

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

PRINTED: 11/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/22/2020
NAME OF PROVIDER OR SUPPLIER SURRY COMMUNITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 542 ALLRED MILL ROAD MOUNT AIRY, NC 27030		
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E 000	Initial Comments	E 000			
F 000	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/20/2020 with exit from the facility on 10/20/2020. Additional information was obtained through 10/22/2020. Therefore, the exit date was changed to 10/22/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# FK2711.	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §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, resident, staff, and Physician Assistant interviews, the facility failed to thoroughly clean residents and use soap or peri wash during incontinence care	F 677	Please accept this Plan of Correction as Surry Community Health and Rehabilitation Center's credible allegation of compliance. Preparation and execution	11/15/20	

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

TITLE

(X6) DATE

Electronically Signed

11/13/2020

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	<p>Continued From page 1</p> <p>for 2 of 3 dependent residents who were reviewed for activities of daily living (Resident #3 and Resident #4).</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #3 was admitted to the facility on 12/28/16 with diagnoses that included heart failure and Alzheimer's disease. <p>The Care Plan (CP) updated 07/14/20 indicated Resident #3 had a self-care deficit related to her diagnoses of Alzheimer's disease with the established goal that she would maintain her current level of function. The interventions included, to provide extensive assistance with all Activities of Daily Living (ADL) and to gather and provide needed supplies. Resident #3's CP also addressed the potential for infections related to past urinary tract infections (UTI). The established goal was to provide treatment when indicated by providing incontinence care after every incontinent episode and as needed and to observe for signs and symptoms of UTI.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 10/07/20 revealed, Resident #3 had moderate cognitive impairment and required extensive assistance for personal hygiene with the assistance of one staff. The MDS indicated, Resident #3 was always incontinent of bladder and bowel. The MDS also indicated, the Resident did not have a UTI in the last 30 days.</p> <p>On 10/20/20 at 10:25 AM an observation was made of Nurse Aide (NA) #1 and NA #2 performing perineal care for Resident #3. During the observation NA #2 positioned Resident #3 on</p>	F 677	<p>of this POC does not constitute admission or agreement with the findings of non-compliance.</p> <p>The POC is being provided in pursuit to federal and state requirements which require an acceptable plan of correction as a condition of continued certification. Date of alleged compliance is November 15,2020.</p> <p>F677 - 483.24(a)(2) ADL Care Provided for Dependent Residents (LONG TERM CARE FACILITIES</p> <ol style="list-style-type: none"> On 10/20/2020 the facility failed to thoroughly clean two residents, #3 & #4, during incontinence care. All residents dependent for incontinence care have the potential to be affected by this deficient practice. An audit was conducted of residents dependent for incontinence care. Any issued identified were corrected. Education was provided, to all nursing staff, by the Director of Nursing and the Staff Development Coordinator regarding incontinence care, cleaning methods including usage of soap water and /or peri-wash on or before 11/12/2020. This education will be provided to all new nursing staff upon hire. The Director of Nursing, Assistant Director of Nursing, Staff Development and unit Coordinators will audit 		

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F 677	<p>Continued From page 2</p> <p>her back and unfastened her urine saturated brief while NA #1 wet approximately one fourth of the end of a towel at the sink with tap water. Without applying a cleanser or soap product to the wet towel or the Resident, NA #1 made one wiping motion from the front to back of Resident #3's peri area. The aides then rolled Resident #3 onto her left side and again without using a cleanser or soap product, NA #1 used the same end of the wet towel and made one wiping motion from front to back of Resident #3's perineal area. They did not spread the labia and wipe both sides. The aides applied a new brief on Resident #3 then removed their gloves and washed their hands.</p> <p>On 10/20/20 at 11:15 AM and 2:00 PM attempts were made to interview Resident #3 were unsuccessful.</p> <p>On 10/20/20 at 11:35 AM an interview was conducted with NA #1. The NA was asked how were they trained to provide perineal care. The NA replied, to use several wet warm wash cloths and peri wash (spray cleanser) or soap. She explained, that you place the resident on their back and cleanse the peri area by using the peri wash or soap and wiping from front to back. She stated that if the resident was a female that you should spread the labia and wipe both sides to help prevent a urinary tract infection. The NA also stated that if they used soap for a cleansing agent that they should rinse the soap off because it could burn the skin. When NA #1 was asked how she performed perineal care on Resident #3 that morning she paused and stated, she didn't use the soap or peri wash because they were behind in their rounds and they were in a hurry. The NA reported that they did get behind from time to time but it wasn't an everyday occurrence.</p>	F 677	<p>incontinence care on 5 residents weekly for 12 weeks. The Director of Nursing will report these findings to QAPI x 3 months to report the effectiveness and amend as needed.</p>		

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F 677	<p>Continued From page 3</p> <p>During an interview with Nurse Aide #2 on 10/20/20 at 12:00 PM she was asked how were they trained to provide perineal care on a female resident. NA #2 explained, you should use several wet wash cloths and a peri wash or soap. She continued to explain that, you position the resident on her back and separate the labia and using the wash cloth and cleanser make a downward wipe on both sides of the peri area then with a different wash cloth, wipe downward from front to back to make sure the peri area was clean. NA #2 added, if you use soap you should rinse the soap off in order to prevent burning the skin. The NA stated, incontinent care was done every time they changed a resident's brief and as needed to help prevent urinary tract infections. When NA #2 was asked how she and NA #1 performed the perineal care on Resident #3 that morning she stated she realized NA #1 did not use the peri wash on Resident #3 after they had fastened the new brief on her, but she did not mention it.</p> <p>An interview was conducted with the Staff Development Coordinator (SDC) who was also responsible for staff education on 10/20/20 at 3:40 PM. The SDC explained, that both NA #1 and NA #2 had recently been educated on proper perineal care which included return demonstration and they had no problems with performing the task. She continued to explain that she taught the nurse aides to prepare the supplies before they began the task for perineal care and she felt that if they had done that they would have used the peri wash correctly and not been in a hurry to get the task done. The SDC stated it sounded like she needed to have them focus on preparing the supplies for perineal care</p>	F 677			

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F 677	<p>Continued From page 4</p> <p>ahead of time so that they had everything they needed to perform the procedure correctly before they started.</p> <p>On 10/20/20 at 4:20 PM an interview was conducted with both the Administrator and Director of Nursing (DON). The Administrator and DON explained the aides were taught to use peri wash or soap if the peri wash was not available, but they had to rinse the soap off because it could burn the sensitive skin. They also explained that for a female resident the aides knew to spread the labia and to wipe from front to back as to decrease the potential for urinary tract infections. The Administrator stated that the aides should have started over when they realized they had not performed the perineal care properly and they both would be re-educated on the proper way to perform perineal care.</p> <p>On 10/22/20 at 8:20 AM during a telephone interview with the Physician's Assistant (PA) she confirmed Resident #3 had a history of recurrent urinary tract infections and indicated improper perineal care could contribute to the urinary tract infections.</p> <p>2. Resident #4 was admitted to the facility on 04/16/19 with diagnoses that included non-Alzheimer's dementia and chronic kidney disease.</p> <p>The recent quarterly Minimum Data Set (MDS) assessment dated 10/14/20 revealed Resident #4 had moderate cognitive impairment and required extensive assistance with personal hygiene with the assistance of one staff. The MDS indicated, Resident #4 was always incontinent of bladder and bowel. The MDS also indicated, the Resident</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>did not have a UTI in the last 30 days.</p> <p>Resident #4's Care Plan (CP) updated 10/14/20 addressed her history of urinary tract infections with the established goal that Resident #4 would be without signs or symptoms of urinary tract infections through the next review date. The interventions included to check Resident #4 at regular and frequent intervals and as needed for incontinence and to wash, rinse and dry soiled areas.</p> <p>On 10/20/20 at 10:35 AM an observation was made of Nurse Aide (NA) #1 and NA #2 performing perineal care for Resident #4. During the observation NA #2 positioned Resident #4 on her back and unfastened her urine saturated brief while NA #1 wet approximately one fourth) of the end of a towel at the sink with the tap water. Without applying a cleanser or soap product to the wet towel or the Resident, NA #1 made one wiping motion from the front to back of Resident #4's peri area. The aides then rolled Resident #4 onto her left side and again without using a cleanser or soap product, NA #1 used the same end of the wet towel and made one wiping motion from front to back of Resident #4's perineal area. They did not spread the labia and wipe both sides. he aides applied a new brief on Resident #4 then removed their gloves and washed their hands.</p> <p>On 10/20/20 at 11:35 AM an interview was conducted with Nurse Aide #1. The NA was asked how they were trained to provide perineal care. The NA replied, to use several wet warm wash cloths and peri wash (spray cleanser) or soap. She explained, that you place the resident on their back and cleanse the peri area by using</p>	F 677			

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F 677	<p>Continued From page 6</p> <p>the peri wash or soap and wiping from front to back. She stated that if the resident was a female that you should spread the labia and wipe both sides to help prevent a urinary tract infection. The NA also stated that if they used soap for cleansing that they should rinse the soap off because it could burn the skin. When NA #1 was asked how she performed perineal care on Resident #4 that morning she paused and stated, she didn't use the soap or peri wash because they were behind in their rounds and they were in a hurry. The NA reported they did get behind from time to time but it wasn't an everyday occurrence.</p> <p>During an interview with Nurse Aide #2 on 10/20/20 at 12:00 PM she was asked how they were trained to provide perineal care on a female resident. NA #2 explained, you should use several wet wash cloths and a peri wash or soap. She continued to explain that, you position the resident on her back and separate the labia and using the wash cloth and cleanser make a downward wipe on both sides of the peri area then with a different wash cloth, wipe downward from front to back to make sure the peri area was clean. NA #2 added, if you use soap you should rinse the soap off in order to prevent burning the peri area. The NA stated, incontinent care was done every time they changed a resident's brief to help prevent urinary tract infections. When NA #2 was asked how she and NA #1 performed perineal care that morning on Resident #4 she stated that she realized NA #1 did not use peri wash on Resident #3 after they had fastened the new brief on Resident #3 but she did not mention it but, when NA #1 did not use soap or cleanser on Resident #4 she still did not mention it because she figured NA #1 should know how to perform proper perineal care.</p>	F 677			

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F 677	<p>Continued From page 7</p> <p>At 2:00 PM on 10/20/20 an interview was conducted with Resident #4. During the interview the Resident confirmed that she was incontinent and had a history of urinary tract infections. The Resident stated that the staff usually cleansed her with the peri wash or her personal soap which she preferred.</p> <p>An interview was conducted with the Staff Development Coordinator (SDC) who was also responsible for staff education on 10/20/20 at 3:40 PM. The SDC explained, that both NA #1 and NA #2 had recently been educated on proper perineal care which included return demonstration and they had no problems with performing the task. She continued to explain that she taught the nurse aides to prepare the supplies before they began the task for perineal care and she felt that if they had done that they would have used the peri wash correctly and not been in a hurry to get the task done. The SDC stated it sounded like she needed to have them focus on preparing the supplies for perineal care ahead of time so that they had everything they needed to perform the procedure correctly before they started.</p> <p>On 10/20/20 at 4:20 PM an interview was conducted with both the Administrator and Director of Nursing (DON). The Administrator and DON explained the aides were taught to use peri wash or soap if the peri wash was not available, but they had to rinse the soap off because it could burn the sensitive skin. They also explained that for a female resident the aides knew to spread the labia and to wipe from front to back as to decrease the potential for urinary tract infections. The Administrator stated the both the aides</p>	F 677			

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F 677	Continued From page 8 should have started over when they realized they had not performed the perineal care properly and they both would be re-educated on the proper way to perform perineal care. On 10/22/20 at 8:20 AM during a telephone interview with the Physician Assistant she confirmed Resident #4 had a history of recurrent urinary tract infections and indicated improper perineal care could contribute to the urinary tract infections.	F 677			