Accepted Received 8/2/12

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

PRINTED: 07/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345403	A. BUILDING _____ B. WING _____	C 07/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARY HEALTH AND REHABILITATION	6590 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441 SS=E	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 Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	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. 1. Facility staff are using appropriate hand hygiene and appropriate personal protection equipment as indicated by prevention based precautions posted at entry of resident room. Resident rooms are being cleaned using appropriate EPA (Environmental Protection Agency) as indicated by the prevention based precautions posted at entry of resident room as indicated.	8·3·12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marla Waugh, LNHA, BSW — TITLE — (X6) DATE: 8/2/2012

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.

Waugh J.F. ✓

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F 441	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility staff failed to implement hand hygiene and clean the environment in residents' rooms with an EPA (Environmental Protection Agency) disinfectant for a resident on contact precautions (Resident #3). The facility staff failed to wear a mask when entering a room of a resident on droplet precautions (Resident #5). This was evident in 2 of 4 residents on transmission-based precautions. Findings include: 1. A review of a document dated 03/12 and titled "Policies and Procedures: Preventing Spread of Clostridium difficile" was conducted. The document included the following procedures on how to prevent the spread of Clostridium difficile (C-diff): Wear clean, non sterile gloves when entering the room of a C-diff resident. Clean non sterile gowns shall be worn when entering the room of a C-diff resident. Gloves and gowns shall be removed before leaving the resident's room and hands immediately washed with an antimicrobial soap. A review of a document (no date) titled "Isolation Room Cleaning Clostridium difficile" was conducted. The document included cleaning procedures for rooms of residents that are on contact isolation because of C-diff. The cleaning procedures were the following: All surfaces, particularly horizontal surfaces, in the patient/resident room will be disinfected twice	F 441	2. Current residents are at risk related to the deficient practice.. Facility staff have been re-educated on utilizing personal protection equipment as posted at entry of resident rooms as indicated, hand washing and infection control practices by the Director of nursing services, Unit Managers, and weekend Supervisor by 8-3-2012. Facility environmental services staff have been re-educated on appropriate cleaning of rooms with prevention based precautions by the Director of Environmental Services by 8-3-2012. New hire employees will be educated during the orientation	

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F 441	Continued From page 2 (2X). The first cleaning will be with the recommended bleach solution (1 part bleach to 10 parts water). The second cleaning will be with the recommended germicide solution [proprietary brand]. Observation of Resident #3's room on 07/17/12 at 10 AM revealed a sign outside the door for "Contact Precaution, Special Enteric Precautions" . The sign contained instructions for the staff to use hand hygiene upon entering and leaving the room and use gloves and gowns if touching the resident. An isolation cart with personal protective equipment (PPE) was placed just outside the door. A nurse (#1) was observed entering the room with no gown or gloves. The nurse approached the bed and touched the bed and the IV (intravenous) pole. When she noted the surveyor, she came back to the doorway to obtain gloves. A nursing assistant (NA) #1 then approached the room, entered, did not wear gloves or gown, approached the bed and touched the bed and the resident. She then exited the room without washing her hands. The NA had observed a dried, sticky area on the floor and went to call for a housekeeper. Housekeeper #1 came with a bucket of water and a mop. She put gloves on and entered the room and started spraying a liquid on surfaces. In an interview with housekeeper #1 at the time of the observation, she stated that the spray bottle contained a disinfectant solution. Observation of the bottle revealed it contained a quaternary compound. She then mopped the sticky area of the floor and placed the mop head in the bucket. The housekeeper then went on to mop the room next door without changing the water or the mop head. The observation was done in the presence of the	F 441	process on appropriate utilization of Personal protection equipment, hand washing and infection control practices. 3. The Director of Nursing Services, Unit Managers, and /or weekend supervisor will complete a Quality Improvement monitoring tool daily 7xweekx2 weeks, daily 5x week x 2 weeks, 3 x week x 4 weeks, and then monthly for 9 months. 4. The Director of Nursing or designee will report the findings of the monitoring tool to the Quality Improvement committee monthly x 12 months to identify and trends and need for continued education/and or monitoring.	

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F 441	Continued From page 3 Director of Nursing (DON). During an interview with the DON at the time of the observation, she said she expected all staff would maintain appropriate infection control measures for PPE and that housekeeping would use appropriate solutions to clean rooms on isolation precautions and then change the mop head and change the water. In an interview with the director of housekeeping at 9:38 AM on 07/17/12, he showed a bottle of the disinfecting solution the housekeeping staff used. The disinfecting solution did not contain bleach. When asked if a bleach solution was placed on the housekeeping carts, he stated 'no', staff would have to go back to the laundry room to get bleach. 2. An observation of Resident #5 on 07/17/12 at 11:02 AM, revealed a sign outside the door for "Droplet Precaution" . The sign contained instructions for the staff to use hand hygiene upon entering and leaving the room and use a mask. There was an isolation cart outside the doorway containing personal protective equipment (PPE) including disposable masks. This room was at the back of the nurses' station. The resident rang the call bell and the treatment nurse who was standing at the nurses' station immediately responded to the call light by entering the resident's room and going to the bedside within arms length of the resident. She was not wearing a mask. She then exited the room without washing her hands in the room; she did wash her hands in the utility room. An interview with the treatment nurse as she exited the utility room revealed that she knew she had broken the infection control protocol by not	F 441		

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F 441	Continued From page 4 wearing a mask and by not washing her hands before exiting the room. This interview was conducted in the presence of the Registered Nurse (RN) supervisor who was also at the nurses' station during the observation.	F 441		