

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

OCT 24 2013

PRINTED: 10/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2013
NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443		
(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 000	INITIAL COMMENTS	F 000	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 10/08/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance		
F 160 SS=B	483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. This REQUIREMENT is not met as evidenced by: Based on staff interviews and financial record reviews, the facility failed to forward the balance of expired resident's personal funds to the Clerk of Court for two of four expired residents reviewed with a personal funds account. (Resident #15 and Resident #16). The findings include: 1. Resident #15 was admitted to the facility on 9/15/09 and expired on 1/11/13. Resident #15 had a balance of \$23.01 in a personal funds account with the facility. The balance in the resident's personal funds account was forwarded to the facility instead of the Clerk of Court. During an interview on 10/8/13 at 2:30 PM, the Business Office Assistant revealed that the Power of Attorney for the resident gave permission to pay the bill owed to the facility from the resident's personal funds account instead of forwarding the money to Clerk of Court. During an interview on 10/8/13 at 4:50 PM, the Administrator revealed her expectations for	F 160	F160 For Resident # 15 and # 16 <ul style="list-style-type: none"> Refund of balance of personal funds account at date of death made by facility to Clerk of Court on October 21, 2013 by Business Office Manager. For all other residents: <ul style="list-style-type: none"> Review of refunds of resident personal fund accounts due to death since January 1, 2013 by Business Office Manager on October 21, 2013 to ensure all refunds had been made payable to the Executor of the Estate for the resident or to the Clerk of Court. Audit revealed no additional incorrect refunds had occurred. Resident Fund Tracking Log reviewed and revised by NHA on October 21, 2013. Business Office staff inserviced by NHA on October 21, 2013 on Tag F160 and refund procedures for resident personal funds to include revised Resident Fund Tracking Log. (Continued on next page)		

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

Dyudith A. Bullard

TITLE

Administrator

(X6) DATE

10/22/13

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 160	Continued From page 1 expired resident's funds would be to refund the money within thirty days to the Clerk of Court unless there was an executor of the estate. 2. Resident #16 was admitted to the facility on 10/21/10 and expired on 3/15/13. Resident #16 had a balance of \$8.67 in a personal funds account with the facility. The balance in the resident's personal funds account was forwarded to the facility instead of the Clerk of Court. During an interview on 10/8/13 at 2:30 PM, the Business Office Assistant revealed that the Power of Attorney for the resident gave permission to pay the bill owed to the facility from the resident's personal funds account instead of forwarding the money to Clerk of Court. During an interview on 10/8/13 at 4:50 PM, the Administrator revealed her expectations for expired resident's funds would be to refund the money within thirty days to the Clerk of Court unless there was an executor of the estate.	F 160	<i>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 10/08/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance</i> (continued from previous page) <ul style="list-style-type: none">Audit of Resident Fund Tracking Log by NHA weekly times four weeks, and monthly times three months thereafter to ensure appropriate refunds for resident personal funds.Results of audits will be presented at next scheduled Quality Assurance Committee meeting and again the following quarter, with determination at that time for need of continued monitoring.COMPLETION DATE: 10/23/13	10/23/13	
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,	F 441	Tag F441 For Finding #1: For Resident #9: <ul style="list-style-type: none">NA#1 was counseled and inserviced by Director of Nursing on 10/07/13 on Contact Precautions Policy to include wearing of gown (clean, nonsterile) when entering resident room and whenever anticipating clothing will touch patient items or potentially contaminated environmental surfaces, as well as changing of gloves after contact with infective materials, and proper regloving. (Continued on next page)		

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F 441	Continued From page 2 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. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff interviews and policy review, the facility failed to ensure that staff wore a gown and gloves while providing direct care to 1 of 3 residents (Resident #9) on contact precautions. The facility also failed to ensure laundry staff washed their hands after handling soiled laundry and failed to wear personal protective equipment when handling soiled laundry for 1 of 1 staff member observed in the laundry and failed to ensure that 1 of 1 bin of clean lift pads were dried and stored in a sanitary manner.	F 441	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 10/08/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance. (Continued from previous page) For Resident #9 and all others: <ul style="list-style-type: none"> Discontinue order for Isolation Precautions received from Physician on 10/8/13 for Resident # 9 as need for precautions was resolved. Facility policy on Contact Precautions reviewed and revised on 10/7/2013 by Director of Nursing All staff inserviced by Staff Development Coordinator/Designee on 10/7/2013, 10/8/13 ongoing thru 10/21/13 on revised Contact Precautions Policy to include wearing of gown (clean, nonsterile) when entering resident room and whenever anticipating clothing will touch patient items or potentially contaminated environmental surfaces, as well as changing of gloves after contact with infective materials and proper regloving. Any current staff not inserviced by 10/23/13 will be inserviced prior to start of next scheduled shift by Staff Development Coordinator/Designee. Nursing Weekly Infection Control round sheet revised by Director of Nursing on 10/22/13 to include selection/review of current in-house residents on Contact Isolation Precautions and staff demonstration of policy compliance. 		

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F 441	Continued From page 3 The findings included: 1. The facility policy titled: Isolation - Categories of Transmission-Based Precautions revised April 2006 under Policy Interpretation and Implementation read: " 1. Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent the spread of infection. " The section under Contact Precautions read: " In addition to Standard Precautions, implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident ' s environment. a. Examples of infections requiring Contact Precautions include (2) Diarrhea associated with Clostridium difficile. c. Gloves and Handwashing. (1) Wear gloves (clean, non-sterile) when entering the room. (2) While caring for a resident, change gloves after having contact with infective material (for example, fecal material). d. Gown. Wear a gown (clean, nonsterile) when entering the room if you anticipate that your clothing will have substantial contact with an actively infected resident, with environmental surfaces, items in the resident ' s room. (2) Remove the gown before leaving the resident ' s environment. (3) After removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces. " Resident #9 was admitted to the facility on 8/6/13 with diagnoses that included Cerebrovascular Accident (Stroke) and Chronic Obstructive Pulmonary Disease.	F 441	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 10/08/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance (continued from previous page) <ul style="list-style-type: none"> Nursing Weekly Infection Control Round sheet to be completed by Staff Development Coordinator/Designee weekly times four weeks and continuing weekly thereafter. Results of Nursing Weekly Infection Control Round Sheet to be reviewed by Director of Nursing weekly times four weeks, and at least monthly thereafter. Results of Nursing Weekly Infection Control Round Sheets will be reviewed in next scheduled Quality Assurance Committee Meeting and again the following quarter with determination at that time for need of continued monitoring. COMPLETION DATE: 10/23/13 For Finding #2 and #3: For all in-house residents Handling of Soiled/Clean Linen: <ul style="list-style-type: none"> Housekeeper #1 was inserviced and counseled on 10/8/13 by Director of Housekeeping on facility policy for handling of soiled and clean linens to include use of gowns/aprons with handling of soiled linen, and washing of hands before contact with clean linen and after contact with soiled linen. 	10/23/13	

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F 441	<p>Continued From page 4</p> <p>The Admission Minimum Data Set (MDS) Assessment dated 8/13/13 revealed that the resident was severely cognitively impaired. The MDS revealed that the resident required limited assist with transfers and extensive assistance with toileting and personal hygiene.</p> <p>Resident #9 was re-admitted to the facility on 9/9/13 from the hospital with diagnoses that included Clostridium Difficile (C-Diff). The Mayo Clinic definition of C-Diff is a bacterium that can cause symptoms ranging from diarrhea to life threatening inflammation of the colon. The illness from C-Diff most commonly affects older adults in hospitals or in long term care facilities and typically occurs after use of antibiotic medications. The bacterium is spread via person to person contact.</p> <p>The undated Resident Care Guide on the resident 's medical record revealed that Resident #9 was confused, required total care with activities of daily living, was incontinent at times and an entry dated 9/25/13 showed that the resident was to be transferred with the aid of 1 person.</p> <p>A review of the physician 's written orders revealed an order dated 9/10/13 that read: " Contact Isolation Precautions. " A physician 's order dated 10/02/13 read: " Flagyl 500mg tab (tablet) 1 PO (by mouth) q (every) 8 hours x (times) one week then re-eval (re-evaluate). Indication: C-Diff. "</p> <p>On 10/7/13 at 12:33 AM, a cart containing yellow gowns and disposable gloves was observed in the hall beside the entrance to Resident #9 's room. There was a sign on the resident 's door</p>	F 441	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 10/08/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance</p> <p>(continued from previous page)</p> <ul style="list-style-type: none"> All Housekeeping staff inserviced on 10/8/13, 10/11/13 and 10/22/13 by Director of Housekeeping/Designee on facility policy for handling of soiled and clean linens to include use of gowns/aprons with handling of soiled linen, and washing of hands before contact with clean linen and after contact with soiled linen. Any current staff not inserviced by 10/22/13 will be inserviced prior to the start of their next scheduled shift by the Director of Housekeeping/Designee. Quality Assurance Rounds to be conducted by Director of Housekeeping/Designee to include monitoring of compliance to facility policy for handling of soiled and clean linens to be completed weekly times four weeks and at least monthly thereafter. Results of Quality Assurance Rounds will be reviewed by Housekeeping District Manager weekly times four weeks and monthly thereafter. Results of Quality Assurance Rounds will be reviewed in next scheduled Quality Assurance Committee Meeting and again the following quarter with determination at that time for need of continued monitoring. <u>COMPLETION DATE 10/23/13</u> <p>(continued on next page)</p>	10/23/13	

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F 441	Continued From page 5 that read: " CONTACT PRECAUTIONS. Wear gloves when entering room or cubicle and when touching patient ' s intact skin, surfaces, or articles in close proximity. Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces. " The resident ' s call light was observed to be on. On 10/7/13 at 12:35 AM, Nursing Assistant (NA) #1 was observed to remove gloves from the cart and donned the gloves as she entered the resident ' s room. The NA did not put on a gown. The NA was observed to assist the resident to stand and sit in a wheelchair and pushed the wheelchair into the bathroom. The NA assisted the resident to stand and sit on the toilet. When the resident was ready, the NA assisted the resident to stand and wiped the resident ' s bottom with toilet paper in her left hand and disposed of the toilet paper in the commode. The NA assisted the resident to pull up her slacks, sit back down in the wheelchair and touched the handle of the wheelchair with her right gloved hand. The NA then removed the gloves. The NA pushed the wheelchair to the sink for the resident to wash her hands and the NA then washed her hands. The NA did not re-glove. The NA then pushed the wheelchair to the resident ' s bed and assisted the resident to stand and get in the bed and covered the resident with the sheet and bedspread. The NA then moved the resident ' s over bed table closer to the bed. The NA washed her hands and removed the resident ' s meal tray from the room and placed on a tray cart in the hall and washed her hands. NA #1 stated in an interview on 10/7/13 at 12:44 PM that she did not usually wear a gown unless	F 441	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 10/08/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance (continued from previous page) For Finding #4: For all in-house residents Handling of Soiled/Clean Linen: <ul style="list-style-type: none"> Mechanical Lift Pads were immediately removed from soiled linen area, were relaundered, and all clean pads were stored in clean linen area by Director of Housekeeping/Designee. Portable clothes dryer was sanitized and moved to clean linen area by Director of Housekeeping/Designee. Housekeeper #1 was inserviced and counseled on 10/8/13 by Director of Housekeeping on facility policy for handling of soiled and clean linens to include separation of soiled and clean linen at all times and proper storage of clean linen. All Housekeeping staff inserviced on 10/8/13, 10/11/13, 10/22/13 by Director of Housekeeping/Designee facility policy for handling of soiled and clean linens to include to include separation of soiled and clean linen at all times and proper storage of clean linen. Any current staff not inserviced by 10/22/13 will be inserviced prior to the start of their next scheduled shift by the Director of Housekeeping/Designee. 	

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F 441	<p>Continued From page 6</p> <p>there was stool. The NA stated that she should have re-gloved after washing her hands prior to touching the resident and other items in the room.</p> <p>Nurse #1 that worked on the unit where Resident #9 resided stated in an interview on 10/7/13 at 2:45 PM that the resident was re-admitted from the hospital with C-Diff and started on Flagyl. The Nurse stated that the resident was continent of bowel and bladder and wore pull-ups. The Nurse stated that the staff did not usually wear a gown but did wear gloves. The Nurse stated that the NA should have re-gloved after removing the gloves and washing her hands. The Nurse stated that on 10/2/13 the resident was still having soft stools so Flagyl was ordered for another 7 days and had 2 ½ days left.</p> <p>An interview was conducted with the Staff Development Coordinator (SDC) and the Director of Nursing (DON) on 10/8/13 at 10:00 AM. The SDC stated that the isolation cart was kept by the door in the hall and that staff should wash their hands and put on gloves. The SDC stated that the staff should wear gloves and a gown when direct contact with the resident and that the NA should have put on a gown when toileting the resident. The DON stated that the NA should have removed her gloves and washed her hands and started all over and put on a gown and gloves when she learned that she needed to toilet the resident.</p> <p>2. A review of the facility policy for " Laundry and Bedding, Soiled " dated April 2011 revealed in part: " Anyone who handles soiled laundry must wear protective gloves and other appropriate protective equipment (e.g. gowns if soiling of clothing is likely). In the laundry employees</p>	F 441	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 10/08/13 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance</p> <p>(continued from previous page)</p> <ul style="list-style-type: none"> • Quality Assurance Rounds to be conducted by Director of Housekeeping/Designee to include monitoring of compliance with facility policy for handling of soiled and clean linens to be completed weekly times four weeks and at least monthly thereafter. • Results of Quality Assurance Rounds will be reviewed by Housekeeping District Manager weekly times four weeks and monthly thereafter. • Results of Quality Assurance Rounds will be reviewed in next scheduled Quality Assurance Committee Meeting and again the following quarter with determination at that time for need of continued monitoring. • <u>COMPLETION DATE 10/23/13</u> 	10/23/13	

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F 441	<p>Continued From page 7</p> <p>should wear a gown or apron when sorting soiled linen. "</p> <p>An observation was conducted in the laundry of the facility on 10/8/13 at 9:10 AM. Housekeeping employee #1 was observed washing facility linens. Housekeeper #1 put on a pair of standard non latex gloves and pushed a dirty linen cart up to a washer. The linen in the cart was soiled with brown stains and dried matter. Housekeeper #1 leaned down and pulled several items from the dirty cart and placed the items into the washer. As she emptied the cart Housekeeper #1 was observed leaning over into the cart to reach the bottom items. The front of Housekeeper #1 's uniform was observed down inside the dirty cart with the material touching. Housekeeper #1 changed her gloves and proceeded over to the dryer and removed clean linen and placed it in the clean linen cart. The clean linen was observed to come in contact with the front of her uniform.</p> <p>During an interview with Housekeeper #1 on 10/8/13 at 9:30 AM she stated she should have worn a gown to cover her uniform. The Housekeeper revealed she had access to a rubber apron but she did not always wear it.</p> <p>An interview was conducted with the Housekeeping Supervisor on 10/8/13 at 9:30 AM. The Supervisor stated laundry staff had been supplied with two cover aprons to be used when handling soiled linens. A tour of the laundry area with the Supervisor revealed two cover aprons and a rubber apron hanging at the laundry sink. The Supervisor stated it was his expectation that staff would cover their uniforms when working with dirty laundry to avoid cross contamination of clean laundry.</p>	F 441			

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F 441	Continued From page 8 During an interview with the facility Administrator on 10/9/13 at 3:45 PM she revealed it was her expectation laundry staff would follow facility policy for infection control. 3. A review of the facility policy for " Laundry and Bedding, Soiled " dated April 2011 revealed in part: " Wash hands before handling clean linen (i.e., when moving from washer to dryer, moving from dryer to sorting table, and through the sorting process). In the laundry wash hands before contact with clean linen and after contact with soiled linen. " An observation was conducted in facility laundry on 10/8/13 at 9:10 AM. Housekeeper #1 was observed washing facility linens. Housekeeper #1 put on a pair of standard non latex gloves and removed soiled linen from a dirty linen tub and placed the linen in the washing machine. Housekeeper #1 removed her gloves and proceeded to the dryer. She removed all the clean linen from the dryer and placed it in a clean tub. Housekeeper #1 then rolled the clean linen tub over to the folding table. During an interview with Housekeeper #1 on 10/8/13 at 9:30 AM she stated she should have washed her hands when she changed from soiled to clean gloves. The Housekeeper revealed she usually took off her soiled gloves, washed her hands, and put on clean gloves prior to taking out the clean laundry. She stated she was nervous and did not think to do it today. An interview was conducted with the Housekeeping Supervisor on 10/8/13 at 9:30 AM. The Supervisor stated laundry staff had been in	F 441			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2013
NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443		
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F 441	<p>Continued From page 9</p> <p>serviced on how to prevent cross contamination from dirty to clean laundry. The Supervisor stated it was his expectation that staff would wash their hands after handling soiled laundry and before handling clean laundry even when gloves were worn.</p> <p>During an interview with the facility Administrator on 10/9/13 at 3:45 PM she revealed it was her expectation laundry staff would follow facility policy for infection control.</p> <p>4. A review of the facility policy for " Laundry and Bedding, Soiled " dated April 2011 revealed in part: " Keep soiled and clean linen, and their respective hampers and laundry carts, separate at all times. Reprocess any linen that is not visibly clean upon completion of the cycle or any linen that falls onto the floor. "</p> <p>An observation of the laundry was conducted on 1/8/13 at 9:10 AM. Mechanical lift pads were observed to be stored in a large clean garbage can on the dirty side of the laundry area. The container was full with pads piled above the top and sections of the pads were spilling out onto the floor. Several straps that secured the pads to the lift were observed to be on the floor. The top to the container was leaning against the wall. One lift pad was observed to be draped on a portable clothes hanger on the dirty side of the laundry.</p> <p>An interview was conducted with Housekeeper #1 on 10/8/13 at 9:10 AM. She stated the pads could not be dried in the mechanical dryers because the heat would affect the integrity of the material. The Housekeeper stated staff washed the pads and then hung them on the portable</p>	F 441			

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F 441	<p>Continued From page 10</p> <p>clothes hangers to dry. She revealed the top of the container should be on but she stated staff sometimes forgot to replace the top. Housekeeper #1 revealed staff had been instructed to separate and store clean and dirty linens on the appropriate sides but there was no where to hang the pads on the clean side.</p> <p>An interview was conducted with the Housekeeping Supervisor on 10/8/13 at 9:30 AM. He stated staff was instructed to keep dirty linen in the dirty linen side and to store all clean linen on the other side. He stated the lift pads should be on the clean linen side.</p> <p>During an interview with the facility Administrator on 10/9/13 at 3:45 PM she revealed it was her expectation laundry staff would follow facility policy for infection control.</p>	F 441			