

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

PRINTED: 09/19/2011
FORM APPROVED
OMB NO. 0938-0391

SEP 26 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CORRECTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/13/2011
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NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8590 TRYON ROAD CARY, NC 27518
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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 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a 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>	F 441	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.</p> <p>F-441</p> <ol style="list-style-type: none"> Certified Nursing Assistants immediately removed soiled linens and soiled incontinent product from the floor, bagged them and placed these items in the soiled utility/biohazard room. Quality Assurance rounding was conducted within the facility to visualize no other areas of concern identified, as related to soiled linens and soiled incontinent items being placed on the floor. Current nursing staff was educated on the facility policy and procedure related to the handling of soiled linens and soiled incontinent items in a manner as to prevent the spread of infection by ensuring that these items are not placed on the floor. Current nursing staff was also re-educated that soiled linens and soiled incontinent items will be bagged and/or placed in containers at the location where they are used. These items will then be placed in the soiled utility/biohazard room to prevent the spread of infection. 	

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

TITLE

(X6) DATE

Judy Carter

NHA

9-23-11

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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NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 8880 TRYON ROAD CARY, NC 27518		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to ansure that staff handled linens and soiled Incontinent items in a manner to prevent the spread of infection by placing these items on the floor for 1 of 2 residents observed during incontinent care (Resident # 7). The findings include: The facility policy dated 11/2009 titled Laundry read in part: " The facility strives to reduce the risk of Infection to the resident/patient and employees. Linens will be handled as little as possible and with a minimum of agitation to prevent gross microbial contamination of the air and person handling the linen. All soiled linen will be bagged and/or placed in containers at the location where it is used. " Resident #7 was admitted to the facility on 01/17/10. On 09/13/11 at 2:31 PM, Resident #7 was observed during Incontinent care. Upon entering the room Nursing Assistant (NA) #1 and NA #2 were observed to provide care for the resident. Sheets were observed on the floor in front of the wall air conditioning (AC) unit near the foot of the bed. An Incontinent brief with a small amount of brown material, a pair of gloves and 2 incontinent wipas were observed on the floor on the other side of the bed in front of the nightstand near the head of the bed. At the completion of care NA #2 was observed to ask NA #1 for a plastic bag. NA #1 removed a plastic bag from a trash can that was against the wall near the AC unit and handed the bag to NA #2. NA #2 was observed to pick up the incontinent brief and	F 441	DON/Designee will conduct Quality Improvement monitoring of this standard 5 x weekly for 4 weeks, then 3 x weekly for 4 weeks, then 1 x weekly for 4 weeks, and then 1 x monthly for 9 months. 4. DON/Designee will report results of Quality Improvement monitoring to the Risk Management/Quality Improvement Committee monthly x 12 months for continued compliance and/or revision. 5. Completion Date 10-5-11.		

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NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6690 TRYON ROAD CARY, NC 27518
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F 441	<p>Continued From page 2</p> <p>other items off of the floor and place in the plastic bag. NA #1 was observed to remove another plastic bag from the trash can, pick up the sheets off of the floor and put the linen in the plastic bag</p> <p>NA #1 stated in an interview on 09/13/11 at 2:38 PM that the linens fell off of the window sill onto the floor.</p> <p>In an interview with NA #2 on 09/13/11 at 2:41 PM, the NA was asked why the incontinent items were on the floor and who put the items on the floor. The NA stated that the resident's colostomy bag busted and they were trying to catch everything. The NA stated that she might have put the incontinent items on the floor. The NA stated that a nurse was in the room a few minutes ago and changed the resident's colostomy bag.</p> <p>On 09/13/11 at 2:46 PM the Nursing Supervisor stated in an interview that dirty linen was supposed to be put in plastic bags and soiled briefs, gloves and wipes were to be put in a separate bag and the tops of the bags tied and placed in designated cans in the dirty utility room.</p> <p>Nurse #1 stated in an interview on 09/13/11 at 2:53 PM that she had just changed the colostomy bag for Resident #7. The Nurse stated that when changing the colostomy bag she put the soiled items in a plastic bag in the trashcan. The Nurse stated that there was a small tear at the top of the colostomy bag but that the bag was not leaking. The Nurse stated that soiled items were not supposed to be on the floor but were supposed to be put in a plastic bag and put in designated</p>	F 441		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 6590 TRYON ROAD CARY, NC 27518		
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F 441	Continued From page 3 containers. In an interview with the Administrator and the Director of Nursing (DON) on 09/13/11 at 3:02 PM, the DON stated that soiled items were to be placed in trash bags separately (linen in one bag, disposable items in another bag), the tops of the bags tied and the bags put in the dirty utility room. The DON stated that soiled items were not supposed to be on the floor or the window sill.	F 441			