

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

PRINTED: 04/14/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>RECEIVED APR 25 2011</i>	(X3) DATE SURVEY COMPLETED  C 03/31/2011
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NAME OF PROVIDER OR SUPPLIER  THE OAKS AT FORSYTH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103
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(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
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F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that their unlicensed staff was knowledgeable enough to recognize sexual abuse as an incident, reportable for an abuse investigation.</p> <p>The findings include:</p> <p>On 3/30/11, a review was conducted of the facility 's " Abuse, Neglect Misappropriation of Property " policy, dated May 1, 2008. The scope of the policy read, " The residents at _____ facility have the right to be free from abuse, neglect, or misappropriation of property. This includes verbal, sexual, physical and mental abuse, punishment and involuntary seclusion. The purpose is to comply with laws regarding the prevention, investigation, and reporting and disciplinary procedures. "</p> <p>Under the category of Training, the policy read, that " All employees are provided with information regarding abuse and neglect, including prevention, detection, and intervention and reporting during new employee orientation. Staff is educated annually regarding resident rights ' and reporting procedures though annual mandatory in-services. In-services will include types of abuse, signs and symptoms of abuse</p>	F 226	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>483.13 (c) Develop/Implement Abuse/Neglect, etc. Policies</p> <p>F Tag # 226 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u> No specific resident was identified on the 2567.</p> <p><u>The facility will take corrective action for those residents having the potential to affected by the same deficient practice:</u> All residents have the potential to be affected by this alleged deficient practice. See systemic changes section for corrective action.</p> <p><u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not occur:</u> The Staff Development coordinator provided inservice training for all current full time and part time employees on April 7, 8, and 11, 2011. The employees that attended include: nurses, nursing assistants, dietary, housekeeping, and administrative. <i>4/11/11</i></p> <p>Areas covered include: the 7 types of reportable abuse (sexual, physical, mental, and verbal abuse, neglect, misappropriation of resident property and involuntary seclusion), how to report the abuse and that any potential abuse should be reported to the supervisors immediately.</p> <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan C. Hollett</i>	TITLE Administrator	(X6) DATE 4/22/11
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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 226	<p>Continued From page 1 and reporting abuse. "</p> <p>The policy ' s listed categories for Abuse included: verbal abuse, physical abuse, mental abuse, neglect and misappropriation of resident property.</p> <p>1. On 3/30/11 at 2:45pm, a housekeeper was interviewed about the abuse policy. She had been employed with the facility since 2001. She stated that she had attended in-services about abuse and the information was presented to her through handouts and lectures. She stated that she would report, " If a nurse aide did something to a patient " as abuse. The housekeeper was unable to list any other definitions as abuse that needed to be reported.</p> <p>On 3/31/11 at 1:15pm, the Director of Nursing was interviewed. She stated that employees are given cards to carry on their bodies, to help them identify the 7 Components of Abuse Policy. She secured a card from a Unit Ward Secretary to illustrate the material on the card. The card listed Abuse as physical, mental harm or pain. It stated that other definitions that had to be reported were: neglect, misappropriation, and involuntary seclusion.</p> <p>The Nurse Educator was interviewed on 3/31/11 at 1:35pm. She stated she presented an in-service to staff last September, about the 7 Components of Abuse, which included language on sexual abuse. Her training materials were submitted for review and did contain language that the resident should be free from sexual abuse. She commented that sexual abuse was the same as abuse (physical) since touching was involved; therefore, it was covered under the category of physical abuse, as well.</p>	F 226	<p>Additionally the employee quick reference cards were updated on April 1, 2011 by the Staff Development Coordinator, to include the 7 types of reportable abuse which includes sexual, physical, mental, and verbal abuse, neglect, misappropriation of resident property and involuntary seclusion. The new cards were distributed to all staff on April 1, 2011 by the Staff Development Coordinator; Attachment A. Old cards were destroyed by the Staff Development Coordinator.</p> <p><u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u> The Director of Nursing or Staff Development Coordinator will monitor this issue using the "Abuse Awareness &amp; Reporting Training QA Tool"; attachment B. The monitoring will include conducting 10 employee interviews to ensure that they can recall the education provided which includes the 7 types of reportable abuse, when to report abuse and how to report abuse. This will be done weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate.</p>	4/1/11	

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F 226	<p>Continued From page 2</p> <p>The Nurse Educator provided attendance sheets from Abuse In-Services held on 9/8/10-9/11/10 and a participation roster for 2011. The Housekeeper ' s name was listed on both attendance sheets, but did not record her signature, indicating that she participated in the training.</p> <p>2. On 3/30/11 at 2:52pm, Nurse Aide #4 was interviewed about the abuse policy. She had been employed with the facility since 2009. She stated that abuse trainings are held about every 2 months. She would report any mistreatment of residents to the nurse, but could not get specific about categories of abuse.</p> <p>On 3/31/11 at 1:15pm, the Director of Nursing was interviewed. She stated that employees are given cards to carry on their bodies, to help them identify the 7 Components of Abuse Policy. She secured a card from a Unit Ward Secretary to illustrate the material on the card. The card listed Abuse as physical, mental harm or pain. It stated that other definitions that had to be reported were: neglect, misappropriation, and involuntary seclusion.</p> <p>The Nurse Educator was interviewed on 3/31/11 at 1:35pm. She stated she presented an in-service to staff last September, about the 7 Components of Abuse, which included language on sexual abuse. Her training materials were submitted for review and did contain language that the resident should be free from sexual abuse. She commented that sexual abuse was the same as abuse (physical) since touching was involved; therefore, it was covered under the category of physical abuse, as well.</p>	F 226			

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F 226	<p>Continued From page 3</p> <p>The Nurse Educator provided attendance sheets from Abuse In-Services held on 9/8/10-9/11/10 and a participation roster for 2011. Nurse Aide #4 attended the Seven Components of Abuse training on 9/10/10 as well as the annual mandatory training on 3/8/11.</p> <p>3. Nurse Aide #5 was interviewed about the abuse policy. She had been employed with the facility since 2007. She stated she received training on abuse three to four times a year. She mentioned that neglect, verbal abuse, as well as residents not being treated with respect as incidents that she would have to report to a nurse.</p> <p>On 3/31/11 at 1:15pm, the Director of Nursing was interviewed. She stated that employees are given cards to carry on their bodies, to help them identify the 7 Components of Abuse Policy. She secured a card from a Unit Ward Secretary to illustrate the material on the card. The card listed Abuse as physical, mental harm or pain. It stated that other definitions that had to be reported were: neglect, misappropriation, and involuntary seclusion.</p> <p>The Nurse Educator was interviewed on 3/31/11 at 1:35pm. She stated she presented an in-service to staff last September, about the 7 Components of Abuse, which included language on sexual abuse. Her training materials were submitted for review and did contain language that the resident should be free from sexual abuse. She commented that sexual abuse was the same as abuse (physical) since touching was involved; therefore, it was covered under the category of physical abuse, as well.</p>	F 226		
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F 226	<p>Continued From page 4</p> <p>The Nurse Educator provided attendance sheets from Abuse In-Services held on 9/8/10-9/11/10 and a participation roster for 2011. Nurse Aide #5 attended the Seven Components of Abuse training on 9/10/10. Her signature was not recorded on the annual mandatory training for 2011.</p> <p>4. On 3/31/11 at 2:30pm, Nurse Aide #6 was interviewed about the abuse policy. She began her employment at the facility on 3/21/11. She stated that last week she was offered training on abuse and the information was presented to her through lecture and handouts. When asked what she must report as abuse, she stated, " Skin that doesn ' t look right, reports made by reports, physical, mental and emotional. "</p> <p>On 3/31/11 at 1:15pm, the Director of Nursing was interviewed. She stated that employees are given cards to carry on their bodies, to help them identify the 7 Components of Abuse Policy. She secured a card from a Unit Ward Secretary to illustrate the material on the card. The card listed Abuse as physical, mental harm or pain. It stated that other definitions that had to be reported were: neglect, misappropriation, and involuntary seclusion.</p> <p>The Nurse Educator was interviewed on 3/31/11 at 1:35pm. She stated she presented an in-service to staff last September, about the 7 Components of Abuse, which included language on sexual abuse. Her training materials were submitted for review and did contain language that the resident should be free from sexual abuse. She commented that sexual abuse was the same as abuse (physical) since touching was involved; therefore, it was covered under the</p>	F 226			

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F 226  F 241 SS=D	<p>Continued From page 5 category of physical abuse, as well.</p> <p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews, the facility failed to ensure that 1 of 3 residents (Resident #7) received courteous service from nursing staff, while performing care.</p> <p>The findings include:</p> <p>Resident #7 was admitted to the facility on 9/11/10 with the following cumulative diagnoses: muscle weakness, cancer, essential hypertension, hereditary and idiopathic peripheral neuropathy, glaucoma and chronic pain. On a quarterly Minimum Data Set, dated 2/14/11 she was found to be cognitively intact.</p> <p>Resident #7 was interviewed on 3/31/11 at 11:15am. She stated last year, she filed a complaint about Nurse Aide #1, who would regularly perform care on her roommate. She stated that when Nurse Aide #1 entered her room she would often disturb her sleep, talking loudly. She felt that when she asked Nurse Aide #1 to decrease her volume, she would become agitated and confrontational. Resident #7 said that this happened on several occasions. She said, " This wasn ' t an isolated incident, this was her demeanor. Her tone and approach was</p>	F 226  F 241	<p>483.15 (a) Dignity and respect of individuality F Tag # 241 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u> Nurse Aide # 1 will no longer work with resident # 7. <u>The facility will take corrective action for those residents having the potential to affected by the same deficient practice:</u> All residents have the potential to be affected by this alleged deficient practice. See systemic changes section for corrective action.</p> <p><u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not occur:</u></p> <p>On April 7, 8, 11, 2011 the Staff Development coordinator provided inservice training for all current full time and part time employees. The employees that attended include: nurses, nursing assistants, dietary, housekeeping, and administrative.</p> <p>Areas covered include: reporting concerns verbalized by residents regarding staff.</p> <p>This information has been integrated into the standard orientation training and in the required inservice refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>On April 22, 2011 the Administrator provided inservice training for all nurse managers and the director of nursing. Areas covered include: investigating any resident voiced concerns regarding staff by interviewing other alert and oriented residents on the hall, interviewing staff as appropriate, and moving employees off of assignments when resident request.</p>	4/11/11  4/22/11

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F 241	<p>Continued From page 6</p> <p>aggressive." Resident #7 had observed Nurse Aide #1 interact this way with other residents and filed a grievance on 10/1/10, requesting that Nurse Aide #1 be removed from their room ' s assignment.</p> <p>On 3/30/11 at 4:50pm, Nurse Manager #2 was interviewed. He stated that he used to supervise Nurse Aide #1 and was responsible for responding to grievances filed by residents and families. He became aware that Resident #7 complained about Nurse Aide #1 ' s tone and wanted a new nurse aide assigned to her room. He stated that he didn ' t have a problem with Nurse Aide #1 ' s performance, although he had received two complaints from residents last year, requesting that she be re-assigned to other rooms. He changed the room assignments, to appease those residents.</p> <p>On 3/31/11 at 8:14am, Nurse Aide #2 was interviewed. Nurse Aide #2 stated that she had worked with Nurse Aide #1 and had observed her to talk in a raised voice to residents. Last winter, she remembered that a resident came to the nurse ' s station, saying that " I made her mad, now I can ' t sleep because she yelled at me; ' You need to wait for me to get to you ' , then she slammed the door. " Nurse Aide #2 stated that she reported the incident to her supervisor and to the Director of Nursing. She stated that she was told, " We ' re working on some things " in response to her concerns.</p> <p>On 3/31/11 at 9:58am, Nurse Aide #3 was interviewed. She stated a few months ago, she became concerned when working alongside Nurse Aide #1. A resident approached the nurse ' s station upset, stating that an employee had</p>	F 241	<p><u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u></p> <p>The Social Services Staff will monitor this issue using the "Resident Interview QA Tool"; attachment C. The monitoring will include conducting 4 alert and oriented residents and asking if they have reported a staff member being rude or inappropriate, if yes was it addressed by staff. Any identified issues will be reported to the Administrator for appropriate follow up and investigation. This will be done weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate.</p>	
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F 241	Continued From page 7 been mean to her and yelled at her. The resident was reluctant to mention the staff by name. Nurse Aide #3 recalled that Nurse Aide #1 appeared from around a corner, overhearing the conversation and interrupted the resident, stating she talks loud and that the resident would have to deal with it, in a big voice. The resident started to cry. Nurse Aide #3 shared her concerns about the manner that Nurse Aide #1 interacted with the resident, with her supervisor.  On 3/31/11 at 10:15am, Nurse #3 was interviewed. She stated that earlier this year, she became aware that Resident #7 requested that Nurse Aide #1 not work with her. She shared that she did not have any concerns about Nurse Aide #1 ' s interactions with residents.  The Director of Nursing was interviewed on 3/31/11 at 1:15pm. She shared that she had received some complaints about Nurse Aide #1 talking too loud, yelling and negative comments from Resident #7. When Nurse Aide #1 worked on 1st shift, she observed her having a sweet disposition and showing care to residents. She stated that she can come across as being bossy to some of the younger aides and it caused some friction, but she had no concerns about her performance with residents.  She stated that she did not investigate if any other residents, besides Resident #7 had issues with Nurse Aide #7 ' s demeanor, because she didn ' t feel the need to single her out.	F 241	483.65 Infection Control F Tag # 441 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u> Resident #4 has been treated effectively for scabies and no longer requires contact isolation. Resident #8 was treated as a precaution and never diagnosed with scabies.  <u>The facility will take corrective action for those residents having the potential to be affected by the same deficient practice:</u> All resident charts were reviewed for identified treatment or signs/symptoms of scabies. No residents were identified therefore there was no need for additional contact precautions or infection control surveillance records.  <u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not occur:</u> Infection Control will maintain records of all residents diagnosed and treated for scabies and reported at the Quality of Life Meeting weekly with trends and outcomes presented at Monthly Quality of Life meeting. Any suspected or identified cases will be reported to the DON to ensure proper follow up and contact isolation initiated. Nursing Staff will be inserviced April 22 - April 28, 2011 by Staff Development Coordinator on the signs and symptoms of scabies, the treatment regime and contact isolation requirements.	4/28/11  4/28/11
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a	F 441		



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F 441	<p>Continued From page 8 safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interviews and facility policy review, the facility</p>	F 441	<p><u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u> The Staff Development Coordinator will monitor this issue using the "Line Listing of Suspected/Confirmed Scabies Cases QA Tool"; attachment D. The monitoring will include listing of suspected/confirmed scabies cases to ensure appropriate contact isolation procedures. An audit, attachment E, regarding incidence/diagnosis of scabies, report to DON, and contact isolation procedures initiated will be conducted weekly for four weeks and then monthly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate.</p>	
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NAME OF PROVIDER OR SUPPLIER  THE OAKS AT FORSYTH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103
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(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 441	<p>Continued From page 9</p> <p>failed to implement contact precautions for 1 of 2 sampled residents diagnosed with scabies (Resident #4) and to maintain infection control surveillance records of incidents and corrective actions for 1 of 1 residents treated for scabies without a confirmed diagnosis (Resident #8).</p> <p>1) Review of Resident #4 ' s medical record revealed a Physician ' s Eldercare note dated 3/9/11 that read in part " (increased) itch and rash of R (right) arm had frequently for long period of time. 1) Dermatitis (with) scrape done (+) eggs noted (no) visual bugs noted suspect scabies - Elimite and deep clean. " " R arm ant (anterior) and post (posterior) area (+) papules pink/red arm wrist to shoulder (+) abd (abdominal) areas as well. "</p> <p>Review of the Physicians Telephone Orders for Resident #4 dated 3/9/11 read in part " Elimite cream to all over body below neck and then shower off in am (morning), 2) deep clean room and clothes in am. "</p> <p>On 3/30/11 at 3:15 pm Nurse #1 was interviewed and revealed that Resident #4 recently had a treatment for scabies but that the resident did not have a diagnosis of scabies She also said that the room was deep cleaned and the residents laundry was done but did not indicate the resident was on contact precautions. When Nurse #1 was advised that the NP had documented that scabies mite eggs were found when a scraping for scabies was done, Nurse #1 stated that she had been unaware of this. She further indicated that Resident #4's itchy rash got better after the treatment for scabies.</p> <p>On 3/31/11 at 10:30 am the SDC/ICN revealed</p>	F 441		

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F 441	<p>Continued From page 10</p> <p>that contact precautions are implemented when scabies are diagnosed and that a sign indicating that before entering the room visitors should notify the nurse. She stated that specific signs indicating isolation precautions and the personal protective equipment needed are not used.</p> <p>Interview with Nurse Manager 1 on 3/31/11 at 1:45 pm revealed Resident #4 had not been placed on contact precautions when she was diagnosed with scabies. The Nurse Manager indicated that when scraping results for scabies are positive the resident is treated, the room is stripped and deep cleaned and clothing is laundered. She also indicated that residents with a positive diagnosis of scabies are on universal precautions, not contact precautions.</p> <p>Telephone Interview with NP on 3/31/11 at 2:25 revealed she had done the scraping for scabies for Resident #4 and ordered the treatment when the result was positive but did not order contact precautions or have contact precautions initiated at that time.</p> <p>Review of the Infection Control Policy and Procedure on " Inadvertent Exposures to Communicable Diseases " provided by the SDC/ICP and dated May 06 revealed, in part, on page 17 of 26 " Information and Management of Patients Exposed to Selected Infectious Diseases ", " Transmission Based Precautions; Exposed, Standard Precautions; Infested " Contact Precautions until 24 hours after treatment. "</p> <p>Interview with the Director of Nursing (DON) on 3/31/11 at 1:30 pm indicated it is her expectation that residents who have a positive scraping for scabies be placed on contact precautions until</p>	F 441		

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F 441	<p>Continued From page 11 treatment is completed.</p> <p>2) Review of the Physicians Telephone Orders for resident #8 revealed an order dated 3/4/11 for " Elimite Cream apply neck to toes, shower off in 8 hours. Repeat in 7 days. Bag all clothes and other belongings and place in shed x 48 hours. Deep clean room. "</p> <p>Interview with Nurse #2 revealed Resident #8 was treated with Elimite as a precaution as she had potentially been exposed to scabies because her roommate had been diagnosed with scabies.</p> <p>Interview on 3/30/11 with the NP at 2 pm revealed that she did numerous scrapings for scabies on residents with itching and/or rashes but she did not remember who she did them on or how many. She stated that the only record of the scrapings was in her notes in the individual medical records and that a log of the scrapings and results had not been kept. She further revealed that of the scrapings she has done there was one resident that tested positive for scabies mite eggs indicating scabies, Resident #4. The NP also indicated that for some of the residents the scrapings occurred after resident ' s had already been treated for scabies but she did not remember which resident ' s these were.</p> <p>During an interview with the Physician ' s Assistant (PA), Treatment Nurse (TN) and Staff Development Coordinator/Infection Control Nurse (SDC/ICN) on 3/31/11 at 10:30 am the PA revealed that in November 2010 " when there was a bit of an outbreak " of scabies the policy was to treat everyone with scabies like symptoms with Elimite. She stated they did two treatments for each affected resident with two weeks</p>	F 441		

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F 441	<p>Continued From page 12</p> <p>between each treatment. She added that the current policy is to treat those residents with a positive scraping for scabies and that the new policy started in the middle to the end of January 2011 when the facility acquired the equipment to test for scabies in house.</p> <p>During an interview with the PA, TN, SDC/ICN on 3/31/11 at 10:30 am the TN stated that she does a monthly report of residents with itching and/or rashes and reports this to the Nurse Managers on each unit. However, she does not keep copies of the monthly report and does not have a log of those residents that were treated with Elimite since November 2010 or those residents who had scrapings done to diagnose scabies since mid January 2011.</p> <p>During an interview with the PA, TN, SDC/ICN on 3/31/11 at 10:30 am the SDC/ICN stated she only tracked residents with positive scrapings for scabies. She stated she did not keep a log of residents with negative results or of those residents who received Elimite treatment prior to the facility acquiring the equipment to do the scabies scrapings in January 2011.</p> <p>On 3/31/11 at 2 pm the SDC/ICP provided a form titled " Line Listing of Suspected/Confirmed ' Scabies ' Cases " dated the month of March 2011. Review of the form revealed Resident #4 and one other Resident as having positive scraping results and thee other residents having negative scrapings. The SDC/ICP stated on 3/31/11 at 2 pm there were no scrapings done in the facility prior to March 2011.</p> <p>Review of the form titled " Line Listing of Suspected/Confirmed ' Scabies ' Cases " dated</p>	F 441			

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F 441	Continued From page 13 the month of March 2011 revealed Resident #8 was not listed. The SDC/ICP stated on 3/31/11 at 2 pm there was not a list of residents treated for scabies without a confirmed diagnosis.  Interview with the Administrator on 3/31/11 at 1 pm indicated her expectation was that surveillance records regarding scabies incidents and exposure were maintained.	F 441			