STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345070	A. BUILDING _____ B. WING _____	C 01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM NURSING & REHABILITATION CENTER	411 S LASALLE STREET DURHAM, NC 27705

(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	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. 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. 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. 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. 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. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and observation, the facility failed to provide visual privacy for 1 of 3(Resident #4) sampled residents observed for incontinence care. Findings included: Resident #4 was admitted to the facility with	F 164	Du This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the	1/22/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/20/2016

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F 164	Continued From page 1 diagnoses which included dementia. A review of the quarterly minimum data set (MDS) dated 11/19/15 revealed Resident #4 had severe cognitive impairment, exhibited no behaviors or rejection of care, and required extensive 1-2 person assistance to complete all activities of daily living (ADLs). Resident #4 had an indwelling urinary catheter, and was frequently incontinent of bowel. A continuous observation was made on 1/4/16 from 5:20 PM through 5:45 PM of NA #1 as incontinence care was performed for Resident #4. A privacy curtain was present between Resident #4 and the exit door, as well as, between Resident #4 and his roommate. His roommate was observed lying in bed and incontinence care was being provided in view of Resident #4 ' s roommate. At 5:35 PM a staff member was observed as she entered Resident #4 ' s room. Resident #4 ' s genital area was exposed to the staff member as she entered the room. The privacy curtains remained open throughout the incontinence care. An interview was conducted with NA #1 on 1/4/16 at 5:45 PM and he stated, " I didn ' t think about closing the curtains. " An interview was conducted on 1/4/16 at 5:50 PM with Staff Development Coordinator. He stated he trained all unlicensed staff how to perform incontinence care on residents He also stated his expectation was for all staff to maintain resident privacy at all times, and privacy curtains should be used to insure privacy for residents while incontinence, or any care, was performed.	F 164	correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.rham Plan of Correction F 164- Personal Privacy/Confidentiality of Records The facility (NA# 1) failed to provide visual privacy for Resident #4 observed during incontinent care. Corrective action for residents affected: Resident #4 is receiving incontinent care with privacy maintained by staff. On 1/4/16 after being informed, the Director of Nursing followed up with Resident #4 to assure no physical or psychosocial impact was related to incident. NA#1 was suspended on 1-4-16 due to failure to maintain personal privacy. NA#1 returned to work on 1-12-16 and completed additional hands-on training and return demonstration with the Staff Development Coordinator for maintaining privacy during care. All residents have the potential to be affected. On 1/4/16 the Director of Nursing and Staff Develop Coordinator rounded on NA #1 assignment and checked residents to assure no impact on physical or psychosocial wellbeing had occurred. All CNAs will be re-educated on	

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F 164	Continued From page 2	F 164	maintaining privacy and to pull the curtain, blinds and shut the door during personal care. On 1/4/16 education began for all CNAs by the Staff Develop Coordinator. All CNAs will complete in-service education on Resident Rights: Privacy and perform return demonstration by 1/22/2016. Incontinence care observation to include maintenance of privacy will be completed by 1/22/16 by Staff Development Coordinator . Measures put into place or systemic changes made that deficient practice will not occur: Upon hire all new employees will demonstrate compliance with Privacy by doing return demonstration before exiting orientation process and annual thereafter. All existing employees will perform return demonstration annually with Staff Development Coordinator effective 1-12-16. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. How facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assurance systems of the facility.	

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F 164	Continued From page 3	F 164	The Director of Nursing/Assistance Director of Nursing/Staff Development Coordinator/Supervisor/Unit Manager will complete a Privacy Audit Tool daily x 2 weeks then weekly x 4 weeks and then monthly x 4 weeks effective 1-12-16. Results of the Privacy QAPI Audit will be reported to the QAPI Committee on a monthly basis effective 1-12-16.	
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 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	F 441		1/22/16

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F 441	Continued From page 4 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 record review, staff interviews, and observation, the facility failed to ensure standard infection control guidelines were followed when a staff member 1) failed to wash hands between changing gloves, 2) failed to change gloves between glove contamination and incontinence care, and 3) failed to remove contaminated gloves after incontinence care for 1 (Resident #4) of 3 sampled residents observed for incontinence care. Findings included: Resident #4 was admitted to the facility with diagnoses which included dementia. A review of the quarterly minimum data set (MDS) dated 11/19/15 revealed Resident #4 had severe cognitive impairment, exhibited no behaviors or rejection of care, and required extensive 1-2 person assistance to complete all activities of daily living (ADLs). Resident #4 had an indwelling urinary catheter related to (r/t) urinary retention, and was frequently incontinence of bowel. A continuous observation was made on 1/4/16 from 5:20 PM through 5:45 PM of NA #1 as incontinence care was performed for Resident #4. NA 1 donned gloves, picked up a mat from the floor beside Resident #4 ' s bed, used the	F 441	This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law. F 441- Infection Control/Prevention A staff member failed to wash hands between changing gloves, failed to change gloves between glove contamination and incontinence care. How Corrective Action will be accomplished for those residents found to have been affected by the deficient practice. Resident #4 is receiving incontinent care with standard infection control guidelines maintained. Resident was immediately	

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F 441	Continued From page 5 pendant remote to raise the bed and lower the head of the bed, and then pulled the pajama bottoms off of Resident #4. A moderate amount of fecal material (stool) was present in the brief. NA 1 removed his gloves, was not observed washing his hands, and left the room. He stated, " I have to go get something to clean him up. " NA 1 returned to the room of Resident #4, was not observed to wash his hands, donned a new pair of gloves, took a washcloth into the shared bathroom, wet the washcloth with water and returned to Resident #4 to continue incontinence care. NA 1 was also observed to clean Resident #4 from the back to the front and the contaminated washcloth was observed to touch the urinary catheter tube near the point of insertion on Resident #4. When asked about the contaminated cloth, NA 1 stated, " I didn ' t see anything on the rag. " NA 1 gathered the soiled brief and placed it in the trash can in the room. NA 1 was observed opening the shared closet, he opened a new package of adult briefs, took a clean brief from the package, closed the closet door, and returned to Resident #4 to place the clean brief on the resident. NA 1 continued to wear the contaminated gloves. NA 1 was then observed to open the shared bathroom door, turn on the light switch, turn on the water and rinsed the contaminated washcloth in the shared sink. NA 1 then returned to the room, lowered the bed for Resident #4, turned out the lights, and opened and closed the door to Resident #4 ' s room. When NA 1 left the room, he was observed to remove his contaminated gloves. An interview with the staff development coordinator (RN 1) on 1/4/16 at 5:50 PM revealed he trained all licensed and unlicensed staff related to standard infection control, which included hand washing before and after donning	F 441	taken to the shower and was cleaned, room was deep cleaned and new foley was inserted. On 1/4/16 the Director of Nursing followed up with Resident #4 to assure Infection practice did not have an impact on resident and will continue to monitor. NA #1 was suspended on 1-4-16 due to failure to observe infection control practices. NA # 1 returned to work on 1-12-16 and completed additional hands-on training and return demonstration with the Staff Development Coordinator on Infection Control Practices including incontinent care, proper hand washing and handling of soiled linen. How Corrective Action will be accomplished for those resident having potential to be affected by the same deficient practice. On 1/4/16 the Director of Nursing and Staff Development Coordinator rounded on NA #1 assignment to assure Infection practice did not have an impact on residents and will continue to monitor. All CNAs will be re-educated on Infection Control. All CNAs will complete in-service education regarding Infection Control & Prevention: It□s Up to You, Hand Hygiene and Indwelling Urinary Catheters for Healthcare Assistants to be completed by 1/22/16.	

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F 441	Continued From page 6 gloves. He also stated he was the infection control nurse. His expectation for resident care was to wash hands before and after donning gloves, in between changing gloves, between dirty and clean procedures, and not to touch anything with dirty gloves on. An interview with NA 2 on 1/5/16 at 9:50 AM revealed "We are suppposed to wash our hands before and after donning gloves, and in between dirty and clean procedures. We should not touch doorknobs, faucets, light switches or residents with dirty gloves on. " An interview with the Director of Nursing (DoN) on 1/5/16 at 10:50 AM revealed her expectation was for all staff to follow accepted guidelines for infection control. She stated that included hand washing before and after donning gloves, before and after resident care, and in between dirty and clean procedures.	F 441	All CNAs will be observed providing personal care from 1/5/16 to 1/22/16. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. Incontinence care and catheter care observations to include maintenance of standard infection control guideline will be completed for all CNAs to ensure competency by 1/22/16. Observations for competency included proper hand washing, proper changing of gloves, and proper incontinence care with residents with and without a urinary catheter. Staff training Infection Control & Prevention: It□s Up to You and Indwelling Urinary Catheters for Healthcare Assistants will be added to New Employee Orientation and required annual in-service education for all nursing staff effective 1-12-16. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assurance systems of the facility. The Director of Nursing/Assistance Director of Nursing/Staff Development	

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F 441	Continued From page 7	F 441	Coordinator/Supervisor/Unit Manager will complete an Infection Control QAPI Audit Tool which includes maintenance of standard infection control guidelines of proper hand washing technique, changing of gloves, and incontinence care for the resident with and without a urinary catheter daily x 2 weeks then weekly x 4 weeks and then monthly x 4 weeks. Results of the Infection Control QAPI Audit will be reported to the QAPI Committee on a monthly basis effective 1-12-16.	