

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

PRINTED: 07/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2014
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472		
(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		7/16/14	

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

TITLE

(X6) DATE

Electronically Signed

07/16/2014

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 observation, record review and staff interviews, the facility failed to post an isolation sign outside a resident's door for 1 of 1 residents observed for isolation precautions (Resident #2).</p> <p>Findings included:</p> <p>A review of the Issues in Infection Control for Nursing Homes provided by the Statewide Program for Infection Control and Epidemiology (SPICE) showed that isolation signs must be posted on the door to the resident's room. The SPICE program has been considered a standard by the Centers for Disease Control (CDC) as a tool for communicating the procedures that healthcare workers, family and visitors should follow to prevent cross transmission.</p> <p>Review of the Initiating Transmission Based Precautions Policy revised June 2014 showed a physician order was not required to implement precautions.</p> <p>Resident #2 was admitted to the facility on 04/11/14 with cumulative diagnoses of venous insufficiency and heart disease.</p> <p>Review of the 06/04/14 Physician Telephone Order showed an order for a wound culture for Resident #2.</p> <p>Review of Resident #2's culture report released by the laboratory on 06/08/14 showed that contact isolation precautions and strict hand hygiene were required for the care of Resident #2.</p>	F 441	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected For resident #2 on 7/1/14 two contact isolation signs were placed under the patient's name plate and on the patient's door by the Assistant Director of Nursing.</p> <p>Corrective Action for Resident Potentially Affected All residents requiring isolation were potentially affected. On 7/1/14 the SDC audited all current residents that required isolation. 0 out of 6 residents were without appropriate isolation signage.</p> <p>Systemic Changes An in-service was conducted on 7/15/14 and 7/16/14 by the Staff Development Coordinator. Those who attended were all RNs, LPNs, and Med Techs. The in-service topics included isolation precaution requirements; to include</p>		

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F 441	<p>Continued From page 2</p> <p>An observation on 07/01/14 at 1:05 PM during the initial tour of the facility showed a plastic three drawer cart outside Resident #2's room. The cart contained Personal Protective Equipment (PPE) including gowns, gloves and masks. There was no isolation sign posted on the door of the room.</p> <p>An observation on 07/01/14 at 4:15 PM showed the plastic three drawer cart outside Resident #2's room. There was no isolation sign posted on the door of the room.</p> <p>In an interview on 07/01/14 at 4:19 PM Nurse #1 confirmed that Resident #2 was on isolation. She indicated that for someone to know a resident was on isolation there should be a sign on the door of the room. When Nurse #1 walked to Resident #2's room she verified there was no isolation sign on the door.</p> <p>In an interview on 07/01/14 at 4:22 PM Nursing Assistant (NA) #1 stated she would know someone was on isolation because there would be a cart outside the door and there would be a sign on the door. She indicated the most important part would be the sign on the door.</p> <p>In an observation on 07/02/14 at 9:00 AM the isolation sign was seen on Resident #2's door. The sign showed that visitors should report to the nurse's station before entering the room. Precautions which should be performed prior to entering the room included to perform hand hygiene, wear a gown, and wear gloves.</p> <p>In an interview on 07/02/14 at 9:40 AM NAI #1 indicated Resident #2 had been on isolation for approximately one month. She stated she would know a resident was on isolation by the sign on</p>	F 441	<p>posting and maintaining isolation posters outside residents' doors. When a resident is placed on isolation precautions, immediately the hall nurse initiating the isolation order will obtain two isolation precaution signs according to the type of isolation needed, and place one beside the patient's name plate and another on the patient's door. Isolation signs will be secured to the wall and doors with command strips. This information will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Quality Assurance The Staff Development Coordinator will monitor this issue using the "Survey QA Tool for Monitoring Isolation Precautions". The monitoring will include verifying that all residents on isolation precautions have the appropriate signage in place. See attached monitoring tool. This will be completed weekly on all residents with isolation precautions x three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate.</p> <p>July 16, 2014</p>		

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F 441	<p>Continued From page 3 the door and the cart outside the door.</p> <p>In an interview on 07/02/14 at 2:20 PM Housekeeper #1 stated she would know a resident was on isolation because a sign would be placed on the resident's door. She indicated if a sign was not on the door it meant the resident was not on isolation. She stated a cart outside the door did not mean the resident was on isolation as it could have been left there by someone who was called away.</p> <p>In an interview on 07/02/14 at 2:53 PM Nurse #2 indicated that Resident #2's physician had been in to see the resident on 07/01/14. She stated she had asked if isolation could be discontinued for Resident #2 but the physician had refused. She indicated he had ordered another culture and would decide whether to continue isolation when the results were reviewed.</p> <p>In an interview on 07/02/14 at 3:20 PM the Infection Control Nurse stated the purpose of isolation was to prevent further contamination of residents, employees, and visitors. She indicated that per policy a physician order was not needed to place a resident on isolation precautions. She stated isolation precautions had been put in place on 06/06/14 for Resident #2 after the results of the wound culture came back from the laboratory. She stated the public had not been protected due to the isolation precautions sign not being posted on Resident #2's door.</p> <p>In an interview on 07/02/14 at 4:35 PM the Nursing Home Administrator stated it was her expectation that isolation precaution signs be posted. She indicated if the Infection Control Nurse was not on duty the floor nurses were</p>	F 441			

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F 441	Continued From page 4 expected to post the isolation signs and put the isolation cart outside the resident's doorway.	F 441		