

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NH0332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/14/2011
NAME OF PROVIDER OR SUPPLIER  COVENANT VILLAGE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ROBINWOOD ROAD GASTONIA, NC 28054		
(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) COMPLETE DATE
L 043	<p>.2209(D) INFECTION CONTROL</p> <p>10A-13D.2209 (d) The facility shall ensure communicable disease screening, including tuberculosis, prior to admission of all patients being admitted from settings other than hospitals, nursing facilities or combination facilities; prior to or upon admission for all patients admitted from hospitals, nursing facilities and combination facilities; and within seven days upon the hiring of all staff. The facility shall ensure tuberculosis screening annually thereafter for patients and staff as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh North Carolina 27699-1902. Identification of a communicable disease does not, in all cases, in and of itself, preclude admission to the facility.</p> <p>This Rule is not met as evidenced by: Based on observations, staff interviews and record reviews facility staff failed to remove gloves and wash hands after providing incontinence care for two (2) of five (5) residents observed during incontinence care. (Resident #4 and #3).</p>	L 043	<p>Training was held on December 28, 2011 for all certified nursing assistants (CNAs). The subject was proper hand washing and use of gloves, as outlined in the Covenant Village Policy and Procedure Manual. The Staff Development Coordinator, assisted by the first shift supervisor, conducted the training. The CNAs were reminded of the expectation to follow procedures for proper infection control. The Staff Development Coordinator will give any staff member, found to be deficient in infection control techniques following this training, additional one-on-one instruction.</p> <p>For a period of six months, a CNA leader on each shift will be chosen to monitor infection control and report any problems to the Director of Nursing. The Staff Development Coordinator will provide additional training for those who need additional training. At the end of this six month period, the Director of Nursing will make a decision as to whether or not further action needs to be taken.</p> <p>Infection Control will continue to be monitored as part of the Quality Assurance Committee Meetings. The Director of Nursing will make a specific report about efforts to address this deficiency, until it is no longer an issue. The committee is composed of those required by State Licensure Law.</p>	01/14/2012

Division of Health Service Regulation

TITLE

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

STATE FORM

Tom Hauer, Executive Director

Q2JR11

DATE: JAN 19 2012  
BY: 01/06/2012  
Continuation sheet 1 of 4

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*Tom Hanner Executive Director*

*01/06/2012*

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*Tammy Turner Executive Director*

*01/06/2012*