

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

PRINTED: 11/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/17/2011
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 214 COCHRAN AVENUE FAYETTEVILLE, NC 28301		
(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>F-441</p> <p>1. Nursing assistant #1 and #2 were in-serviced on 11/18/2011 on Proper Hand Washing and Infection Control Measures.</p> <p>2. All nursing assistants were in-serviced on the Proper Hand Washing and Infection Control Measures by the Clinical Competency Coordinator and Nursing Supervisors.</p> <p>3. Nursing assistants will be monitored each shift, daily to ensure Proper Hand Washing and Infection Control measures are practiced for 2 weeks for their understanding of Infection Control practices. Monitoring will continue by The Director of Nursing, Performance Improvement, Nursing Supervisor, Patient Care Coordinators, and Clinical Competency Coordinator three times per week x 2 weeks, and weekly thereafter x 3 months and reported to the Performance Improvement (PI) Committee at the monthly meeting for review and recommendations as needed per the Committee and reports.</p>	11/18/11 12/2/11 12/2/11	

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

TITLE

(X6) DATE

Whitney Bell, RNHA

Administrator

12/5/11

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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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to ensure that staff remove their gloves and wash their hands after incontinent care and prior to handling clean items in the room for 2 of 5 residents observed during incontinent care (Resident # 5 and Resident #6). The findings include:</p> <p>1. The facility policy dated 02/01/2000 and titled Using Gloves under II F read: " Disposable gloves must be replaced as soon as practical when contaminated." The facility policy dated 02/01/2000 and titled Handwashing under Policy read: " Handwashing is generally considered the most important single procedure for preventing nosocomial infections. "</p> <p>Resident #5 was admitted to the facility on 04/03/09 and had diagnoses including Alzheimer ' s Dementia.</p> <p>On 11/16/11 at 3:46 PM Nursing Assistant (NA) #1 was observed to provide incontinent care for the resident. The NA was observed to put on gloves and remove the resident ' s incontinent brief. The resident ' s brief was wet and contained a small amount of stool. The NA cleaned the resident and applied a clean incontinent brief. While wearing the same gloves used to provide the incontinent care, the NA was observed to adjust the resident ' s bed covers, touch the side rail and turn off the light at the head of the resident ' s bed. The NA then removed the gloves and washed her hands.</p>	F 441		
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F 441	<p>Continued From page 2</p> <p>NA #1 stated in an interview on 11/16/11 at 4:00 PM that she should have removed her gloves and washed her hands prior to touching clean items in the room.</p> <p>The Director of Nursing (DON) stated in an interview on 11/17/11 at 3:40 PM that the NA should have removed her gloves and washed her hands prior to handling other items in the room. The DON stated that this was an infection control issue.</p> <p>2. The facility policy dated 02/01/2000 and titled Using Gloves under II F read: " Disposable gloves must be replaced as soon as practical when contaminated." The facility policy dated 02/01/2000 and titled Handwashing under Policy read: " Handwashing is generally considered the most important single procedure for preventing nosocomial infections.</p> <p>Resident #6 was admitted to the facility on 11/12/04 and had diagnoses including Advanced Dementia.</p> <p>On 11/17/11 at 12:00 Noon, Nursing Assistant (NA) #2 was observed to provide incontinent care for the resident. The NA was observed to remove the resident ' s incontinent brief that was wet and contained a moderate amount of stool. The NA cleaned the resident, applied a barrier cream and a clean incontinent brief.</p> <p>While wearing the same gloves the NA was observed to handle the top sheet and bedspread to cover the resident, pull up the side rail and put a bottle of soap in the resident ' s bedside table. The NA then removed her gloves and washed her hands.</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>NA #2 stated in an interview on 11/17/11 at 12:15 PM that she had been trained to remove her gloves and wash her hands after incontinent care prior to handling other items.</p> <p>The Director of Nursing (DON) stated in an interview on 11/17/11 at 3:40 PM that the NA should have removed her gloves and washed her hands prior to handling other items in the room. The DON stated that this was an infection control issue.</p>	F 441		
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