STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345104	A. BUILDING _____ B. WING _____	C 03/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZEBULON REHABILITATION CENTER	**509 WEST GANNON AVENUE ZEBULON, NC 27597**

(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	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		4/1/16

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

Electronically Signed | 04/04/2016

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to wash hands between multiple wound treatments for 1 of 3 residents observed to have wound care (Resident #3). The findings included: Review of the facility's " Handwashing/Hand Hygiene Policy " dated August 2015 revealed staff should use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: before and after direct contact with residents; before handling clean or soiled dressings, gauze pads, etc.; after handling used dressings; before moving from a contaminated body site to a clean body site during resident care and after removing gloves. During an observation on 03/15/13 at 1:55 PM the facility's Wound Care Nurse (WCN) was observed to give wound care treatment to Resident #3 ' s sacral area, right coccyx area and right heel. During the observation of wound care, the WCN was noted to set clean supplies on a draped bedside table, wash her hands and apply gloves. The WCN was observed to take the resident ' s sacral dressing off which had drainage on it and discard the dressing into a plastic lined trashcan. The nurse then was observed to take off her dirty gloves, discard them into the trashcan and put on a clean set of gloves. The nurse proceeded to wash the sacral wound with normal saline and to apply treatment as ordered. The WCN was observed to take off her gloves, discard the dirty gloves into the	F 441	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. 1. The nurse for resident #3 was re-educated regarding Handwashing/Hand Hygiene Policy on 3/16/2016 by DON. 2. Any resident requiring wound care in the facility can be affected by this practice. 3. The facility staff were re-educated on the facility Handwashing/Hand Hygiene policy from 3/16/2016 and completed by 4/1/2016 by DON/SDC/and Department Heads. 4. The DON or SDC will observe the treatment nurse for 3 observations weekly times 3 weeks and then 1 time per week for 3 weeks to assure that treatment nurse adheres to the Handwashing/Hand Hygiene policy during care provided. The DON/SDC will observe facility staff during care for 3 observations weekly times 3	

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F 441	Continued From page 2 trashcan and put on a clean set of gloves. The WCN was observed to apply mediseptic cream to the left coccyx area and reattach the dry brief. The nurse was observed to take off and discard her dirty gloves, put on a set of clean gloves and to apply skin prep to the right heel. The nurse was then observed to remove her gloves, wash her hands with soap and water, discard the dirty supplies into the dirty utility room and wash the bedside table with germicidal wipes. The nurse was not observed to wash her hands between the multiple wound treatments. During an Interview with the WCN on 3/15/16 at 2:20 PM she stated during wound treatment the nurse was expected to wash her hands before she begins, after taking the dressing off, before going to another wound and then at the end of treatment. She stated the reason you frequently wash hands and apply clean gloves was to keep infection from going from wound to wound or person to person. She further stated she had failed to wash her hands between the wound care of resident#3 and should have. In an interview with the facility ' s Director of Nursing (DON) on 3/15/16, she stated she expected her nurses to wash their hands with soap and water before doing a procedure, after each treatment. She further stated the nurse was to wash her hands between different treatments on the same resident. The DON stated the purpose of washing hands and applying clean gloves was to prevent the spread of infection.	F 441	weeks and then 1 time per week for 3 weeks to assure that facility staff adhere to the Handwashing/Hand Hygiene policy during care provided. DON will take results of observations to QAPI committee for 2 months.	