

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY OAKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 KLUMAC ROAD SALISBURY, NC 28144</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 441 SS=E	<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		11/11/15	

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

TITLE

(X6) DATE

Electronically Signed

10/30/2015

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 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review the facility failed to post signage indicating type of isolation precautions to be taken for two of two residents, Resident #188 and Resident #123.</p> <p>The findings included:</p> <p>The facility ' s policy entitled " Transmission-Based Precautions " with Approval Date of 12/21/09 and Revised 8/18/13 states:</p> <p>When Transmission-Based Precautions are implemented, the Infection Control Preventionist (or Designee): Posts the appropriate notice on the room entrance door so that all personnel will be aware of precautions, or be aware that they must first see a nurse to obtain additional information about the situation before entering the room.</p> <p>Record review for Resident #123 showed isolation precautions were ordered 10/09/2015. Record review for Resident #188 showed that isolation precautions were ordered 10/09/2015. During initial tour of facility on 10/11/2015 at 11:15 am no isolation signs were posted on the resident ' s room door for Resident #188 and Resident #123. Personal protective equipment was observed hanging from both doors 10/11/2015 at 12:30 pm. The door to the room of Resident #123 observed on 10/12/2015 at 2:30 pm to have no signage indicating the type of isolation needed, but personal protective equipment (PPE) including gowns, masks, gloves, and trash bags were hanging on the resident ' s door.</p>	F 441	<p>A. Isolation signs were posted on each of the two resident's (resident #188 and resident #123) doors on 10/14/15 indicating the type of isolation precautions to be taken for the two residents identified.</p> <p>B. An audit was completed on 10/29/15 by the Infection Control Nurse for all residents and no other residents currently in the facility require isolation at this time.</p> <p>Any resident determined to need isolation will have isolation sign posted on the door indicating type of isolation precautions to be taken.</p> <p>C. All licensed nurses and Medication Aides will be in-serviced regarding facility procedure for setting up an isolation room. This in-service will be conducted by either the Director of Nursing, Staff Development Coordinator and/or Infection Control Nurse by 11/11/15. Residents who require isolation precautions will have rooms monitored to verify that proper isolation precautions are in place every shift while isolation is necessary, with documentation on the Medication Administration Record.</p> <p>D. All residents that are placed in isolation will be monitored by the Infection Control Nurse or Nursing Supervisors to ensure that all components of the facility protocols are in place. This will be monitored daily for two weeks, then twice</p>		

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

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F 441	Continued From page 2 On 10/14/2015 at 11:44 am Nurse Aide #1 was interviewed and asked about the type of isolation needed with Resident #123. She indicated that the resident was on contact isolation for C-Diff. She identified that staff should don gown and gloves when entering room, PPE should be discarded on the way out of the room and hand hygiene should be performed. A trash can was located just inside the door. She indicated the same was true for resident #188. On 10/14/2015 at 12:00 pm doors to Resident #123 and Resident #188 were observed to have PPE hanging on the door, but continued to have no signage indicating type of isolation on the door. Nurse Aide #1 interviewed on 10/14/2015 at 1:17 pm. When asked whether they used signs to indicate the type of isolation, she said no, citing the resident 's right to privacy of medical information. When asked how they communicated the type of isolation in place, she stated that they passed it on in report. Nurse #1 interviewed on 10/14/2015 at 1:19 pm. She stated that they should use signs to indicate types of precautions to be used. She stated that it was the nurse ' s responsibility when isolation was ordered to make arrangements to post signs. She was not aware that signs were not on the door, saying that she had seen the PPE hanging on the door. Nurse #2 was called into the room during this interview and identified her position as infection control nurse, stated that signs were to be used to protect staff and visitors from entering room without protection. She said she would go get the signs and place them on the doors. DON was interviewed on 10/14/2015 at 1:40 pm. She stated that signs should be on the doors when isolation measures are in place. She also stated that she was not aware that signs were not posted on the doors of Resident #123 and	F 441	weekly for four weeks, weekly for four weeks and then monthly for 3 months. This report will be reviewed and evaluated for effectiveness quarterly in Senior Leadership Team/Quality Assurance and Performance Improvement meetings with revisions made as indicated.		

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F 441	Continued From page 3 Resident #188.	F 441			