

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

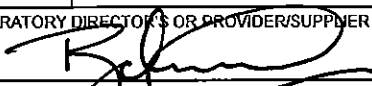
PRINTED: 11/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/09/2011
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 752 E CENTER AVE MOORESVILLE, NC 28115	
(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 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility staff failed to provide incontinence care using proper technique to prevent infections for one (1) of two (2) sampled residents. (Resident # 5).</p> <p>The findings are:</p> <p>A review of a facility procedure titled "Perineal Care of the Female Patient" from Lippincott, Williams and Wilkins dated 10/08/2011 stated to "separate the labia with one hand and wash with the other, using gentle downward strokes from front to back of the perineum to prevent intestinal organisms from contaminating the urethra or vagina."</p> <p>Resident # 5 was admitted to the facility with diagnoses including diabetes, high blood pressure and a stroke.</p> <p>The quarterly Minimum Data Set (MDS) dated</p>	F 315	<p>F 315</p> <p>1. Corrective action has been accomplished for the alleged deficient practice in regards to Resident #5 by providing NA #1 with immediate training by the Director of Nursing regarding provision of incontinent care and the proper techniques in order to help prevent a UTI. This training was completed on 11-15-11 Upon notification on 11-9-11, the Director of Nursing ensured that proper incontinent care was provided to Resident #5.</p> <p>2. Facility residents who are incontinent have the potential to be affected by the same alleged deficient practice; therefore, the Director of Nursing and/or Unit Coordinators has completed an audit of current residents to identify those residents who are incontinent. The Director of Nursing and /or Unit Coordinators will conduct a chart audit to identify any potential patterns of UTI's on or before 12-7-11. Negative finding have been</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	12.7.11

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

TITLE

(X6) DATE



Administrator

12/2/11

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.

Original Signature Date: 12-1-11

RECEIVED
DEC 08 2011
BY: MH

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F 315	<p>Continued From page 1</p> <p>07/31/11 indicated impairment in short and long term memory and moderate impairment in cognition for daily decision making. The resident required extensive assistance from staff for hygiene and bathing and was frequently incontinent of bladder.</p> <p>A review of a physician's order dated 08/28/11 stated to obtain a urine specimen for urinalysis and culture and sensitivity. A review of laboratory results dated 08/29/11 revealed culture and sensitivity results indicated Escherichia coli (E. coli). A review of a physician's order dated 08/31/11 revealed an order for Macrobid 100 milligrams orally twice daily for two (2) weeks for a urinary tract infection.</p> <p>A review of a physician's order dated 11/07/11 stated urinalysis and culture and sensitivity to rule out urinary tract infection. A review of laboratory results dated 11/08/11 revealed urinalysis results of two (2) plus bacteria and culture and sensitivity results with multiple organisms present including gram negative rods. A review of a physician's order dated 11/08/11 revealed an order for Cipro 250 milligrams orally twice daily for two (2) weeks for a urinary tract infection.</p> <p>During an observation of incontinence care on 11/09/11 at 1:48 PM Resident # 5 was lying on her back in her bed. Nursing Assistant (NA) #1 washed her hands, put on gloves and removed Resident # 5's brief which was saturated with urine. NA #1 took a washcloth and wet it with a perineal cleansing product (periwash). She pulled Resident #5's left (L) leg toward her and separated Resident #5's (L) leg from her right (R)</p>	F 315	<p>corrected. The Administrator will review the previous 6 months of Resident Concerns and Resident Council Minutes to identify any issues with incontinence care. This review was completed on or before 12-7-11. Negative findings have been corrected.</p> <p>3. Measures put into place to ensure that the alleged deficient practice does not recur include: inservice for facility nursing staff by the Director of Nursing and or Staff Development Coordinator regarding the proper technique for incontinence care. CNAs will validate understanding with return demonstration of learning to the DON, Staff Development Coordinator or a North Carolina Licensed Nurse (RN/LPN). These tasks will be completed on or before 12-7-11. Care rounds will be conducted at least three (3) times per week for 90 days and weekly thereafter by the Director of Nursing, Unit</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	12.7.11

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F 315	<p>Continued From page 2</p> <p>leg. NA #1 held Resident #5's left leg in one hand and with her other hand, wiped up and down (front to back and back to front) with several strokes inside Resident #5's (L) groin. She discarded the first washcloth and took another one and wet it with periwash. She pushed Resident #5's (R) leg apart from the (L) leg with one hand and with her other hand, wiped up and down with several strokes inside her (R) groin. NA #1 rinsed and dried Resident # 5's skin inside each groin where she had wiped back and forth with the periwash. She put a clean brief on the resident, removed her gloves and washed her hands.</p> <p>During an interview on 11/09/11 at 2:15 PM with NA #1 she stated she thought it was okay to wipe up and down and she always wiped up and down to make sure she got the resident clean. She further stated she realized she should have cleaned the resident more thoroughly.</p> <p>During an interview on 11/09/11 at 4:05 PM with the Staff Development Coordinator who also coordinated infection control in the facility she stated the facility provided orientation and training for incontinence care to the nursing assistants when they were hired and it was reviewed again with them annually. She stated nursing assistants were expected to follow the facility policy during incontinence care. She further stated she was aware that Resident #5 had a history of urinary tract infections.</p> <p>During an interview on 11/09/11 at 4:15 PM with the Director of Nurses (DON) she stated it was her expectation for nursing assistants to follow the standards of practice for infection control to</p>	F 315	<p>Coordinators and or Staff Development Coordinator to validate appropriate incontinence care techniques are being used. Negative finding will be immediately corrected.</p> <p>4. The Director of Nursing and/ or Administrator will review the results of the rounds, Resident Council meeting and Concerns on a monthly basis, analyze the data for trends/patterns and report the findings to the QA&A Committee. The QA&A Committee will meet weekly for 4 weeks and then monthly for 90 days and then at least quarterly. The QA&A Committee will evaluate the effectiveness of the plan, and based on negative outcomes, may amend the plan to ensure continued compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	12.7.11

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F 315	Continued From page 3 prevent infection and to follow the facility policy. She also stated the nursing assistant should not have wiped up and down but from front to back during incontinence care.	F 315			
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 safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (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. (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. (c) Linens	F 441	F 441 1. Corrective action has been accomplished for the alleged deficient practice in regards to Residents # 4 and # 5 by providing CNA # 1 and # 2 with immediate training on 11-15-11 by the Staff Development Coordinator regarding provision of a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Upon notification, the equipment potentially contaminated was cleaned under the supervision of the Director of Nursing on 11-9-11. 2. Facility residents who receive assistance with Activities of Daily Living (ADLs) have the potential to be affected by this same alleged deficient practice. The Director of Nursing, Unit Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	12.7.11	

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F 441	<p>Continued From page 4</p> <p>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 observations, record review and staff interviews the facility staff failed to remove contaminated gloves after incontinence care for two (2) of two (2) sampled residents. (Resident # 4 and # 5).</p> <p>The findings are:</p> <p>1. Resident # 4 was admitted to the facility with diagnoses including dementia, high blood pressure and a history of urinary tract infections.</p> <p>The annual Minimum Data Set (MDS) dated 07/24/11 indicated impairment in short and long term memory and moderate impairment in cognition for daily decision making. The resident required extensive assistance from staff for hygiene and bathing and was always incontinent of bladder and bowel.</p> <p>During an observation of incontinence care on 11/09/11 at 11:15 AM Nursing Assistant (NA) #2 was observed to wash her hands and put on gloves. She bathed Resident #4 and opened the resident's brief that was saturated with urine. She provided incontinence care and put a clean brief on Resident #4. She picked up clean clothes and dressed Resident #4 still with the same gloves on and picked up the call light and fastened it to Resident #4's bed. She then removed her gloves</p>	F 441	<p>Coordinator and/or Staff Development Coordinator will conduct an audit to identify residents receiving assistance with ADLs. This action will be completed on or before 12-7-11.</p> <p>3. Measures put into place to ensure that the alleged deficient practice does not recur include: Inservices for nursing staff by the Staff Development Coordinator or Director of Nursing regarding the provision of a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection to include hand washing and glove changes during and after incontinent care. This training will be completed on or before 12-7-11. Care rounds will be conducted at least three (3) times per week for 90 days and weekly thereafter by the Director of Nursing, Unit Coordinators and or Staff Development Coordinator to validate appropriate infection control techniques are being used.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	12.7.11	

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F 441	<p>Continued From page 5 and washed her hands.</p> <p>During an interview on 11/09/11 at 11:28 AM with NA #2 she stated she realized she touched Resident #4's clean clothes and call light with contaminated gloves on. She stated she should have removed them after she finished the incontinence care and before she touched anything else.</p> <p>During an interview on 11/09/11 at 4:05 PM with the Staff Development Coordinator who also coordinated infection control in the facility she stated nursing assistants were taught to remove their gloves and wash their hands after providing incontinence care and they should not touch any clean items in the resident's room with their soiled gloves on.</p> <p>During an interview on 11/09/11 at 4:15 PM with the Director of Nurses (DON) she stated it was her expectation nursing assistants should change their gloves after incontinence care. She stated they should never handle clean linens or other items in a resident's room with soiled gloves on.</p> <p>2. Resident #5 was admitted to the facility with diagnoses including diabetes, high blood pressure and a stroke.</p> <p>The quarterly Minimum Data Set (MDS) dated 07/31/11 indicated impairment in short and long term memory and moderate impairment in cognition for daily decision making. The resident required extensive assistance from staff for hygiene and bathing and was frequently incontinent of bladder.</p>	F 441	<p>Negative finding will be immediately corrected.</p> <p>4. The Director of Nursing and/ or Administrator will review the results of the rounds, Resident Council meeting and Concerns on a monthly basis, analyze the data for trends/patterns and report the findings to the QA&A Committee. QA&A Committee will meet weekly for 4 weeks, monthly for 90 days and then at least Quarterly. The QA&A Committee will evaluate the effectiveness of the plan, and based on negative outcomes, may amend the plan to ensure continued compliance</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	12.7.11	

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F 441	<p>Continued From page 6</p> <p>During an observation of incontinence care on 11/09/11 at 1:48 PM Nursing Assistant (NA) #1 washed her hands, put on gloves and removed Resident #5's brief that was saturated with urine. She removed her gloves after she finished cleaning Resident #5 and put on clean gloves. She put a clean brief on the resident and started to put Resident #5's pants back on her but took them off and put them in a plastic bag. She went to Resident #5's clothes closet still with the same gloves on and picked up several items of clothing to find clean pants for Resident #5. She placed clean pants on Resident # 5 still with the same gloves on and covered her with a blanket. She then removed her gloves and washed her hands.</p> <p>During an interview on 11/09/11 at 2:15 PM with NA #1 she stated Resident #5's pants were wet when she started to put them back on her so she put them in a plastic bag for the laundry. She stated she thought the pants were contaminated and she should have removed her gloves before she touched any of the clean items in Resident #5's closet.</p> <p>During an interview on 11/09/11 at 4:05 PM with the Staff Development Coordinator who also coordinated infection control in the facility she stated nursing assistants were taught to remove their gloves and wash their hands after providing incontinence care and they should not touch any clean items in the resident's room with their soiled gloves on.</p> <p>During an interview on 11/09/11 at 4:15 PM with the Director of Nurses (DON) she stated it was her expectation nursing assistants should change their gloves after incontinence care. She stated</p>	F 441		12.7.11	

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F 441	Continued From page 7 they should never handle clean linens or other items in a resident's room with soiled gloves on.	F 441		12.7.11	