident #2 was admitted to the facility on 2/3/11 with diagnoses of subarachnoid hemorrhage, anemia and hydrocephalus. The Minimum Data Set (MDS) dated 10/27/11 indicated his cognitive status to be intact and he required total assistance for bathing. Also the MDS dated 7/27/11 indicated that it was very important to choose his bathing preference.</p> <p>An interview on 1/18/12 at 9:58am with Resident #2 revealed he received a shower yesterday and that he prefers to receive a shower. He indicated last week he had eventually received a shower after missing one for a 2 week period. He indicated he had told staff about this but nothing was done or said about this concern. He indicated on average he received a shower once</p>	F 242	<p>Barbour Court acknowledges receipt of the statement of deficiencies and proposed this plan of correction to the extent that the summary of findings is factually correct a in order to maintain compliance with applicable rules a provisions of quality of care of resident's the plan of correction is submitted as a written allegation of compliance. Barbour Court's response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute as admission that any deficiency is accurate. Further, Barbour Court reserves the right to submit documentation to refute any of the deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Resident #2 is being allowed to make individual choices related to his care to include having his preference honored to receive showers on scheduled shower days.</p>	1-26-12

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



TITLE

administrative

(X6) DATE

1/25/12

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 242	<p>Continued From page 1 per week.</p> <p>A record review of the facility shower schedule indicated Resident #2 was to receive showers on Tuesday and Friday (twice weekly) on second shift.</p> <p>A record review of the facility grievance log from October 2011 through January 2012 revealed 2 grievances for Resident #2. The first grievance dated 10/5/11 indicated Resident #2 had not had a shower since 9/27/11. There was a refusal of a shower on 9/30/11 due to a dislike of a Nursing Assistant. There was a shower missed on 10/4/11. There was no indication for him not receiving the shower on this date. The resolution was for day shift staff to give the shower on 10/5/11 before leaving that shift. The nurses were to continue monitoring that Resident #2 received showers as assigned, needed or wanted. The grievance dated 1/4/12 indicated Resident #2 had not received a shower in 2 weeks. It indicated showers were not being completed on day shift. Resident #2 preferred showers prior to bedtime. The resolution was for shower times to change from day shift to second shift.</p> <p>An interview on 1/18/12 at 10:17am with NA #1 revealed she has been working on hall 300 for over 6 weeks. She indicated hall 300 was very busy and that it has been hard getting her job completed. She has missed performing showers at times due to this. On the days she would work a double shift, she would perform showers she missed on first shift. There was some change in the staffing this past week for hall 300 to assist NAs.</p>	F 242	<p>All current residents have been interviewed by facility Social Workers regarding preferences for bathing to include receiving showers. A Census roster was utilized to record initial Resident preferences. The interviews were completed on 1-25-12. A progress note will be entered in each Resident Medical Record by the Social Worker to reflect the Resident's preference. Progress notes will be entered by 1-27-12.</p> <p>All Nursing staff has been in-serviced by the Director of Nursing or the Staff Development Coordinator regarding Resident Rights and provision of bathing according to the Resident's preference. The in-servicing was initiated on 1-21-12 with a target completion of 1-27-12.</p>	1-26-12	

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F 242	Continued From page 2 An interview and observation on 1/18/12 at 10:42am with NA#2 revealed hall 300 was very hectic. Sometimes there has been 3 NA 's to assist with hall 300. She was able to get care done but it was hard to get residents on hall 300 to the shower and she has missed giving showers for residents on hall 300 including Resident #2 at times. She however would complete the full bed baths. She recalled attending a recent in-service on bath and shower documentation in the computer system. She demonstrated how they document for showers and baths in the computer system. The wording " none " indicated that there was no bath or shower task completed and this would be selected if no shower or bath was provided to a resident. An interview on 1/18/12 at 1:25pm with NA#3 revealed that she was the regular NA for second shift on hall 300. She indicated Resident #2 has complained to her about not receiving his shower on first shift. He does prefer showers. She indicated at times Resident #2 has deferred his shower until later due to smoking or having a visitor. Once in a while, she would miss giving showers due to it being hectic on hall 300 but she would complete a full bed bath. She did attend an in-service on computer documentation for baths and showers. A record review of a facility in-service, " Type of Bath Task " dated 12/15/11 revealed the bath tasks had been added to the facility computer system. The type of bath choices to document was full bed bath, partial bed bath, shower, none and resident out of facility.	F 242	The Director of Nursing or an Administrative Nurse will monitor bathing and showers and the Social Workers will conduct Resident interviews, to include for Resident #2 on the following schedule: 3 times weekly for 4 weeks, then once weekly for 4 weeks, then monthly for 2 months. QI Audit tools will be utilized to record monitoring and interviews. Results of the monitoring and Resident interviews will be reviewed weekly by the Quality Improvement Nurse or the Director of Nursing to ensure Resident preferences are being honored. Any concerns identified will be addressed with the appropriate staff and recorded on the QI Review Tool. Results of the bathing / shower observations and the Resident interviews will be compiled monthly by the Quality Improvement Nurse or the Director of Nursing and forwarded to the Quality Improvement Committee for monthly reviews and for the identification of trends, development of action plans as indicated, and to determine the need and/ or frequency of continuing QI monitoring.	1-26-12	1-26-12

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F 242	Continued From page 3 A record review of the facility bath type documentation dated from December 2011 through January 2012 was reviewed. There was one designated shower day documented for a shower given on 1/13/12. There were 3 designated shower days (12/20/11, 12/27/11 and 1/3/12) without documentation. The rest of the scheduled shower days was documented for no bath or shower completed. An interview on 1/18/12 at 3:35pm with the Director of Nursing revealed she would expect to honor a resident 's preference to receive showers.	F 242			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT 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.	F 441	F441 Facility staff is maintaining Infection Control practices to prevent the spread of infection and cross contamination to Facility Residents to include for Residents #1 and #5. These practices include acceptable hand washing between tasks and during provision of care. Nursing Staff to include those observed on 1-17-12 and 1-18-12 were in-serviced related to the appropriate procedure for Hand Washing between task and during personal care by the Director of Nursing or the Staff Development Coordinator. The In-servicing was initiated on 1-17-12 and again on 1-21-12 with target completion date of 1-27-12.	1-26-12	

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F 441	<p>Continued From page 4</p> <p>(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.</p> <p>(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 by: Based on observations, staff interviews and record reviews the facility did not implement hand washing practices consistent with accepted standards of practice to reduce the spread of infection and prevent cross-contamination within the facility for 2 of 5 sampled residents (Resident #1 and Resident #5).</p> <p>Findings include: Resident #1 was admitted to the facility on 1/9/10 with diagnoses of seizure disorder and cerebral vascular accident. His minimum data set dated 11/2/11 revealed extensive to total assistance was needed for Activities of Daily Living (ADL) and that he was incontinent of his bowels and bladder. Resident #5 was dependent for ADL care and received colostomy care.</p>	F 441	<p>The DON or Administrative Nurse will observe and monitor Hand Washing to include during care for using a QI Audit Tool 3 times weekly for 4 weeks, then once weekly for 4 weeks, then monthly for 2 months. Any concerns identified or follow up with staff if needed, will be recorded on the Hand Washing audit tool.</p> <p>The Hand Washing QI Audit Tools will be reviewed weekly by the Quality Improvement Nurse or the Director of Nursing with follow-up as deemed necessary. Follow up will be recorded on the QI Review Tool.</p> <p>Results of the review will be compiled monthly by the Quality Improvement Nurse or the Director of Nursing and forwarded to the Quality Improvement Committee for monthly reviews and for the identification of trends, development of action plans as indicated, and to determine the need and/or frequency of continuing QI monitoring.</p>	<p>1-26-12</p> <p>1-26-12</p>	

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F 441	<p>Continued From page 5</p> <p>On January 17, 2012 a sign indicating contact precautions; provisions of personal protective equipment (PPE) was hung on the door for those entering the room of Residents #1 and #5. It was observed that resident # 5 was in a semi-private room on the far side. Resident #1 was positioned closest to the door. Resident #1 was on contact isolation for an infectious bacterium, Clostridium Difficile (C-Diff).</p> <p>1. A continuous observation on 1/17/12 at 10:35am revealed NA#4 leaving Resident #1 room with vinyl gloves on her hands. NA#4 walked down the hallway and retrieved clean linen off a linen cart. NA#4 returned to Resident #1 room with the linen. NA#4 vinyl gloves remained on upon reentering of Resident #1 room.</p> <p>A continuous observation on 1/17/12 at 10:38am revealed NA#4 leaving Resident #1 room with vinyl gloves on and holding a closed plastic bag in her hand. She left Resident #1 room and discarded the plastic bag in a bin on the hallway. Upon returning to Resident #1 room, she discarded the vinyl gloves she was wearing at the door entrance. NA#4 then placed on a new pair vinyl gloves at the door entrance. NA#4 did not sanitize or wash her hands after putting on the new pair of vinyl gloves. NA#4 then reentered Resident#1 room.</p> <p>A continuous observation on 1/17/12 at 10:47am revealed NA#4 leaving Resident #1 room with vinyl gloves on her hands. She was pushing a mechanical lift to a bathing room across from Resident #1 room. NA#4 returned to Resident #1</p>	F 441		

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F 441	<p>Continued From page 6</p> <p>room and her vinyl gloves remained on her hands.</p> <p>An interview on 1/17/12 at 2:22pm with NA#4 revealed she used her gown and gloves to work with Resident #1 but did not work with Resident #5 today. She was not sure how she left her gloves on upon leaving Resident #1 room. She said she was new and was still learning.</p> <p>An interview on 1/18/12 at 10:07am with Nurse #1 revealed if residents were either on or off contact precautions nursing staff should discard of their vinyl gloves before leaving the room</p> <p>An interview on 1/18/12 at 10:42am with NA#2 revealed that you should remove vinyl gloves before leaving a resident ' s room and wash your hands.</p> <p>A record review of a facility nursing information sheet dated 1/10/12 revealed that no vinyl gloves were to be worn in hallways. The gloves should be bagged with other trash prior to leaving a resident ' s room. The bag should be tied and staff should proceed to wash hands.</p> <p>An interview on 1/18/12 at 11:37am with the Infection Control Nurse and Staff Development Coordinator revealed that NAs were trained regularly and at orientation for infection control. Nursing staff should discard of vinyl gloves after usage and before leaving a resident ' s room. NA ' s have been taught this and should know to do this.</p> <p>An interview on 1/18/12 at 3:35pm with the Director of Nursing revealed she would expect</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>the NA ' s to discard their vinyl gloves before leaving a resident ' s room.</p> <p>2. On January 18, 2012 at 2:01PM Nurse #1 asked resident #5 to go back to his room for his colostomy care, the resident self propelled his wheelchair into the room and with his hands moved a bedside table and a chair so he could pass through to his side of the room. The bedside table and chair belonged to resident #1; his room mate. Resident #5 positioned his wheelchair for the procedure. The nurse came in and pulled the curtain for privacy. Nurse #1 washed her hands for 3 seconds donned her gloves and positioned wash clothes as clothing protectors. Nurse #1 reached down with her gloved hand and moved the trash can closer to her. Nurse #1 then removed the old colostomy appliance with bag attached and discarded it into trash container. Pre-packaged moistened wipes were used to cleanse the stoma and surrounding skin. Nurse #1 waved her gloved hand over the stoma and surrounding skin several times. A new appliance was applied, wash clothes were removed and Nurse #1 removed her gloves and discarded into the trash. Nurse #1 went to the bathroom and washed her hands for 5 seconds. Nurse # 1 then went and discarded trash and linen across the hall in the soiled utility room. Nurse #1 then took 2 antiseptic wipes from her medication cart drawer and re- entered the resident ' s room. Nurse #1 wiped the over bed tables of each resident and then washed her hands for 5 seconds. The task was completed by 2:10PM.</p> <p>On January 18, 2012 at 2:12PM Nurse #1 stated that she should wash her hands was " about 1 to</p>	F 441		

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F 441	<p>Continued From page 8</p> <p>1 ½ minutes-long enough to sing Happy Birthday. " When asked about waving her hand over the stoma she replied, "I try to dry it a bit. I don ' t want to put the new bag on if the skin is wet. "</p> <p>On January 18, 2012 at 9:00AM with Housekeeper #1 stated he needed to wash his hands for about 2 minutes.</p> <p>On January 18, 2012 at 9:45AM the Infection Control Nurse (working on 400 hall) stated hand washing should be done for about 15 seconds -singing Happy Birthday two times helps her make sure she did it long enough.</p> <p>On January 18, 2012 at 10:15AM NA #6 stated she washed her hands before and after resident contact/ care. NA #6 stated she sings a song " Mary had a Little Lamb " so she knows she did it long enough.</p> <p>On January 18, 2012 at 2:30PM the Staff Development Coordinator (SDC) stated the staff have been trained in hand hygiene in new hire orientation and then annually. The last annual hand washing in-service was March 2011. The SDC stated that one year ago an in-service was done on C. Difficile and that staff are expected do their part to prevent the spread of infection by washing their hands before and after resident care and use appropriate PPE. The interview with SDC confirmed that Resident #1 had C. difficile and Resident #5 has a colostomy and is able to self propelled himself in and out of the room. Resident #5 would need to pass by resident #1 and could touch his over bed table and other belongings. The SDC indicated she knew this could be an infection control issue; it</p>	F 441			

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F 441	Continued From page 9 was just not considered at the time. On January 18, 2012 at 2:50PM the Director of Nursing stated it was her expectation that staff would practice infection control practices that would prevent the spread of infection. Her expectation would be hand washing would be done before and after resident contact for the appropriate amount of time.	F 441			