

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

PRINTED: 09/03/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345548</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHTON PLACE HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5533 BURLINGTON ROAD</b> <b>MCLEANSVILLE, NC 27301</b>		
(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 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide full visual privacy for 1 of 2 residents (Resident #279) during gastrostomy tube (g-tube) dressing change.</p>	F 164	<p>Specific action taken to correct the deficiency:</p> <p>1. On 8/7/15, appropriate privacy practices were reviewed with the nurse who was involved with the instance</p>	8/14/15	

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

TITLE

(X6) DATE

Electronically Signed

08/24/2015

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 164	<p>Continued From page 1</p> <p>Findings included:</p> <p>Resident #279 had cumulative diagnoses that included late effect cardiovascular disease including aphasia/dysphagia, dysarthria, hemiplegia and g-tube. The most recent MDS dated 7/28/15 indicated that Resident #279 had moderate cognitive impairment and required extensive assistance with all activities of daily living. Observation of the g-tube dressing change of Resident #279, who resided in a private room, revealed that Nurse #1 did not close the room door leading to the hallway nor pull the privacy curtain to provide full visual privacy. Resident #279 was uncovered, exposing the g-tube area, incontinent brief, abdomen, legs and feet. During the observation, Nurse #1 stood in front of the resident with her back to the door. As staff walked by in the hallway outside of her door, they said, " Hello " to the nurse.</p> <p>During an interview on 8/6/15 at 7:24 AM, Nurse #1 stated that she agreed that she had not shut the door to the resident ' s room to provide privacy.</p> <p>During an interview on 8/6/15 at 1:00 PM, the ADON (Assistant Director of Nursing) indicated that her expectation would be for the nurse to close the door behind her.</p>	F 164	<p>observed by the surveyor.</p> <p>2. On 8/11/15, the involved nurse and the Director of Nursing met to discuss the issue and sequence of events. Expectations were reviewed with the nurse to help to ensure privacy e.g. ensure door is latched versus pushing door and assumed it closed, blinds closed and body exposure needed for task.</p> <p>3. The Staff Development Coordinator provided re-education re: privacy to the facility full time &amp; part time staff which was completed by 8/14/15.</p> <p>4. All employees hired by Ashton Place continue to be in-serviced during orientation on privacy/dignity and HIPAA expectations.</p> <p>5. Annual rein-servicing for privacy and practices associated e.g. dignity/HIPAA guidelines to be continued.</p> <p>Measures to be put into place to ensure that the deficient practice will not recur:</p> <p>1. Department heads were requested on 8/14/15 to assist in monitoring for privacy via direct observation while rounding in the facility. They have been instructed to immediately intervene with any instance of potential privacy issues. Staff who failure to comply are to be immediately referred to the Assistant Director of Nursing, Director of Nursing or Executive Director for further action.</p> <p>2. A privacy audit to observe instances of direct resident care e.g. toileting, ADL care and dressing changes will be monitored weekly x 4 then monthly x 3 then quarterly x 3. This audit will be</p>		

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F 164	Continued From page 2	F 164	conducted by the supervisors. 3 PT 279 to have 5 specific monitors completed for privacy  Measures to sustain appropriate practice:  1. All staff to participate in the annual Education Fair which reviews privacy/dignity and HIPAA. Failure to meet this expectation could result in termination of the employee. 2. The Staff Development coordinator to provide 1:1 education as needed. 3. Orientation will continue to include privacy/dignity and HIPAA review.		
F 441 SS=D	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	F 441		8/14/15	

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F 441	<p>Continued From page 3</p> <p>isolate the resident.</p> <p>(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.</p> <p>(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> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility was observed to not clean hands, to place clean dressing change supplies onto an unclean work area and to not clean scissors used to cut an opening in the dressing for gastrostomy tube (g-tube) dressing changes for 2 of 2 residents (Resident #279 &amp; #180).</p> <p>Findings included:</p> <p>Observation of Resident #279 ' s g-tube dressing change on 8/6/15 at 7:15 AM revealed Nurse #1 did not clean her hands prior to the gastrostomy tube (g-tube) dressing change. Prior to beginning the dressing change procedure, Nurse #1 donned gloves and placed clean dressing supplies onto a work area that was a bed side table on which residue was observed. After cleaning the g-tube area with normal saline</p>	F 441	<p>Specific action taken to correct the deficiency:</p> <p>1. Orientation - All employes hired by Ashton Place are in-serviced during orientation and at least annually for infection control.The dressing change protocol, which includes appropriate infection control practices, is also reviewed in orientation.</p> <p>2. On 8/7/18, appropriate practices were reviewed with the nurse who was involved with the actual dressing change related to the above tag. The Staff Development Coordinator provided this re-education and directly observed her completing a dressing change. The employee successfully completed the dressing change.</p> <p>3. A meeting was held on 8/11/15 between</p>		

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F 441	<p>Continued From page 4</p> <p>and removing the soiled dressing, Nurse #1 reached into the pocket of her uniform to retrieve a pair of scissors that she used to cut an opening into the dressing. Nurse #1 removed the dirty gloves, and then placed them and the soiled dressing onto the opening of the box of clean gloves.</p> <p>Upon completion of the dressing change for Resident #279, Nurse #1 proceeded to push the treatment cart to the room of Resident #180, and gathered the supplies for the g-tube dressing change for Resident #180. Nurse #1 did not wash her hands before going to Resident #180. Observation on 8/6/15 at 7:20 AM revealed that Nurse #1 did not clean her hands prior to the g-tube dressing change for Resident #180. During an interview on 8/6/15 at 7:24 AM, Nurse #1 stated that she agreed that she had not cleaned her hands prior to performing the dressing changes procedures.</p> <p>During an interview on 8/6/15 at 1:00 PM, the ADON (Assistant Director of Nursing) indicated that her expectation would be for the nurse to make sure to not take organisms from one resident to the next, and to make sure of adherence to SPICE (Statewide Program for Infection Control &amp; Epidemiology) protocols/guidelines, including washing their hands with soap and water or using hand sanitizer between residents.</p>	F 441	<p>the Director of Nursing and the employee who performed the dressing changes for the residents (#180 abd 279). The sequence of events and her actions were dicussed and future expectations reviewed.</p> <p>4. All facility staff have been rein-serviced on general infection control practices.</p> <p>5. The charge nurses were also rein-serviced on dressing changes and handouts provided. The in-services included use of brainstorming and role playing in addition to general education and appropriate practice handouts.</p> <p>6. The charge nurses were given a Dressing Sequence Form and they had to correctly sequence the tasks involved with a dressing change.</p> <p>7. Res #180 &amp; 279 will be individually monitored for dressing change by wound care nurse or supervisor</p> <p>Measures to be put into place to ensure that the deficient practice will not recurr:</p> <ol style="list-style-type: none"> <li>1. Facility wound care nurse to act as a resource on a daily basis to the nursing staff.</li> <li>2. Quarterly infection control education of the staff to validate correct infrection control practices.</li> <li>3. The AMT wound consultant to provide in-services on a semi-annual basis to the nursing staff.</li> </ol> <p>Measures to sustain appropriate practice:</p> <ol style="list-style-type: none"> <li>1. Nursing annual skills check off of dry</li> </ol>		

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F 441	Continued From page 5	F 441	<p>dressing changes, PEG tube, ostomy, and wound care</p> <p>2. All staff to perform proper hand-washing technique annually</p> <p>3. Infecion control information to be reviewed in orientation and annually during the Education Fair.</p> <p>4 Audit monitor is to continue for infection control ( handwashing etc)</p> <p>qwk x 4weeks</p>		