

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0480	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 290 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792
--	---

(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 040	<p>.2209(A) INFECTION CONTROL</p> <p>10A-13D.2209 (a) (a) A facility shall establish and maintain an infection control program for the purpose of providing a safe, clean and comfortable environment and preventing the transmission of diseases and infection.</p> <p>This Rule is not met as evidenced by: Based on staff interview the facility failed to provide the training required for the facility designated Infection Control Preventionist.</p> <p>The findings include:</p> <p>An interview on 07/10/14 at 9:35 AM with the Assistant Director of Nurses (ADON) revealed she was also the facility's Infection Preventionist (IP) responsible for implementing and carrying out the infection control program for the facility. The ADON further revealed she had never taken a state approved infection control course on implementing an infection control program in a healthcare setting but referred to the Infection Control manual and policies provided by the facility. The ADON confirmed she was unaware the infection control training was mandatory.</p> <p>An interview on 07/10/14 at 10:55 AM with the Director of Nursing (DON) revealed the facility did not have a nurse who had completed a state approved infection control course. The DON further revealed she was unaware the infection control training was mandatory.</p> <p>An interview on 07/10/14 at 1:12 PM with the Regional Quality Assurance Manager revealed she was aware the infection control training was mandatory. She stated she was unaware the facility did not have a nurse who had completed a</p>	L 040	<ol style="list-style-type: none"> 1. The ADON (infection control preventionist) will be provided state approved infection control course at the first available opportunity. The next upcoming opportunity is scheduled in the beginning of September 2014. Registration for this course is not open at the time of the writing of this POC. The course registration website is checked daily for registration opening. 2. The facility will maintain appropriate training for the infection control preventionist by ensuring completion of the state approved infection control course. 3. Any future changes in the ADON (infection control preventionist) position will prompt the facility to provide the state approved infection control course at the first available opportunity. 4. Upon registration and completion of the state approved infection control course, the DON or designee will report to the QA Committee that the infection control preventionist has completed the required course. 	8/5/14

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/29/14
---	-------	------------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0480	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 290 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792
--	---

(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 040	<p>Continued From page 1</p> <p>state approved infection control course.</p> <p>A second interview on 07/10/14 at 1:15 PM with the DON revealed the ADON had been in the IP position for 5 years.</p> <p>An interview on 07/10/14 at 3:50 PM with the Administrator revealed he had been the facility's Administrator for 2 years and was unaware of the requirement to have an IP nurse who had completed a state approved infection control course.</p>	L 040		