

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

PRINTED: 07/27/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/27/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WARSAW HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>214 LANEFIELD ROAD</b> <b>WARSAW, NC 28398</b>
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F 441 SS=D	<p>483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>(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);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism</p>	F 441		7/17/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/17/2017
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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>involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility staff failed to follow infection control measures when a bath basin filled with dirty water from a resident on Contact Isolation precautions was poured down a shared sink after the staff provided incontinent care for 1 of 3 residents observed to be on Contact Isolation precautions (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on</p>	F 441	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency was correctly cited. It is not to be construed as an admission of interest against the facility, the Administrator, Director of Nursing or any employee, agent or other individuals who draft or may be discussed in this response or the Plan of Correction does not constitute an admission or agreement of any kind by the survey agency.</p>		

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F 441	<p>Continued From page 2</p> <p>03/20/15 with diagnoses which included nonspecific dementia and urinary tract infection (UTI).</p> <p>A review of Resident #2's significant change Minimum Data Set (MDS), dated 05/04/17, indicated Resident #2 was severely cognitively impaired and required total assistance with toileting. The MDS indicated Resident #2 was always incontinent of her bladder and bowels and had the diagnosis of a UTI.</p> <p>A review of Resident #2's Care Plan, last updated 05/18/17, indicated Resident #2 had been placed on Contact Isolation precautions after the results of a urine culture was positive for Extended Spectrum Beta-Lactamase (ESBL). ESBL is a type of enzyme or chemical produced by some bacteria which cause some antibiotics for treating bacterial infections not to work. ESBL can be spread from person-to-person on unwashed hands, on equipment that is contaminated and has not been sufficiently cleaned, or can be picked up from the environment.</p> <p>During an observation of incontinent care for Resident #2 on 06/26/17 at 12:00 p.m., Nursing Assistant (NA), #1 was observed to obtain items used during incontinent care which included a bath basin filled with clean water, soap and wash cloths. During incontinent care, NA #1 was observed wiping the perineal area of Resident #1 with a wash cloth and then rinsing the wash cloth in the bath basin water. After NA #1 provided incontinent care to Resident #2, NA #1 was observed to pour the dirty water from the bath basin into a sink located in a bathroom shared by three residents. NA #1 then placed the bath basin on the ledge of the sink, removed her</p>	F 441	<p>For the deficiencies cited during this survey, this facility has developed and implemented a facility- wide system to assure correction and continued compliance with the regulations. This facility will provide a complete copy of the deficiency list to the QAA Committee for review and appropriate actions.</p> <ol style="list-style-type: none"> <li>1. Resident#2 has been identified as an incontinent care resident with ESBL that is currently on isolation.</li> <li>2. NA #1 was observed pouring used contaminated water down the sink instead of in the toilet. NA#1 was re-educated on proper disposal of contaminated water,how to sanitize he basin after use , and how to properly store basin, she was also educated on basic infection control measures.</li> <li>3. An Infection Control Nurse was hired with her duties being reviewing , tracking,educating and maintaining Infection Control Policies for the facility. maintaining.</li> <li>4.Infection Control Nurse/DON has educated entire staff on hand washing , donning of isolation gowns ,use of gloves, discarding of basin water properly and sterilization of equipment , and on Infection Control Measures on isolation residents.</li> <li>5. All staff was in serviced from 6/26/17-7/7/17 on discarding basin water and on Infection Control Measures when working with Isolation residents.</li> <li>6. A monitor sheet has been created to assist with monitoring the disposal of Basin water</li> <li>7. Audit of compliance documentation will</li> </ol>		

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F 441	<p>Continued From page 3</p> <p>gloves, washed her hands and put on a pair of gloves. NA #1 then rinsed out the bath basin in the sink, dried it with paper towels, put it in a clear bag and placed it on a shelf in the bathroom.</p> <p>A review of the facility's Infection Control Policy, last revised 05/10/17, indicated highly resistant organisms, such as ESBLs, require strict infection control measures. The policy indicated staff should avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments. The policy indicated in addition to Standard Precautions, staff should use Contact Precautions in the care of patients known or suspected to have a serious illness easily transmitted by direct patient contact or by indirect contact with items in the patient's environment.</p> <p>During an interview with NA #1 on 06/26/17 at 12:40 p.m., NA #1 stated she normally poured dirty water from a bath basin into the toilet but had become nervous during the observation and had poured the dirty water into the sink.</p> <p>During an interview with the Director of Nursing (DON) on 06/27/17 at 2:30 p.m., the DON stated it was her expectation of nursing staff to pour dirty water from bath basins into the toilet and then sanitize the bath basin with bleach wipes.</p> <p>During an interview with the Administrator on 06/27/17 at 2:33 p.m., the Administrator stated it was her expectation of nursing staff to pour dirty water from a bath basin into the toilet and sanitize it with bleach wipes. The Administrator stated nursing staff should then place the sanitized bath basin in a bag and place it on the shelf in the bathroom.</p>	F 441	<p>be reviewed by DON or designee.</p> <p>8. Results of data will be reported to QA committee: Oversight by Administrator.</p> <p>9. All 3 shifts will be monitored daily for three weeks, then three times a week for two weeks, by DON/ designee.</p>		

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