

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345494</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - GASTONIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2780 X-RAY DR GASTONIA, NC 28054</b>	
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F 241 SS=D	<p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on family, resident, staff interviews and a record review, staff was rude to 2 of 4 sampled residents reviewed for dignity and respect (Resident #50 and #128).</p> <p>The findings included: 1. Resident #50 was admitted to the facility on 06/10/13 with diagnoses which included hyperlipidemia, chronic pain, and glaucoma. The most recent Minimum Data Set (MDS), a quarterly assessment dated 02/20/14, indicated the resident was cognitively intact.</p> <p>An interview with Resident #50 on 03/04/14 at 10:42 AM revealed NA #1 was the only NA that worked on her hallway who was regularly rude to her. Resident #50 stated NA #1 either ignores her when she asked for help or she would snap at her and say mean things. Resident #50 said recently she had asked NA #1 for help and NA #1 had looked at her and turned and walked on down the hall. Resident #50 stated when in the dining room, NA #1 will serve everyone around but her and leave her sitting at the table with no food or drink. Resident #50 stated she had not only reported NA #1's rude behavior and refusals to assist her to other NAs and to nurses but they had witnessed it themselves and had never done anything to stop it.</p>	F 241	<p>Filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p><b>AFFECTED RESIDENTS:</b> Resident #50 and Resident #28 were interviewed and noted with no adverse reactions, psychosocial or otherwise, related to treatment by staff. Appropriate action and follow up was accomplished with the specific staff member involved.</p> <p><b>POTENTIALLY AFFECTED RESIDENTS:</b> Director of Nursing (or Designee) interviewed all residents who are able to be interviewed regarding dignity and respect. Appropriate action and follow up accomplished.</p> <p><b>SYSTEMS CHANGE:</b> Staff Development Coordinator conducted in-services to all staff on dignity and respect to include appropriate staff interactions with residents and examples of activities that maintain and enhance the</p>	3/31/14

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

TITLE

(X6) DATE

Electronically Signed

03/29/2014

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>An interview with Nurse #1 on 03/06/14 at 11:03 AM revealed he had not personally seen interactions between NA #1 and residents that he considered to be inappropriate but he witnessed her being very persistent with residents in trying to get them to do things for themselves as much as possible. Nurse #1 stated that NA #1 had said things to him during stressful times on the floor that he considered to be rude and out of line but never in the presence of a resident. Nurse #1 stated he knew when to back off the way he was talking to NA #1 and give her more space when she got out of hand with him during stressful shifts.</p> <p>Review of the grievance log for the 2 months prior to the survey revealed grievances filed by three different residents regarding rude or negative interaction by NA #1 to residents. The three residents no longer resided in the facility.</p> <p>Interview with the Director of Nursing (DON) on 03/06/14 at 4:49 PM revealed she had resolved each of the grievances by meeting with the residents who had filed the grievances, meeting with NA #1, and retraining NA #1 on customer service and resident care. The DON stated she had not notified the supervising nurse or any other staff of the grievances filed regarding NA #1. The DON also stated she had not asked for additional or closer monitoring to be done of NA #1 ' s interactions with residents because she had not investigated the grievances as a pattern.</p> <p>2. Resident #128 was admitted to the facility on 08/04/11 with diagnosis which included hypertension, heart failure, and aphasia. The most recent Minimum Data Set (MDS), a</p>	F 241	<p>resident's self-esteem and self-worth. Any staff member on LOA or otherwise out will be educated prior to returning to assignment.</p> <p>Current Concern &amp; Grievance form was revised to include identification of staff member involvement in a filed Concern &amp; Grievance. This will enhance the facility's ability to identify trending patterns.</p> <p><b>MONITORING</b> Concern &amp; Grievance log revised to monitor trends, up to and including, staff member involvement.</p> <p>An audit tool was developed to monitor dignity and respect. Questions included: Does the staff treat you with dignity and respect?; Has there ever been anyone you think was speaking to you in a rude manner?; Do you feel comfortable reporting a staff member who you think has been "rude" or "mean" to you?; and Do you know who to report any staff issues to?</p> <p>Licensed Nurse (or Designee) will conduct audits of 10% of randomly selected residents 2x per week for 4 weeks, then 10% of randomly selected residents 1x per week for 8 weeks.</p> <p>Ongoing audits will be determined based on results of prior audits. Audit tools will be reviewed weekly by Administrator and/or Director of Nursing and during monthly QA meeting.</p>		

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F 241	<p>Continued From page 2</p> <p>quarterly assessment dated 02/13/14, indicated the resident is moderately cognitively impaired.</p> <p>An interview with Resident #128 on 03/04/14 at 12:59 PM revealed she has witnessed one NA who worked on their hall speaking rudely and hatefully to her roommate on numerous occasions. Resident #128 stated the NA she had witnessed being rude to her roommate was currently working. When given the names of the NAs currently working on the hall, Resident #128 reported it was NA #1 who she had witnessed being rude and hateful to her roommate. Resident #128 stated she and her roommate had reported it to one of the evening NAs that they trusted. Resident #128 stated it was NA #2 that they told about the rudeness of NA #1. When observed in the hallway near NA #1, Resident #128 pointed to NA #1 and stated that was the NA who had been rude to her roommate.</p> <p>An interview with NA #2 on 03/05/14 at 4:08 PM revealed Resident #128 is very reliable with information. NA #2 stated that both Resident #128 and her roommate had reported to her that an NA on 1st shift was abrupt and rude to Resident #128 ' s roommate a lot, but they didn ' t report a specific name for the NA. NA #2 stated she had never before known Resident #128 or her roommate to complain about a staff before and she felt they were alleging what sounded like verbal abuse. NA #2 stated she remembered going to the nurse that was on duty that evening and reporting the information to her about the rude NA from 1st shift. NA #2 stated she couldn ' t remember which nurse she had reported the information to and she couldn ' t remember which night she had talked to the nurse.</p>	F 241			

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F 241	Continued From page 3 An interview with Nurse #1 on 03/06/14 at 11:03 AM revealed he had not personally seen interactions between NA #1 and residents that he considered to be inappropriate but he witnessed her being very persistent with residents in trying to get them to do things for themselves as much as possible. Nurse #1 stated that NA #1 had said things to him during stressful times on the floor that he considered to be rude and out of line but never in the presence of a resident. Nurse #1 stated he knew when to back off the way he was talking to NA #1 and give her more space when she got out of hand with him during stressful shifts  Review of the grievance log for the 2 months prior to the survey revealed grievances filed by three different residents regarding rude or negative interaction by NA #1 to residents. The three residents no longer resided in the facility.  Interview with the Director of Nursing (DON) on 03/06/14 at 4:49 PM revealed she had resolved each of the grievances by meeting with the residents who had filed the grievances, meeting with NA #1, and retraining NA #1 on customer service and resident care. The DON stated she had not notified the supervising nurse or any other staff of the grievances filed regarding NA #1. The DON also stated she had not asked for additional or closer monitoring to be done of NA #1's interactions with residents because she had not investigated the grievances as a pattern.	F 241			
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES  The resident has the right to choose activities, schedules, and health care consistent with his or	F 242		3/31/14	

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F 242	<p>Continued From page 4</p> <p>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 on resident and staff interviews and record reviews, the facility failed to provide residents with the amount or type of baths/showers that they wanted each week for one of three residents (#50) and honor food preferences for one of one residents (186).</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Resident #50 was admitted to the facility on 06/10/13 with diagnoses which included hyperlipidemia, chronic pain, and glaucoma. The most recent Minimum Data Set (MDS), a quarterly assessment dated 02/20/14, indicated the resident was cognitively intact and able to understand and to make herself understood.</li> </ol> <p>Interview with Resident #50 on 03/04/14 at 9:06 AM revealed Resident #50 used to enjoy taking a tub bath before she was in the facility because it was something she could do to ease the ache in her joints. Resident #50 stated at home she took either a shower or a bed bath every day. Resident #50 stated the routine was set in the facility, they just told each resident they got two showers each week and they were told which day they were scheduled. Resident #50 stated residents had no choice in the facility regarding the number of showers they got or whether they got a bath or a shower. Resident #50 stated she</p>	F 242	<p>Filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p><b>AFFECTED RESIDENTS:</b> Resident #50's shower preference updated. Resident satisfied with shower schedule.</p> <p><b>POTENTIALLY AFFECTED RESIDENTS:</b> Director of Nursing (or Designee) completed 100% audit of all residents regarding shower preferences. Resident preferences adjusted as needed per resident request.</p> <p><b>SYSTEMS CHANGE:</b> Amended "Admission Meeting Information" form to reflect resident preferences i.e. shower days and times.</p> <p>MDS Coordinator (or Designee) will discuss with residents (or resident representative, if resident unable to make decision) during Admission Meeting.</p>		

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F 242	<p>Continued From page 5</p> <p>tried to wash herself with a wet washcloth to keep herself clean between her two shower days per week, but would love to receive more showers per week and a soaking bath when she was feeling achy.</p> <p>Interview with Nurse Aide (NA) #2 on 03/05/14 at 4:08 PM revealed all residents in the facility were given 2 showers per week unless otherwise indicated. NA #2 stated unless a resident or family had specifically spoken up about a problem with their schedule, each resident was given 2 showers a week, assigned by the Director of Nursing and the lead Nurse Aides, based on each resident ' s seating schedule in the dining room and their location on the hall.</p> <p>Interview with the Minimum Data Set (MDS) Coordinator on 03/05/14 at 5:08 PM revealed residents who were cognitively intact were interviewed with the MDS questions regarding life choices quarterly by the social worker and the activities director. The MDS Coordinator stated the questions asked were related to how important it was for the resident to choose type of bath or what clothes to wear. The MDS Coordinator stated she was not aware of any assessment that was done to ask residents specifically about their choices of what type of bath or shower they preferred or the frequency of showers or baths they preferred. The MDS Coordinator stated when a resident or family voiced a concern about their preferences not being honored, facility staff were able to change their care plan to match their preferences.</p> <p>Interview with Nurse #1 on 03/06/14 at 11:03 AM revealed each hall's NAs had a shower list for that hall, each resident got 2 showers per week,</p>	F 242	<p>Preferences i.e. Each resident's shower schedule, will be updated as needed, but no less than quarterly.</p> <p><b>MONITORING</b> An audit tool was developed to monitor resident satisfaction regarding shower preferences. Questions included: Are you involved in making decisions about your bathing/shower schedule?; Are you satisfied with your bathing/shower schedule?; and Do you know how to request any changes you may have with your care?</p> <p>Licensed Nurse (or Designee) will conduct audits of 10% of randomly selected residents 2x per week for 4 weeks, then 10% of randomly selected residents 1x per week for 8 weeks.</p> <p>Ongoing audits will be determined based on results of prior audits. Audit tools will be reviewed weekly by Administrator and/or Director of Nursing and during monthly QA meeting.</p> <p><b>AFFECTED RESIDENT:</b> Resident #186's dietary preferences reviewed. Resident satisfied with what he received on his tray.</p> <p><b>POTENTIALLY AFFECTED RESIDENTS:</b> Dietary Manager conducted an audit of 100% of dietary preferences to identify any potential discrepancies in resident meal preference. Discrepancies included: hot cereal and juice of choice, which were</p>		

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F 242	<p>Continued From page 6</p> <p>assigned by room. Nurse #1 stated if a resident changed to a different room, their scheduled shower days were automatically changed to match the schedule assigned to their new room, because the shower schedule was set according to location of the resident's room in the facility.</p> <p>Interview with the Director of Nursing (DON) on 03/06/14 at 4:49 PM revealed shower schedules were set for each hall by herself and the lead NA from each hall, according to each resident's dining schedule and therapy or other appointment schedules. The DON stated most residents were given 2 showers each week, unless the resident or their family had brought to the attention of staff their dislike of that schedule.</p> <p>2. Resident #186 was admitted on 02/11/14 with diagnoses including congestive heart failure, chronic obstructive pulmonary disease, and muscle weakness. The admission Minimum Data Set (MDS) revealed Resident #186 was cognitively intact and had no memory problems.</p> <p>During a resident interview on 03/04/14 at 8:38 AM Resident #186 stated he disliked grits and the kitchen sent them on his breakfast tray almost every morning. In addition, he had requested orange juice with his breakfast daily and rarely received it. Resident #186 further stated he had told several staff members he disliked grits and did not want them on his breakfast tray.</p> <p>Observations of Resident #186's breakfast tray on 03/04/14 at 8:38 AM revealed a bowl of unconsumed grits and a cup of apple juice. The computerized tray slip was reviewed at that time and indicated orange juice and apple juice were</p>	F 242	<p>both changed to specific foods such as grits, orange juice, apple juice, etc.</p> <p><b>SYSTEMS CHANGE:</b> Computer system was updated to indicate specific preferences as opposed to generalized description of meal i.e. ticket will print "grits" as opposed to "hot cereal".</p> <p>Dietary Manager conducted in-services for all Dietary Staff regarding tray accuracy. any staff member on LOA or otherwise out will be educated prior to returning to assignment.</p> <p><b>MONITORING</b> An audit tool was developed to monitor resident satisfaction regarding food preferences. Includes: tray accuracy and asking the resident if they receive food that they like on their tray?</p> <p>Dietary Manager (or Designee) will conduct audits of 10% of randomly selected residents 2x per week for 4 weeks, then 10% of randomly selected residents 1x per week for 8 weeks.</p> <p>Ongoing audits will be determined based on results of prior audits. Audit tools will be reviewed weekly by Administrator and/or Director of Nursing and during monthly QA meeting.</p>		

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F 242	<p>Continued From page 7</p> <p>to be included on his breakfast tray. The grits were not listed on the tray slip.</p> <p>Observations of Resident #186's breakfast tray on 03/06/14 at 8:55 AM revealed a bowl of unconsumed grits and a cup of apple juice. The computerized tray slip was reviewed at that time and indicated orange juice and apple juice were to be included on his breakfast tray. The grits were not listed on the tray slip.</p> <p>Review of Resident #186's undated dietary profile revealed breakfast requests included 4 ounces of apple juice, milk, or a cold beverage and noted he disliked grits and cheese grits. Orange juice was not listed as a breakfast request.</p> <p>An interview was conducted with the Dietary Manager (DM) on 03/06/14 at 10:56 AM. The DM stated food preferences were discussed with the resident and/or family during the admission meeting. In addition, she or another dietary staff member visited the resident again within the first couple of days after admission and review food preferences. The DM explained food preferences and dislikes were entered into dietary department's computer system which linked this information to each residents' tray slip. The interview further revealed there were three dietary staff members on the tray line and they were all expected to review the computerized tray slip while preparing each meal tray to assure residents' food preferences were honored. The Regional DM joined the interview at 11:00 AM and they both reviewed Resident #186's dietary profile and could not explain why he had been served grits on 03/04/14 and 03/06/14. Neither the DM nor the Regional DM could explain why Resident #186 did not receive the orange juice</p>	F 242			



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F 242	Continued From page 8 that was listed on his breakfast tray slip on 03/04/14 and 03/06/14.	F 242			
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</p>	F 441		3/31/14	

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F 441	<p>Continued From page 9 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and review of facility policy, the facility failed to prevent cross contamination with the use of a bleach solution, an isolation gown, hand hygiene and changing soiled water and equipment (gloves, towels, mop heads) when cleaning a semi-private resident's room (Resident #135) with precautions for Clostridium difficile for 1 of 4 resident rooms observed with contact precautions.</p> <p>The findings included:</p> <p>The facility policy "Infection Control General Practices: Clostridium Difficile (C. difficile)", revised October 2009, recorded in part, "A 1:10 dilution of bleach and water will be used for routine environmental disinfection of rooms for residents with C. difficile."</p> <p>The facility lesson plan "Precautions, How to Clean the Room", undated, recorded in part "Put on appropriate personal protective equipment (PPE) including isolation gown, gloves, and mask (if appropriate). Throw out paper and plastic cups in a separate bag. Wipe down all surfaces with approved disinfectant, include bed rails and walls. Remove your isolation clothing and throw it into the special contamination bag for disposal. Water and mop head needs to be changed after each cleaning of the isolation room, be sure to include rags and cloths used during cleaning. If a resident on isolation is in a semi-private room, each area</p>	F 441	<p>Filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p><b>AFFECTED RESIDENTS:</b> Resident #135's room cleaned using appropriate procedure for cleaning room on contact/isolation.</p> <p>Resident #135 has had no adverse affects related to Infection Prevention. Resident no longer on contact precautions. Infection resolved.</p> <p><b>POTENTIALLY AFFECTED RESIDENTS:</b> All residents have the potential to be affected. The Infection Control Monthly Surveillance Statistics revealed no upward trending in infection.</p> <p><b>SYSTEMS CHANGE:</b> Housekeeping Manager in-serviced all housekeeping staff on proper cleaning of contact/isolation room. Any staff member on LOA or otherwise out will be educated prior to returning to assignment.</p> <p>Surveillance Rounds to include housekeeping completed by</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - GASTONIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2780 X-RAY DR GASTONIA, NC 28054</b>		
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F 441	<p>Continued From page 10</p> <p>is to be cleaned separately. Do not cross over to the other side of the room before changing gloves, equipment, water, etc."</p> <p>Review of physician's orders dated 01/02/14 revealed Resident #135 was treated with an antibiotic for C. difficile (an infection that causes severe diarrhea) with contact precautions in place.</p> <p>On 03/3/14 from 10:14 AM to 10:25 AM housekeeping staff #1 was observed to clean Resident #135's room, a semi-private resident room with contact precautions. Both Bed 1 and Bed 2 of this semi-private room were occupied at the time of this observation. The contact precautions sign was posted to the door of this room and read in part to perform hand hygiene before entering and before leaving the room and to wear gloves and gown whenever anticipating that clothing would touch patient items or potentially contaminated environmental surfaces. Housekeeping staff #1 was observed wearing gloves, but not an isolation gown to clean this room. He was observed to use a quaternary (Quat) (broad spectrum disinfectant, not specified to kill C. difficile) disinfectant cleaner and one cloth to clean the room in the following order:</p> <ul style="list-style-type: none"> <li>· Cleaned over bed table, remote control and bed frame/legs for Bed 2 (bed for Resident #135) with cloth and gloved hands</li> <li>· Removed empty plastic cup from floor next to Bed 2 and discarded it into the trash bag on his cart with same gloved hands</li> <li>· Cleaned bed frame/legs for Bed 1 with same cloth and gloved hands</li> <li>· Placed knees on a floor mat next to Bed 2 to clean a spill using paper towels and same gloved</li> </ul>	F 441	<p>SDC/Infection Control Nurse.</p> <p>An audit tool was developed to monitor resident cleaning of contact/isolation rooms. Questions included: Staff utilize appropriate PPE when cleaning rooms?; Appropriate hand washing and donning of gloves noted?; Appropriate cleaning solution utilized to clean room?; and Staff maintained appropriate techniques to prevent cross contamination?</p> <p>Housekeeping Manager (or Designee) will conduct audits of 100% of residents on contact/isolation 2x per week for 4 weeks, then 100% of residents on contact/isolation 1x per week for 8 weeks.</p> <p>Ongoing audits will be determined based on results of prior audits. Audit tools will be reviewed weekly by Administrator and/or Director of Nursing and during monthly QA meeting.</p>		

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F 441	<p>Continued From page 11</p> <p>hands; the soiled paper towels were discarded into the trash bag on his cart</p> <ul style="list-style-type: none"> <li>· Unlocked his cart, returned the disinfectant, removed duster used to high/low dust the room (blinds, light fixture above both beds, and door frame) with the same duster and gloved hands</li> <li>· Removed the dry mop from his cart and dry moped the room, under both beds and then returned the dry mop to his cart with the same gloved hands</li> <li>· Removed broom/dust pan from his cart, swept trash into the dust pan and then returned the broom/dust pan to his cart with the same gloved hands</li> <li>· Removed the wet mop from his cart, mopped the floor, floor mats, and under both beds, with the same gloved hands</li> <li>· Removed his gloves while making contact with its soiled surface with both ungloved hands, discarded the gloves into the trash bag on his cart and donned another pair of gloves</li> </ul> <p>While cleaning this room, housekeeping staff #1 was not observed to wear an isolation gown, use a 1:10 bleach disinfectant solution, wash his hands, change his gloves or towel, replace the dry mop or wet mop heads, or change the mop water used to mop the room floor.</p> <p>On 03/3/14 at 12:30 PM, housekeeping staff #1 was interviewed. He revealed that he was a floor technician cross-trained to serve as a housekeeper, a role he performed weekly to relieve staff on vacation. He revealed he received training on how to disinfect a room with contact precautions about 1 year ago. Housekeeping staff #1 confirmed that he used one cloth with a Quat disinfectant and did not wear an isolation gown to clean the semi-private room for Resident #135.</p>	F 441			

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F 441	<p>Continued From page 12</p> <p>He stated that he placed the soiled cloth used to clean this room in a bag with other soiled cloths, rather than in a special contamination bag. He stated that he should have used a bleach solution to clean the room, used only one cloth to clean Bed 2, cleaned one side of the room, washed his hands and then cleaned the other side. He also stated he should have washed his hands when he completed cleaning the room. He further stated that he was aware that the contact precautions sign recorded to wear an isolation gown, but he just wore gloves.</p> <p>An interview on 03/3/14 at 1:30 PM with the housekeeping manager revealed he was with the facility in this role about 2 weeks. He stated that housekeeping staff should clean a semi-private resident's room with contact precautions according to the guidance described in the lesson "Precautions, How to Clean the Room". He stated that staff should not use same towel to clean all surfaces in a contact precautions room, housekeeping staff should wear all PPE available including isolation gown/gloves, wash their hands when the gloves are discarded, put on a new pair of gloves between resident surfaces and before going to the next room. He further stated that soiled towels/isolation gowns should have been discarded in a separate bag and double bagged to alert laundry to wash the towels separately. The housekeeping manager also stated that a bleach solution should have been used to clean a room with contact precautions. He further clarified that a Quat solution was used for rooms with standard precautions/general cleaning purposes and not for resident rooms under contact precautions.</p> <p>An interview with the administrator was</p>	F 441			

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F 441	<p>Continued From page 13</p> <p>conducted on 03/05/14 at 4:20 PM. The interview revealed that once she was made aware of how Resident #135's room was cleaned, she advised her staff development coordinator (SDC) to conduct an in-service with staff to ensure that infection control practices were implemented. The administrator confirmed that Resident #135's room was not cleaned according to infection control precautions for C. difficile.</p> <p>An interview with SDC occurred on 03/5/14 at 4:27 PM and confirmed Resident #135 was currently under contact precautions due to being symptomatic for C. difficile. SDC stated that she re-educated nursing staff regarding contact precautions, spoke to staff regarding the use of PPE and how to provide care to residents on contact precautions. The SDC stated that she would expect PPE to include glove/isolation gown to be worn if a staff member would come in contact with a resident on contact precautions or with potentially contaminated surface areas. She also expected hand hygiene with soap and water to be completed before and after coming in contact with a resident directly or with potentially contaminated surfaces and before going to render care or services to another resident.</p>	F 441			