| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345127 | A. BUILDING _____ B. WING _____ | C 06/21/2017 |

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| **WHITE OAK MANOR - TRYON** | **70 OAK STREET TRYON, NC 28782** |

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| F 000 | INITIAL COMMENTS<br><br>No deficiencies were cited as a result of the complaint investigation NC00125624. Event ID# 4OMR11. | F 000 | | |
| F 441 SS=D | 483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>(a) Infection prevention and control program.<br><br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);<br><br>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br><br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br><br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br><br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections; | F 441 | | 7/19/17 |

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

Electronically Signed | 07/07/2017

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<br><br>(iv) When and how isolation should be used for a resident; including but not limited to:<br><br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br><br>(v) The circumstances under which 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; and<br><br>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, and staff interviews, the facility failed to use proper infection control practices by failing to apply personal protective equipment and wash hands prior to entering a room and failing to wash hands prior to exiting a room that was identified as | F 441 | White Oak Manor - Tryon does have an established and does maintain an Infection Control Program that provides a safe, | |

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| F 441 | Continued From page 2<br>having contact precaution isolation for 1 of 1 residents on contact isolation (Resident # 20).<br><br>Findings included:<br><br>Review of the facility's policy and procedure for Enteric Contact Precautions dated 4/18/17 revealed:<br>Gown and gloves to be utilized upon entering room.<br>Perform hand hygiene prior to entering room.<br>Wash hands with soap and water after removing gloves and before leaving room.<br><br>A lab dated 6/15/17 revealed Resident # 20 positive for clostridium difficile (c-diff).<br><br>Medical record review for Resident # 20 revealed a doctor's order dated 6/15/17 indicated enteric contact precautions until treatment completed. The medical record further revealed a doctor's order dated 6/16/17 for isolation precaution, c-diff positive.<br><br>Observation of the Dietary Manager (DM) on 6/18/17 at 12:31 PM revealed she went into an enteric contact isolation room with two drinks and did not perform hand hygiene or don gloves prior to entering room. There was a sign posted on the door of Resident # 20's room that read "Enteric Contact Precaution." The DM adjusted Resident # 20's blinds on his window. The DM exited the contact isolation room with the two drinks without washing her hands.<br><br>An interview with the DM on 6/18/17 at 12:58 PM stated she had entered Resident # 20 room and adjusted his window blinds. The DM indicated she did not wash her hands prior to entering or | F 441 | sanitary and comfortable environment to help prevent the development and transmission of disease and infection.<br><br>* Resident #20 is no longer on Enteric Contact Precautions.<br><br>* The CDM (Certified Dietary Manager) was re-educated on following safe practices for enteric contact precautions on 6/18/2017 during the survey by the DON(Director of Nurses) /SDC(Staff Development Coordinator)or Clinical Coordinator.<br><br>* The other staff members were re-educated on following the proper procedures for enteric contact precautions on 6/19/2017 by the DON/SDC.<br><br>* Newly hired staff receive this education during their specific job orientation by the SDC or Department Manager.<br><br>* Currently there are no residents on | |

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| F 441 | Continued From page 3<br>leaving the room. The DM stated she did not don any gloves prior to entering the room. The DM indicated she was not aware that Resident # 20 was on precautions because she did not see the precaution bag on the door.<br><br>An interview with the Director of Nursing on 6/18/17 at 2:40 PM indicated her expectations were for all facility staff to follow the policy and instructions on the door as they are written for contact precautions, and if they had any questions they would be expected to ask her or the nurse.<br><br>An interview with the Administrator on 6/19/17 at 3:11 PM indicated his expectations were for the staff to follow the guidelines, policy and procedures that were in place for contact precautions. | F 441 | Enteric Precautions<br><br>nor Contact Precautions to monitor compliance. However,<br><br>the SDC will conduct a demo lab for staff to participate<br><br>showing what they will do for any resident in Contact<br><br>Precautions or Enteric Contact Precautions, the staff<br><br>will be observed in this demo lab to assure compliance to<br><br>F 441 by the SDC or DON. In the future when a resident is<br><br>placed in Contact Precautions or Enteric Contact Precautions<br><br>the facility Nursing Administration (DON,SDC or Clinical<br><br>Coordinator) will observe daily for the first 7 days and<br><br>weekly for 2 weeks to assure compliance to F 441.<br><br>* Concerns or trends identified during the<br><br>observations will be addressed at the time<br><br>with the nurse involved and discussed with | |

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| F 441 | Continued From page 4 | F 441 | the QI committee for recommendations as indicated.<br><br>* The DON is responsible for ongoing compliance to F 441 | |