STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345144	A. BUILDING _____ B. WING _____	C 01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	706 PINEYWOOD ROAD THOMASVILLE, NC 27360

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F 000	INITIAL COMMENTS This complaint investigation survey started on 1/20/16 and continued to 1/21/16. The investigation was interrupted by adverse weather on 1/22/16 and 1/25/16. The complaint investigation resumed on 1/26/16 and was concluded on 1/27/16.	F 000		
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	F 441		2/16/16

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

Electronically Signed | 02/16/2016

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F 441	Continued From page 1 professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to identify contact precautions for 1 of 1 sampled residents (Resident #1). The findings included: Facility policy for " Contact Precautions " (version date 9/2014) and stated a private room was necessary when using contact precautions. However, if a private room was not available, residents with the same infection may be cohorted. Consideration should be given to the epidemiological pattern of a microorganism and the resident population when determining room placement. Residents with MRSA infection or colonization should not be placed in a room with another resident that has VRE infection or colonization. Facility policy for " The Infection Control Program " (version date 9/2014) stated the infection control program of the facility was designed to establish and maintain an effective program that provides a safe, sanitary, and comfortable environment and attempts to prevent the development and the transmission of disease and infection. The objectives of program included, prevent and control the transmission of communicable infectious disease to the extent possible; establish infections to prevent	F 441	F 441 Infection Control On 1/20/16, the MDS nurse added a care plan for resident #1 for contact precautions. On 2/9/16, the nurse contacted the physician regarding follow-up of resident #1'□s contact precautions for a VRE infection in the g-tube site. The physician ordered for cultures to be obtained from resident # 1□s gastrostomy tube site. On 2/10/16, the hall nurse obtained cultures from resident #1□s gastrostomy tube site and sent them to the lab. On 2/15/16, the culture results were negative. The physician wrote an order to discontinue resident #1's contact precautions. On 2/6/16 , the administrator and QI nurse completed a 100% audit of all residents on isolation precautions including contact precautions to ensure the resident was on the appropriate isolation precautions, had appropriate physician follow up, and had correct signage on the resident□s door with over door hangers stocked with personal protective equipment. Any findings were addressed immediately by follow up with the physician, correction of	

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F 441	Continued From page 2 healthcare acquired infections (HAIs); perform surveillance to monitor the facility for infections and implement proper interventions to prevent transmission; to provide infection control prevention education to staff, residents, and family as indicated; to establish criteria for isolation of residents if necessary based on CDC ' s current guidelines for isolation precautions; and implement and maintain compliance with local, state, and federal regulations and standards that pertains to infection prevention and control. Review of Resident #1 ' s nursing hospital discharge summary dated 1/4/16 indicated Resident #1 was being discharged to skilled nursing facility under isolation. The isolation type was documented as contact VRE. Resident #1 was admitted to the facility on 1/4/16 with a diagnoses that included chronic kidney disease with stage 5 chronic kidney disease, aphasia, and dependent on renal dialysis. Review of Resident #1 ' s readmission Minimum Data Set (MDS) assessment dated 1/11/16 indicated Resident #1 was cognitively intact. Review of Resident #1 ' s care plan revealed no goals or interventions in regards to contact precautions. Observation on 1/20/16 at 10:18 am revealed Nurse #1 to be inside Resident #1 ' s room during the morning medication administration. Nurse #1 was observed to be holding a white medication cup. Nurse #1 was observed to return to the medication cart. Contact precaution signage and personal protective equipment (PPE) were observed hanging on Resident #1 ' s bedroom door. Interview with Nurse #1 on 1/20/16 at 10:20 am revealed she was unaware of which resident (bed A/Resident #1 or Bed B) that required contact precautions. During the interview Nurse #1 was	F 441	infection control precaution, and/or staff retraining by director of nursing (DON), RN supervisor, and or QI nurse. On 1/29/16, the DON, RN supervisor and/or QI nurse initiated re-education on Infection Control for all staff. This re-education included the following: 1. 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. 2. The facility must establish an infection control program under which it---Decides what procedures, such as isolation should be applied to an individual resident. 3. Isolation refers to the practices employed to reduce the spread of an infectious agent and/or minimize the transmission of infection. 4. Contact precautions are measures that are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident□s environment. 5. NOTE: It is important that all infection prevention and control practices reflect current Centers for Disease Control (CDC) guidelines. 6. Contact Precautions must be followed when indicated and posted on a resident□s door. These precautions include wearing gloves when entering the resident□s room. 7. See attached policy. This re-education was completed 2/12/16. All future employees will be educated during their orientation process.	

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F 441	Continued From page 3 observed to utilize the medication administration record (MAR) located on the medication cart in an attempt to identify which resident had contact precautions. Nurse #1 stated she was unable to identify which resident had precautions as evidenced by reviewing the MAR. Nurse #1 reviewed Resident #1 and her roommate ' s medical record at the nursing station in an attempt to identify which resident had precautions. Nurse #1 indicated she was unable to identify which resident had precautions as evidenced by reviewing the medical record. Nurse #1 indicated she would call the MDS coordinator to identify which resident had contact precautions. Following nurse #1 ' s phone call to the MDS coordinator, she indicated she believed Resident #1 had contact precaution but was unsure of why the precautions were in place. Interview with the MDS coordinator on 1/20/16 at 10:38 am revealed the staff development coordinator would inform staff of resident infections. The MDS coordinator stated Resident #1 was the resident with the contact isolation. She further revealed she was unaware of what type of precautions Resident #1 had. The MDS coordinator indicated information regarding Resident #1 ' s contact isolation would normally be present on the hospital discharge summary. She further revealed there would usually be a physician order in the resident ' s chart that would identify that the resident was on precautions. The MDS coordinator indicated she could not locate an order or any information in the resident ' s medical record or discharge summary that indicated she had contact precautions. The MDS coordinator indicated residents with contact precautions were care planned and she had not developed a care plan regarding Resident #1 ' s contact precautions.	F 441	On 2/10/16, the Director of nursing (DON), RN supervisor, and/or QI nurse initiated re-education for all licensed nurses regarding Isolation Precautions. The Isolation Precautions re-education included the following: 1. When the physician orders a resident to be on isolation precautions, the nurse will write what type of precautions to include the site on the MAR, place the type of isolation signage on the identified resident□s door, and place personal protective equipment in the over the door storage bin. 2. The nurse will then notify the DON and/or RN supervisor of the new order for isolation precautions. 3. The nurse will notify other facility staff as indicated regarding precautions 4. The nurse will also obtain orders from the physician regarding need for repeat cultures and length of isolation. 5. The DON,QI Nurse, RN supervisor, and/or hall nurse can update the care plan and care guide. This re-education will be completed by 2/16/16. All future licensed nurses will be educated during their orientation process. Beginning 2/8/16, DON, RN supervisor, and/or QI nurse utilized a Resident Care Audit tool to monitor for proper infection control practices to include following Contact Precautions. The Resident Care Audit tool will be completed 5 x weekly x 4 weeks, twice weekly x 4 weeks, weekly x 4 weeks, then monthly on an ongoing basis. Any negative findings will be addressed immediately with re-training by the DON, RN supervisor, and/or QI nurse.	

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F 441	Continued From page 4 Interview with the QI nurse on 1/20/16 at 10:54 am revealed Resident #1 had contact precautions in place due to Methicillin-Resistant Staphylococcus Aureus (MRSA) at the g-tube site. She indicated that the nurse who received the information during admission would have been responsible for communicating the contact precautions though documentation and verbally to the nursing department. The QI Nurse revealed Nurse #3 had put the contact precautions signage up for resident #1 and was the admitting nurse. The admitting nurse should have written an order for the contact precautions and the information is then passed to the physician. She further indicated the admitting nurse would be responsible for communicating the contact to nursing staff and nursing assistants. Interview with Nurse #3 on 1/20/16 at 11:04 am revealed she had completed the admission process for resident #1 on 1/4/16. She indicated that she was notified via telephone by the hospital discharge nurse that Resident #1 had contact MRSA of the g-tube. Nurse #3 indicated that she followed up the phone call with the hospital discharge nurse by putting up contact precaution signage on Resident #1 ' s door. She further revealed she had completed a nursing note for Resident #1 that identified contact precautions and what the precautions were for. Nurse #3 revealed she communicated Resident #1 ' s need for contact precaution to the DON and administration. Nurse #3 stated she had not communicated Resident #1 ' s contact precautions with the MDS nurse. Nurse #3 indicated she had not completed the resident ' s entire admission assessment due to change of shift. She indicated the incoming nurse would	F 441	The administrator will acknowledge proper completion and follow up of the Resident Care Audit tool by initialing the bottom right hand corner of the tools. Beginning 2/10/16, the DON, RN supervisor and/or QI nurse will utilize an Isolation Precautions audit tool to monitor for complete documentation and communication of any resident on isolation precautions to include type of precautions, site, and placement of such on the medication administration record (MAR), care plan and care guide. This monitoring will be completed weekly x 8 weeks, twice monthly x 8 weeks, then monthly x 2 months. The administrator will acknowledge proper completion and follow up of the Isolation Precautions audit tool by initialing the bottom right hand corner of the tools. The monthly QI committee will review the results of the Resident Care Audit Tool and Isolation Precautions audit tool monthly for 6 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.	

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F 441	Continued From page 5	F 441		

have completed the skin assessment portion of the assessment following the exchange at shift. She revealed the MDS nurse would have been aware of the contact precautions to include it in the residents care pan.
Review of nursing note dated 1/4/16 revealed identified contact isolation for Resident #1. The note did not indicate the type of precautions Resident #1 had.
Interview with the Director of Nursing (DON) on 1/20/16 at1:58 pm revealed it was her expectation that the admitting nurse and admission staff keep staff abreast of residents that would be on contact precautions. The DON stated contact precautions were an effort of the facility to not compromise another resident. It was further the DON ' s expectation that the admitting nurse document the information provided in the hospital discharge summary, notify the physician, post the required signage and notify nursing staff. In the instance a nurse observed contact precaution signage outside of resident ' s room and they are unaware of what the precautions were for they should not go into the room. They should not enter the room until they have identified what the resident ' s precautions are.
Interview with Resident #1 ' s physician on 1/20/16 at 2:16 pm revealed he was aware of the contact precautions sign located on Resident #1 ' s bedroom door. He indicated he had inquired what the precautions were for but nursing was unable to identify why. The physician revealed he reviewed Resident #1 ' s medical record and was unable to identify what the precautions were for. He indicated his intentions were to investigate the reasoning for the precautions. The physician continued with he had been in the facility 2x since Resident #1 ' s admission and had not identified

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F 441	Continued From page 6 why the contact precautions were on the door. In the instance he would have known what the contact precautions were he would have followed facility protocol. The protocol would have involved cultures to ensure the reason for the isolation was gone and remove the contact precaution from the resident ' s door. Interview with Resident #1 on 1/21/16 at 11:00am revealed she was under the impression that it was her roommate who had contact precautions.	F 441		