

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

PRINTED: 04/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345552</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SHANNON GRAY REHABILITATION &amp; RECOVERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 SHANNON GRAY COURT</b> <b>JAMESTOWN, NC 27282</b>		
(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><b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b></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		4/8/15	

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

TITLE

(X6) DATE

Electronically Signed

04/07/2015

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 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interviews with staff, the facility failed to follow infection control procedures when assisting 1 of 1 resident (Resident #3) who was on contact precautions.</p> <p>Findings included:</p> <p>Resident #3 had diagnoses that included clostridium difficile (c.diff: a highly-contagious bacteria that causes inflammation of the colon and results in diarrhea.)</p> <p>The physician order dated 2/9/15 for Resident #3 stated, "initiate contact precaution."</p> <p>The nurses' note dated 3/13/15 stated Resident #3 "continues contact precautions." The nurses' note dated 3/15/15 stated Resident #3 "continues on [antibiotic for c.diff]." The nurses' note dated 3/16/15 stated Resident #3 "[antibiotic] continued for c.diff. continues contact precautions."</p> <p>During an observation on 3/16/15 at 7:40 pm, there was a sign posted at the entrance of Resident #3's room stating, "Contact Precautions. To prevent the spread of infection, anyone entering this room must wear gloves [and] gown. Applies whether or no contact with the patient or the patient's environment is anticipated. Patient visitors do not need to wear gloves and a gown, but must wash hands upon entering and leaving this room." There was a cart, in the hall, at the entrance of Resident #3's room that contained gloves and gowns. There was a container of hand sanitizer sitting on top of</p>	F 441	<p>" Resident #3 continues on contact precautions as ordered. NA #1 was re-trained on 3/17/15 to include verbal retraining, return demonstration, as well as an employee reprimand.</p> <p>" Residents who were on isolation precautions at the time of survey were audited by the SDC/Infection Control nurse to ensure that appropriate measures were in place. No other issues were identified. Facility staff was re-trained to include return demonstration of hand washing and donning of PPE (personal protective equipment). Re-training conducted on all shifts and to be completed by 4/8/15.</p> <p>" A QI audit tool was implemented to audit isolation precaution rooms and staff interaction with these residents. This will include appropriate donning of PPE and hand washing. These audit tools are to be completed randomly on all shifts by Infection Control nurse or designee. A minimum of 10 audits per week will be completed X4 weeks. After initial 4 week period, audits will continue at a minimum of 10 per month X3 month and as needed thereafter. Any issues regarding hand washing or PPE use will result in immediate retraining of employee.</p> <p>" Infection Control Nurse will report to DON and Administrator outcome of audits on a monthly basis. On-going or repeated violation of infection control policies by any staff member will result in additional retraining or disciplinary action as is appropriate.</p>		

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F 441	<p>Continued From page 2 the cart.</p> <p>During an observation on 3/16/15 at 7:42 pm, Nurse Aide (NA) #1 entered the room of Resident #3 NA #1 put on gloves, but did not put on a gown. She was observed interacting with the resident, moving items around on the bedside tray and straightening the resident ' s bed linens. Upon exiting the resident ' s room, she removed the gloves, did not wash her hands, and used the hand sanitizer that was on top of the cart in the hallway outside of the room. Nurse #1 was in the hall doing a medication pass and informed NA #1 that Resident #3 ' s call light was still on. NA #1 stated, "Oh, I just stripped." She put on a gown and gloves and entered the room, turning the call light off. Upon exiting the resident ' s room, she removed the gloves and gown, did not wash her hands, and used the hand sanitizer that was on top of the cart in the hallway outside of the room.</p> <p>During an interview on 3/16/15 at 7:48 pm, NA #1 indicated that Resident #3 was on contact precautions for c. diff. When asked about precautions to prevent the spread of the infection to other residents, NA #1 stated, "We have to wear gloves and gowns at all times and when leaving the room, use hand sanitizer." She further indicated she did not put a gown on the first time she entered the resident's room, only gloves, stating the reason as, "because I thought I would just run in and see what she needed." She further indicated she did not wash her hands with soap and water when exiting from the resident ' s room on both occasions and thought using the hand sanitizer was sufficient.</p> <p>During an interview on 3/16/15 at 8:10 pm with the Administrator, she stated, "If [staff is] doing</p>	F 441	" Summary of audits will be reported to Executive QI committee quarterly X2 and on-going as need identified by Executive Committee. Any recommendations for further re-training or monitoring will be directed by Executive Committee on-going.		

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F 441	<p>Continued From page 3</p> <p>anything for a resident (on contact precautions) they should be putting on gown and gloves." She further clarified that gowning and wearing gloves should be done if a staff member is touching personal items or the bedding of a resident on contact precautions.</p> <p>During an interview on 3/16/15 at 8:12 pm with the Director of Nursing, she stated, "[Staff] should wash their hands with soap and water for c. diff before leaving the room, and then they can choose to also use the hand sanitizer that is on the cart if they want to."</p> <p>During an interview on 3/17/15 at 11:45 am with the Infection Control Nurse, she stated, "[NA #1] should have had a gown and gloves on (when entering Resident #3's room. We have had training within the last month on that." She indicated NA#1 attended the in-service on 2/25/15. She further indicated staff should wash their hands with soap and water, after removing their gloves, prior to leaving a resident's room on contact precautions.</p>	F 441			