STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345313	A. BUILDING _____ B. WING _____	C 11/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHAMPTON NURSING AND REHABILITATION CENTER	HWY 305 NORTH JACKSON, NC 27845

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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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441		12/19/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/17/2013

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F 441	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to leave reusable equipment (blood pressure cuff and thermometer) inside resident #52's room for 1 of 2 residents reviewed on contact isolation precautions. Findings included: A review of the facility policy for contact precautions dated 8/2005 did not specifically address a resident on contact precautions with clostridium difficile (C-Diff). Resident # 52 was admitted 4/25/13 and readmitted 11/07/13 with cumulative diagnoses of clostridium difficile (C-Diff). He was placed on contact precautions on readmission. In an observation on 11/20/13 at 11:10 AM, signage on resident #52's door indicated contact precautions where in effect and personal protective equipment (gloves and gowns) were provided outside resident #52's room. NA #3 was observed exiting the room carrying a blood pressure (b/p) cuff and a thermometer. NA #3 stated she had taken resident #52's vital signs (VS) and was in process of checking her other assigned resident's VS's using the b/p cuff and thermometer she was carrying. NA #3 stated she did not disinfect the b/p cuff or thermometer prior to removing it from resident t#52's room. NA #3also added she did not observe a b/p cuff or thermometer in resident #52's room for use while he was on contact precautions. NA #3 stated she was recently trained on isolation precautions and she was aware that the b/p cuff and thermometer should not be removed from resident #52's room unless it was disinfected. An observation of the	F 441	This plan of correction is the Center's credible allegation of compliances. 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 defiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F441 Resident #52 is on Isolation Precautions and has a B/P cuff and a thermometer in his room on 11/20/13 for his use only. All residents on Isolation Precautions were checked to ensure they have their own B/P cuff and a thermometer in their room for their own use on 11/20/13. NA #3 was inserviced on 11/20/13 by the DON to ensure that resident on Isolation Precautions must have their own B/P cuff and thermometer in their own room for their use only. Nursing staff have been inserviced by the Staff Facilitator or DON on 11/20/13 to ensure that residents on Isolation Precautions must have their own B/P cuff and thermometer in their own room for their own use only. This information will be provided during orientation for newly	

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F 441	Continued From page 2 resident #52's room did not reveal a b/p cuff or thermometer. In an interview on 11/20/13 at 11:15 AM, the DON and nurse consultant stated the reusable equipment to include a b/p cuff and thermometer should be keep inside resident #52's room and not be removed from his room unless the equipment was disinfected. The DON stated t a b/p cuff and thermometer was placed in resident #52's room to stay with instructions for them to stay in the room while contact precautions were in effect. The DON provided a copy of NA #3 training dated 9/18/13 which included isolation precautions. In an interview with the administrator on 11/21/13 at 2:30 PM, she stated her expectation would be for the reusable equipment to stay in the room for any resident on contact precautions until the precautions were lifted.	F 441	hired nursing staff by the Staff Facilitator. The Charge Nurse or designee will check residents room on Isolation within 24 hrs of the start of Isolation to ensure residents have their own B/P cuff and thermometer in their room for their own use utilizing a QI Resident Monitoring Rounds Tool. The Charge Nurse or designee will check the residents room on Isolation weekly utilizing a QI Resident Monitoring Rounds Tool. Any identified area of concerns will be corrected. The QI Resident Monitoring Rounds Tool will be reviewed during monthly QI meeting to ensure systems continue to be effective. These tools will be reviewed quarterly during the Executive QI committee meeting. Systems will be updated as indicated.	
F 463 SS=D	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record review, the facility failed to maintain a working call bell system for 1 of 55 residents reviewed for call bells. The findings included:	F 463	F463 Resident #19 call light is in working order on 11/18/13. On 11/18/13 all call lights to include	11/22/13

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F 463	Continued From page 3 Resident # 19 was admitted to the facility on 3/15/2013 with medical diagnoses which included chronic airway obstruction. The most recent annual Minimum Data Set (MDS) dated 9/17/2013 revealed the resident was moderately cognitively impaired. The assessment documented a Brief Interview for Mental Status (BIMS) score of 10. During an interview on 11/18/2013 at 12:48 pm, Resident #19 attempted to activate her call light. The call light did not turn green on the box in the room; light up outside the door or maker an audible noise at the nurse's station. NA #5 attempted to activate the call light for Resident #19. She stated it did not work. The NA stated if it was working the light would have turned green on the box and it would light up outside the door. She provided the resident with the other call light attached to the box after activating it and ensuring it was in working condition. She then stated she was going to report the malfunctioned call light to the maintenance man. On 11/18/2013 at 1:25 pm, an observation of the call light in Resident #19's room revealed the call light was not in working order. On 11/19/2013 at 1:03 pm, during an interview with the maintenance supervisor, he stated he received a maintenance request to repair the call light on 11/18/13. He further stated he replaced the old type cord with the newer style cord on 11/18/2013 at approx 3:30 pm. The Maintenance supervisor stated the old style cord can be working one minute and the next minute not working. He further stated the plan was to replace all remaining old style cords but did not give an	F 463	Resident #19 were assessed to ensure they were all in working order by the Maintenance Supervisor. All old style cords have been replaced by the Maintenance Supervisor on 11/22/13. The Maintenance Supervisor will monitor resident's call lights weekly and document times 4 weeks then monthly utilizing a QI Monitoring tool, any identified areas of concern will be corrected. The QI monitoring tool will be reviewed by the Administrator monthly during the QI meetings to ensure systems continue to be effective. These tools will be reviewed quarterly during the Executive QI Committee Meeting. Systems will be updated as indicated.	

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F 463	Continued From page 4 exact date. During an interview on 11/21/2013 at 4:13 pm, the Administrator stated she expected the call lights to be working at all times. She further stated she expected maintenance to be notified immediately if a call light was not working. The Administrator further stated she would be speaking with the maintenance supervisor about replacing the old style cords right away.	F 463		