

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

PRINTED: 03/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/23/2012
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 516 WALL STREET WAYNESVILLE, NC 28786	
(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 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</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>	F 441	<p>F-441 NA#2 was re-educated regarding proper hand washing and glove changing methodology. Education included a return demonstration. A random visual validation schedule for hand-washing and glove changing methodology was implemented to occur weekly for a period of four weeks.</p> <p>As the facility realizes the potential for this alleged deficient practice to affect other residents, the facility re-educated all nursing staff regarding proper hand-washing and glove changing methodology under the supervision of MAHEC on March 27, 2012. Nursing staff, will include C.N.A.'s, L.P.N.'s, and R.N.'s, and they will receive one on one training including return demonstrations.</p>	

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

TITLE

(X6) DATE

Administrative

3/16/2012

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.

RECEIVED
FEB 19 2012
BY: MH

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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews facility staff failed to remove gloves and wash hands between dirty and clean contact while providing incontinence care for one (1) of three (3) residents observed. (Resident # 2)</p> <p>The findings are:</p> <p>A review of an undated facility policy titled "Infection Control/Handwashing" stated "Washing your hands and wearing gloves is vital for protection for you and your residents to prevent the spread of infection. You must wash your hands before and after care of a resident." Review of another undated facility policy titled "Infection Control" addressed handwashing and glove usage. The policy read in part: "Handwashing is necessary after performing resident care activities such as bathing, incontinence care and the changing of soiled linen. After you finish one of these tasks, you should discard your gloves and immediately wash your hands."</p> <p>On 02/23/12 at 9:04 AM, Nursing Aide (NA) #1 was observed giving a bed bath to Resident #2. During the bath it was noted that the resident was incontinent of bowel movement. NA #1 already gloved from providing the bed bath, cleaned Resident #2's perirectal area of a moderate amount of soft unformed bowel movement with a wet wash cloth used during the bed bath. Without changing gloves or washing her hands, NA #1 dried the resident off, pulled the sheet over her legs, picked up the resident's personal care</p>	F 441	<p>To ensure continued compliance with proper hand-washing and glove changing methodology the Director of Nursing, and/or the Regional Clinical Director, and/or their designee will complete 10 random hand washing and glove changing methodology audits on all shifts and week-ends for a period of no less than six months. Additional corrective action will be taken if required.</p> <p>The Director of Nursing will report audit findings monthly to the QA&A Committee for review of trends and for the need to change the plan according to the audit findings.</p> <p>Completion Date: 03/27/2012</p>		

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F 441	<p>Continued From page 2</p> <p>products from the over bed table and placed the products in the drawer of the resident's bed side table. With the same gloves on, NA #1 retrieved a clean top, pants and brief to dress the resident, adjusted the resident's bed, then removed her gloves and applied clean gloves.</p> <p>On 02/23/12 at 9:30 AM, NA #1 was interviewed. NA #1 acknowledged she kept the same gloves on during the bed bath, incontinence care and continued wearing the gloves after providing incontinence care. NA #1 revealed that normally, she would have changed gloves after cleaning the bowel movement from the resident's perirectal area. NA #1 indicated she was nervous during the procedure.</p> <p>An interview on 02/23/12 at 2:10 PM with the Director of Nursing (DON) revealed the NA should have changed her gloves, washed her hands and re-gloved after cleaning the bowel movement from the resident. The DON further revealed recent education provided to direct care staff included a review of infection control/handwashing practices, policy review and a return demonstration skills checklist on proper perineal care for the male and female resident.</p>	F 441	<p>"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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>		