

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/30/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/HENDERSONVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1870 PISGAH DRIVE HENDERSONVILLE, NC 28791</b>		
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F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to provide nail care for 1 of 1 sampled residents who were dependent on staff for assistance with activities of daily living (ADLs). (Resident #49)</p> <p>The findings included:</p> <p>Resident #49 was admitted to the facility on 10/22/15 with diagnoses which included dementia, diabetes mellitus, hemiplegia, anxiety, and depression.</p> <p>A quarterly Minimum Data Set (MDS) dated 07/19/18 indicated Resident #49's cognition was intact, that he required extensive staff assistance for most of his ADLs included bathing, and, that he was totally dependent for personal hygiene. The MDS indicated Resident #49 had no history of refusal of care.</p> <p>Review of the ADL care plan with onset date of 10/02/15 revealed Resident #49 had diagnoses of cerebrovascular accident (CVA) with right hemiparesis and required staff assistance for completion of ADLs. The goal for the ADL problem area was for Resident #49 to have ADL needs met with staff assistance. Interventions included total assist of staff regarding bathing/showering and to check nail length and trim and clean on bath days and as necessary.</p>	F 677	<p>On 08/30/18 nail care was offered to resident #49 and his nails were trimmed and cleaned by nurse. On 8/30/18 nurse received a Teachable Moment from the DON on ensuring nail care occurs per the plan of care for Resident #49. The process that led to this deficiency was that nursing staff did not check nail length and did not trim and clean his nails on bath days and/or as necessary.</p> <p>On 9/4/18 an observation of fingernails of current residents requiring extensive assistance with ADL care for bathing was conducted by the DON and Unit Managers. No other issues were identified. Resident care plans were also reviewed to ensure the plan of care for dependent residents includes assist of staff regarding bathing/showering and to check nail length and trim and clean on bath days and as necessary. To prompt and ensure staff attention to this care area, observation and management of nails was also added to the talk list for daily CNA documentation for dependent residents. On or before 9/24/18 nursing staff were re-educated by the DON about checking nail length and trimming and cleaning as necessary on bath/shower days and in-between as necessary.</p>	9/21/18	

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

TITLE

(X6) DATE

Electronically Signed

09/21/2018

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 677	Continued From page 1  Review of shower schedules revealed Resident #49 was receiving showers 2 times per week, on first shift every Wednesday and Saturday. Each shower schedule clearly stated in part: "Nails, shaves and bed changes must be done with each shower".  An observation on 08/27/18 at 01:27 PM revealed all 10 of Resident #49's fingernails were extended about 3 millimeter (MM) beyond his fingertip. In an interview conducted with Resident #49, he stated he wanted all his fingernails to be cleaned and trimmed and added he always had to ask nursing staff to trim his nails whenever he needed nail care.  An observation on 08/28/18 at 09:53 AM revealed Resident #49's fingernails remained untrimmed.  On 08/29/18 at 09:24 AM Resident #49's fingernails remained untrimmed and 2 of the 10 fingernails were observed with brownish substances underneath.  A joint observation was conducted with Nurse #4 (Unit Manager) and Nurse #5 on 08/30/18 at 10:01 AM. The fingernails on both of Resident #49's hands were about 3 MM extended beyond his fingertips. Both nurses agreed Resident #49's fingernails needed to be trimmed and cleaned immediately.  In an interview conducted on 08/30/18 at 10:08 AM, Nurse #5 stated she noticed Resident #49's fingernails were long and needed to be trimmed when she worked second shift on 08/25/18. Nurse #5 stated she was overwhelmed during her shift on 08/25/18 and forgot to address Resident	F 677	An audit of 10 random residents who are dependent for bathing ADL care will be completed daily for 2 weeks, 3 times a week for 4 weeks and 1 time a week for 6 weeks. The audit will be done by DON or designee to determine that each resident's nails are clean and trimmed. The results of these audits will be reported at the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends quarterly oversight by the District Director of Clinical Services or designee to maintain compliance when completing Clinical Systems Review.  The DON is responsible for implementation of the corrective actions.  Date of Compliance: 9/27/18		

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F 677	<p>Continued From page 2</p> <p>#49's nail care needs and communicated the concerns with the oncoming nurse.</p> <p>In an interview conducted on 08/30/18 at 10:32 AM, the Director of Nursing (DON) stated it was her expectation for all the residents to receive nail care in a timely manner or as needed to ensure cleaned and trimmed nails at all times.</p> <p>In a phone interview conducted on 08/30/18 at 11:39 AM, Nurse Aide (NA) #1 stated she noticed Resident #49 needed nail care when she gave him a shower on 08/29/18. NA #1 stated she cleaned the fingernails but did not trim them because Resident #49 was a diabetic and his nails were supposed to be trimmed by a nurse. NA #1 stated she informed Nurse #6 regarding Resident #49's nail care needs. NA #1 indicated Resident #49 had never refused care provided by her.</p> <p>In an interview conducted on 08/30/18 at 12:00 PM, NA #2 stated he gave a shower to Resident #49 sometimes and indicated Resident #49 had never refused care from him.</p> <p>During an observation conducted on 08/30/18 at 12:03 PM, Resident #49 showed the surveyor his recently cleaned and trimmed fingernails and stated he was happy to have received nail care.</p> <p>In a phone interview conducted on 08/30/18 at 12:37 PM, Nurse #6 stated that she did not notice Resident #49's fingernails were long and required cleaning and trimming. She acknowledged that she worked on 08/29/18 but stated she did not recall being told about Resident #49's nail care needs. Nurse #6 indicated Resident #6 had never refused care offered by her.</p>	F 677			

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F 761 SS=D	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to date an opened bottle of Latanoprost 0.005% eye drops in 1 of 5 medication carts in the facility.</p> <p>Findings included:  A review of the facility policy section 5.3 regarding Storage and Expiration of Medications, Biological, Syringes and Needles that was last revised on</p>	F 761	<p>On 8/29/18 the undated bottle of Latanoprost 0.000% eye drops belonging to Resident #20 was removed from the med cart and discarded. On 8/29/18 Nurse #2 received a Teachable Moment from the DON on the protocol for dating eye drops. The process that led to this deficiency was that nursing staff did not check the opened bottle of eye drops for an expiration date.</p>	9/21/18	

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F 761	<p>Continued From page 4</p> <p>10/31/16 indicated that once any medication or biological packages was opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication had a shortened expiration date once opened.</p> <p>Per manufacturer's package insert for the storage of Latanoprost eye drops: "Protect from light. Store unopened bottle(s) under refrigeration at 36 to 46 degree Fahrenheit. Once bottle is opened for use, it may be stored at room temperature up to 77 degree Fahrenheit for 6 weeks".</p> <p>Resident #20 was admitted to the facility on 01/23/15 with diagnoses included glaucoma and dementia.</p> <p>During a medication storage check on 08/29/18 at 01:45 PM, an opened bottle of Latanoprost 0.005% eye drops for Resident #20 was found without an opening date on the bottle in the medication cart for 600 Hall. The facility received this bottle of eye drops on 06/25/18.</p> <p>On 08/29/18 at 01:50 PM an interview was conducted with Nurse #2. She acknowledged that Latanoprost should be stored in the refrigerator before it was opened. Once it was opened, it should be dated. According to the nurse, she was instructed to check the expiration date for each medication each time before administering to residents and assigned to check her entire medication cart each shift to ensure it was free of expired medication.</p> <p>On 08/29/18 at 02:56 PM an interview was</p>	F 761	<p>On 8/29/18 a review of the med cart storage and dating of eye drops was conducted by the DON and Unit Managers. No other issues were identified. On or before 9/24/18 licensed nursing staff were re-educated by the DON on the protocol for storage and dating of eye drops.</p> <p>An audit of med carts will be completed daily for 2 weeks, 3 times a week for 4 weeks and 1 time a week for 6 weeks. The audit will be done by the Unit Managers or designee to ensure eye drops are dated properly. The results of these audits will be reported at the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends quarterly oversight by the District Director of Clinical Services or designee to maintain compliance when completing the Clinical Systems Review.</p> <p>The DON is responsible for implementation of the corrective actions.</p> <p>Date of Compliance: 9/27/18</p>		

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F 761	Continued From page 5 conducted with Nurse #3 who was the Unit Manager. She stated the facility had a system in place to ensure proper medication storage and included no expired medications. Nurse #3 stated she expected nursing staff to check medication each time before administering and check their respective medication cart for expired medication each shift. Nurse #3 stated she conducted random medication cart audits at least once every 2 weeks and, in addition, the consultant pharmacist would visit the facility at least once monthly to ensure proper medication storage and free of expired medications. Nurse #3 attributed the error as an oversight and indicated it was an isolated incident.  On 08/29/18 at 03:08 PM an interview was conducted with the Director of Nursing (DON). She stated it was her expectation for all the nurses to follow manufacturer's guidelines with respect to expiration dates for opened medications.  On 08/30/18 at 03:10 PM an interview was conducted with the Administrator. She stated the facility had a system for medication storage and it was her expectation for all the nursing staff to store and label medications according to manufacturer's guidelines and facility policy.	F 761			
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5)  §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.  §483.55(b) Nursing Facilities. The facility-	F 791		9/21/18	

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F 791	Continued From page 6  §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;  §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations;  §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;  §483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and  §483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on medical record review, observations and interviews the facility failed to provide dental	F 791	On 8/26/18 a dental appointment for teeth extraction was scheduled by the		

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F 791	<p>Continued From page 7</p> <p>services in a timely manner for 1 of 3 sampled residents reviewed for dental concerns. (Resident #14).</p> <p>The findings included:</p> <p>Resident #14 was admitted to the facility 11/30/17 with diagnoses which included dementia with behavioral disturbance, anxiety and mood disorder.</p> <p>The 12/07/17 admission Minimum Data Set (MDS) assessed Resident #14 with obvious or likely cavities or broken teeth. The Care Area Assessment associated with the admission MDS in the area of dental included: Severe cognitive deficits. Resident has broken/missing teeth. No voiced mouth pain. He is on a regular diet and tolerating it well. Resident at risk for pain/discomfort and/or altered nutritional status related to dental status. Will proceed to care plan.</p> <p>Monitor for signs/symptoms of pain discomfort and medicate as ordered; dental referral if indicated; monitor oral intake and weight pattern.</p> <p>The care plan for Resident #14 included the following problem area and approaches: Resident has broken/missing teeth and will be free from infection, pain/discomfort and or altered nutrition status related to dental status. Approaches to the problem area included, -6/26/18 On Clindamycin (an antibiotic) for 7 days due to a left lower molar abscess -Coordinate arrangements for dental care, transportation as needed/as ordered -Dental consult for abscess left lower molar</p> <p>Review of physician orders in the medical record</p>	F 791	<p>Social Services Director to occur on 9/26/18 for Resident #14. On 8/29/18 the Unit Manager and Social Services Director received a Teachable Moment from the DON on the scheduling of Resident #14's dental appointment. The process that led to this deficiency was that neither social services or nursing communicated regarding the order for Resident #14's dental appointment order.</p> <p>On 9/17/18 a review of current residents requiring dental services was conducted by the Director of Social Services. No other issues identified. On 9/17/18 physician and NP orders were also reviewed by nursing staff to ensure no other orders for dental services were missed. To prompt and ensure staff attention to appointment details, a scheduling process was implemented by the DON to include appointment and follow-up details. On or before 9/24/18 nursing and social services staff were re-educated by the DON about the protocol for appointment scheduling and follow-up.</p> <p>An audit of residents with orders for outside appointments will be completed for 2 weeks, 3 times a week for 4 weeks and 1 time a week for 6 weeks. The audit will be done by DON or designee to determine that each resident's outside appointment occurred as ordered and any necessary follow-up and/or orders were carried out and completed as necessary. The results of these audits will be reported at the monthly QAPI meeting</p>		



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F 791	<p>Continued From page 8</p> <p>of Resident #14 included the following: 6/26/18 Refer to outside dentist appointment due to left lower molar abscess as soon as possible. Clindamycin HCL 300 milligrams every 6 hours for 7 days for left lower molar abscess 7/10/18 Appointment with dentist at 2:45 PM. 7/13/18 Schedule or verify if patient has appointment with (name of dentist) for teeth extractions-also verify with Power Of Attorney.</p> <p>Progress notes in the medical record of Resident #14 included the following: 06/26/18-Seen by the Nurse Practitioner at request of staff for evaluation of left lower tooth pain. The note read, Patient's history limited due to advanced dementia. Patient states the tooth hurts consistently, with increased pain during eat/drinking. Staff reports patient is at baseline, no fever/chills, nausea/vomiting, good oral intake. Mouth: poor dentition, dentures upper, tip of left molar last molar on left side, erythema of gum surrounding tooth, tooth is brown/black in appearance and broken off at level of gum. Left lower molar pain-start Clindamycin. Schedule for dental visit/evaluation. 07/10/18-Dental visit which noted, Patient has 2 lower abscesses. Please keep an eye out for any swelling. Please extract all remaining teeth. Along with this progress note was the name and number for a dentist that could do the extraction. 07/11/18 The Nurse Practitioner noted, "Abscess left lower molar" with the referral for an oral surgeon for full mouth extraction for dentures and indication to verify appointment.</p> <p>On 8/29/18 at 10:25 AM Resident #14 was asked about his teeth. Resident #14 opened his mouth and his teeth were noted in poor repair, with</p>	F 791	<p>until such time substantial compliance has been achieved and the committee recommends quarterly oversight by the District Director of Clinical Services or designee to maintain compliance when completing Clinical Systems Review.</p> <p>The DON is responsible for implementation of the corrective actions.</p> <p>Date of Compliance: 9/27/18</p>		

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F 791	<p>Continued From page 9</p> <p>missing, chipped, discolored teeth. When asked if his teeth hurt him Resident #14 responded, "take spells" and indicated sometimes when food made contact with his back teeth it hurt.</p> <p>Interviews with staff about the appointment for extraction of his teeth included the following:</p> <p>-On 08/29/18 at 10:30 AM the receptionist stated her responsibility was to set up transportation for appointments, not to make appointments. The receptionist stated she thought the Social Worker or nurses made the necessary appointments for residents.</p> <p>-On 08/29/18 at 10:50 AM the Social Worker stated nursing primarily made appointments for residents. The Social Worker stated she found out on 08/28/18 that an appointment for the teeth extractions for Resident #14 had not been made when she received an email from the Power of Attorney of Resident #14. The Social Worker stated it was an oversight and the appointment was made on 08/28/18 for the end of September. The Social Worker explained typically when a resident came back from an appointment (like the dental appointment 7/10/18) any needed follow-up indicated on paperwork would be given to the Unit Manager to ensure an appointment was made.</p> <p>-On 08/29/18 at 11:00 AM the Unit Manager (that was over the unit Resident #14 resided at the time of the 7/10/18 appointment) verified she put the 7/13/18 order for the follow-up appointment into the facility electronic medical record on 07/13/18. The Unit Manager stated she could not remember the specifics or outcome of the order but indicated if she could not make the appointment she would let the second shift Unit Manager or charge nurse know of the need. The Unit Manager stated she would expect an</p>	F 791			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/30/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/HENDERSONVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1870 PISGAH DRIVE</b> <b>HENDERSONVILLE, NC 28791</b>		
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F 791	Continued From page 10 appointment to be made at the time of the order and, after the appointment had been made, an order with the date of the appointment would be entered into the electronic medical record of the resident. -Review of the electronic medical record noted that Nurse #1 initialed the July 2018 Medication Administration Record (MAR) for Resident #14 on 07/14/18 (it populated on the MAR from 07/13/18-07/19/18). On 08/29/18 at 11:45 AM Nurse #1 stated she could not recall the specifics of the order or what she did when she initialed the order and noted typically she would print the order and place it in the mail box of the Unit Manager so they would be aware of the need to make an appointment. -On 08/29/18 at 11:50 AM the Nurse Practitioner (that wrote the orders for Resident #14 on 06/26/18 and 07/13/18 as well as the progress notes on 06/26/18 and 07/11/18 stated Resident #14's teeth were in terrible condition and the antibiotic on 06/26/18 was to address the acute infection. The Nurse Practitioner stated Resident #14 was at risk for further infection which was the reason for the dental consults. The Nurse Practitioner stated she would have expected the appointment for the dental extractions to be made at the time the order was initially written on 07/11/18. -On 8/30/18 at 11:20 AM the Administrator stated she expected dental appointments to be made in a timely manner. The Administrator stated she would have expected the Unit Manager or nurse that took the order to make the appointment.	F 791			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control	F 880		9/21/18	

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F 880	<p>Continued From page 11</p> <p>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:</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 880			

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F 880	<p>Continued From page 12 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 observations, record review and staff and resident interviews, the facility failed to don appropriate personal protective equipment while delivering a meal tray for 1 of 1 residents assigned to enteric contact precautions (Resident #75).</p> <p>Findings included:</p> <p>Resident #75 was admitted to the facility on 7/6/18 with diagnoses that included: perforation of intestine (non traumatic), hemiplegia and hemiparesis following unspecified</p>	F 880	<p>On 8/29/18 Resident #75's transmission based precautions were discontinued as ordered by NP. On 8/30/18 the Resident Care Specialist (CNA) received a Teachable Moment on infection control practices regarding Resident #75's PPE requirements while transmission precautions are in place. The process failure that led to this deficiency was that the CNA failed to follow specific directions provided on the use of PPE for specific transmission precautions.</p>		

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F 880	<p>Continued From page 13</p> <p>cerebrovascular disease, muscle weakness, muscle wasting and atrophy, extended spectrum beta lactamase (ESBL) resistance, pain, UTI and cerebral infarction among others. A review of resident's most recent Minimum Data Set assessment (MDS) dated 8/4/18 and coded as a 14 day assessment revealed Resident #75 to be cognitively intact with no psychosis, behaviors or instances of rejection of care. Resident #75 was coded as requiring extensive assistance with ADLs (supervision with eating, totally dependent with bathing). Resident was coded as always incontinent of bladder.</p> <p>An observation made on 08/27/18 at 8:32 AM revealed Nurse Aide #1 delivering Resident #75's breakfast meal tray. Further observation revealed Nurse Aide entering the room without performing any hand hygiene, putting on gloves or a gown. Continued observation revealed Nurse Aide #1 setting down Resident #75's breakfast tray on the bedside tray which was extended across Resident #75 at the midsection. Nurse Aide #1 assisted Resident #75 in raising the head of her bed with the electronic remote and exited the room at 8:35 AM. An observation continued of Nurse Aide #1 failing to perform hand hygiene before exiting Resident #75's room and Nurse Aide #1 proceeded to enter another resident's room without performing hand hygiene.</p> <p>An observation of Resident #75's door revealed an 8 1/2" by 11" colored sheet of paper which read "Stop" and "CONTACT PRECAUTIONS". Further review of the signage revealed 4 boxes with checks that read "SPECIAL ENTERIC - Perform hand hygiene before entering room AND wash hands with soap and water before leaving room; wear gloves when entering room or</p>	F 880	<p>On 8/29/18 an audit was completed by the Director of Nursing and no other residents were on transmission precautions. On or before 9/24/18 nursing staff were re-educated by the DON on the protocol for use of PPE when entering a resident's room when transmission precautions are in place including the procedure for the delivery of meal trays.</p> <p>DON or designee will randomly choose 3 residents per day for 1 week (various halls and various shifts) to observe PPE use during meal tray delivery for residents on transmission precautions. The DON or designee will then choose 3 residents a day, 3 times week for 5 weeks, and 1 time a week for 6 weeks to observe PPE use during meal tray delivery for resident son transmission precautions. The results of these audits will be reported at the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends quarterly oversight by the District Director of Clinical Services or designee to maintain compliance when completing Clinical Systems Review.</p> <p>The DON is responsible for implementing the corrective actions.</p> <p>Date of Compliance: 9/27/18</p>		

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F 880	<p>Continued From page 14</p> <p>cubicle, and whenever touching the patient's intact skin, surfaces or articles in close proximity; wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces; use patient-dedicated or single-use disposable shared equipment or clean and disinfect shared equipment (BP cuff, thermometers) between patients" respectfully.</p> <p>A review of the facility's provided policy dated 02/2018 entitled "Contact Precautions" it revealed, in part that "hand hygiene should be completed prior to donning gloves" and "gloves should be worn when entering the room and while providing care for the resident." Further review of the policy entitled "Contact Precautions" revealed gowns "should be donned prior to entering the room or resident's cubicle. The gown should be removed before leaving the resident's room" and "after removal of the gown, clothing should not contact potentially contaminated environmental surfaces."</p> <p>An interview with Resident #75 on 08/27/18 at 8:47 AM revealed she was on contact precaution due to "a bug" in her urine. Resident reported she thought it had something to do with the urinary tract infection she was dealing with but she was not sure. She reported the staff had to "cover up" before entering her room to assist her with care and was not sure why Nurse Aide #1 had not when he delivered her breakfast tray.</p> <p>An interview with Nurse Aide #1 on 8/30/18 at 11:14 AM revealed he did not normally work the hall where Resident #75 resided. When asked why he did not don personal protective equipment (PPE) when entering Resident #75's room on</p>	F 880			

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F 880	Continued From page 15 08/27/18 he stated "I just forgot" he further reported "I had asked why that [the contact precaution sign] was on the door and nobody could give me an answer ... I should have put on a gown and gloves but I just forgot".  An interview with the Director of Nursing on 8/30/18 at 2:53 PM revealed it was her expectation that all staff wear appropriate personal protective equipment when entering a resident's room that was on any type of contact precautions.	F 880		