

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

PRINTED: 06/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/08/2018
NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 515 BARBOUR ROAD SMITHFIELD, NC 27577		
(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 000	INITIAL COMMENTS	F 000			
F 880 SS=D	<p>No deficiencies were cited as a result of the complaint investigation. Event ID: JGWN11.</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be</p>	F 880		5/18/18	

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

TITLE

(X6) DATE

Electronically Signed

05/18/2018

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 880	<p>Continued From page 1 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 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>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to post and maintain visible precautions signage on the doors of 2 of 2 residents on contact precautions to alert staff and visitors of the need to use extra precautions when entering the rooms of these residents (Resident</p>	F 880	<p>F 880 Contact isolation precaution sign and PPE equipment was placed for resident # 5 and 8 in a visible place on the door on 5/8/2018 by the Director of Nursing. 100% audit of residents to include</p>		

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F 880	<p>Continued From page 2 #8 and Resident #5).</p> <p>The findings included:</p> <p>The facility policy titled Isolation Precautions dated 9/2014 read: "It is the policy of this facility to prevent the transmission of infection through the use of isolation precautions. Transmission-Based Precautions will be utilized for known or suspected infections for which the route of transmission and/or prevention is known. These Transmission-Based Precautions include Airborne, Droplet, and Contact." Number 5 read: "Post appropriate precautions signage on resident ' s room door."</p> <p>Resident #8 was admitted to the facility on 4/4/18 and had a diagnosis of Clostridium Difficile (C-Diff) and enterocolitis. C-Diff are bacteria that can cause diarrhea, fever and abdominal cramps. C-Diff can be very contagious and is spread from people who are infected to others through touch from contaminated objects or surfaces.</p> <p>Review of the clinical record revealed a hospital discharge summary dated 4/28/18 that revealed the resident was noted to have several loose stools and a C-Diff culture was obtained and was found to be positive.</p> <p>On 5/8/18 at 2:18 PM the resident ' s door to the room was observed to have a rack hanging on the outside of the door containing gloves, gowns and masks. There was not a precautions sign visible to instruct staff or visitors on the kind of precautions to be used when entering this room.</p> <p>On 5/8/18 at 2:25 PM an interview was conducted with the Director of Nursing (DON) who stated</p>	F 880	<p>resident # 8 and 5 on isolation precautions was initiated on 5/8/2018 by Director of Nursing to assure isolation precaution sign to include contact sign and PPE equipment are in a visible location on the door. All identified areas of concerns will be immediately addressed by posting appropriate precaution sign and PPE equipment by Director of Nursing during the audit.</p> <p>100 % of all licensed nurses to include agency nurses will be in-serviced by Director of Nursing/Quality Improvement Nurse regarding posting of appropriate PPE equipment and isolation sign are in a visible location on the resident's door when isolation precaution signs are initiated per policy by 5/18/2018. All newly hired license nurses will be in-serviced by the Staff Facilitator during orientation regarding posting of appropriate PPE equipment and isolation sign are in a visible location on the resident's door when isolation precautions are initiated per policy.</p> <p>Quality Improvement Nurse/Nurse supervisors/Facility Liaison will perform room rounds for all residents to include resident #5 and 8 requiring isolation precautions to ensure that PPE equipment and isolation precaution sign are in a visible location on the door utilizing Isolation Precaution tool weekly X 8weeks and monthly X 1 month. The DON will review and initial the Isolation Precaution audit tool to include resident # for completion, and to ensure all areas of concern were addressed weekly x eight weeks then monthly x 1 month.</p>	

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F 880	<p>Continued From page 3</p> <p>there should be a sign on the door and the resource nurse was usually the person to ensure the sign was posted. The Resource Nurse joined the interview and stated the resident was on contact precautions for C-Diff and she thought the sign was on the door. The Resource Nurse was observed to move the rack on the door and there was not a precautions sign on the door. The Resource Nurse stated she knew the sign was on the door over the weekend and did not know what happened to it. The Resource Nurse was observed to post a Contact Precautions sign on the resident ' s door.</p> <p>On 5/8/18 at 5:00 PM the Administrator stated in an interview that their policy contained a statement that the appropriate precautions signage would be posted on the resident ' s room door.</p> <p>2. Resident #5 was admitted to the facility on 3/29/18 and had a diagnosis of Clostridium Difficile (C-Diff). C-Diff are bacteria that can cause diarrhea, fever and abdominal cramps. C-Diff can be very contagious and is spread from people who are infected to others through touch from contaminated objects or surfaces.</p> <p>Review of the nurse ' s notes for Resident #5 revealed on 4/17/18 at 11:45 AM the resident complained of being cold and shaking was noted. The resident had a temperature of 103 and the physician was notified and tests were ordered that included a stool for C-Diff. The nurse ' s notes revealed on 4/19/18 the laboratory reported the test was positive for C-Diff and antibiotics were started.</p>	F 880	The Executive QI committee will meet monthly and review Isolation Precaution audit tool to address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring x 3 months.		

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F 880	<p>Continued From page 4</p> <p>On 5/8/18 at 2:15 PM the resident ' s door to the room was observed to have a rack hanging on the outside of the door containing gloves, gowns and masks. There was not a precautions sign visible to instruct staff or visitors on the kind of precautions to be used when entering this room.</p> <p>On 5/8/18 at 2:25 PM an interview was conducted with the Director of Nursing (DON) who stated there should be a sign on the door and the resource nurse was usually the person to ensure the sign was posted. The Resource Nurse joined the interview and stated the resident was on contact precautions for C-Diff and she thought the sign was on the door. The Resource nurse was observed to slide the rack of personal protective equipment (PPE) on the door towards the right side of the door and a Contact Precautions sign was on the door behind the rack. The Resource Nurse stated she guessed the rack got moved and covered up the sign.</p> <p>On 5/8/18 at 5:00 PM the Administrator stated in an interview that their policy contained a statement that the appropriate precautions signage would be posted on the resident ' s room door.</p>	F 880			