

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345552	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2016
NAME OF PROVIDER OR SUPPLIER THE SHANNON GRAY REHABILITATION & RECOVERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282		
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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		4/13/16	

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

TITLE

(X6) DATE

Electronically Signed

04/09/2016

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff interviews, the facility failed to follow established contact isolation precautions for 1 of 3 (Resident #8) sampled residents reviewed for infection control. Findings included: A review of the " Isolation-Categories of Transmission-Based Precautions " policy dated 12/2009, revealed in part: " Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. " The policy also read, in part, " In addition to Standard Precautions, implement Contact Precautions for residents known or suspected to be infected or colonized with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident ' s environment. Examples of infections requiring Contact Precautions include, but are not limited to: diarrhea associated with Clostridium difficile. " The policy also read, in part, " Gloves and Hand washing- 1) In addition to wearing gloves as outlines under Standard Precautions, wear gloves (clean, non-sterile) when entering the room. 3) Remove gloves before leaving the room and wash hands immediately with an antimicrobial agent or waterless antiseptic agent. Gown- In addition to wearing a gown as outlined under Standard Precautions, wear a gown (clean, non-sterile) for all interactions that may involve contact with the resident or potentially contaminated in the resident ' s environment. " Resident #8 was admitted to the facility on 2/6/16. A diagnosis of Clostridium Difficile (C-diff) was	F 441	1. The staff members identified in the 2567 were re-educated during the survey by the Administrator and Director of Nursing, specific to the facility's expectations for contact precautions. The resident in question (#8) was removed from contact precautions by 3/17/2016 via a MD order, having met the criteria for no longer requiring contact precautions. 2. During the survey, staff working with the facility's only remaining resident on contact precautions were re-educated on the facility expectations specific to contact precautions. They were also closely monitored by administrative staff, including the Unit Coordinators, to ensure compliance. No additional concerns were noted by the facility or the surveyor during the remainder of the survey or since the receipt of the 2567. There are no residents on contact/isolation precautions as of the submission of this plan of correction, 4/9/16. 3. To prevent future occurrences, the facility has changed the signage that alerts anyone who is entering the room of a resident on contact precautions. This revised and more visible signage will be posted on the inside and outside of the door for a resident on contact precautions and will be more assertive in reminding the staff and/or visitor to stop and take the necessary contact precaution interventions before and after visiting the resident(s) in question. In addition to the more visible and informative signage, the facility will also re-educate all active staff		

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F 441	<p>Continued From page 2 added on 3/9/16.</p> <p>A review of the physician orders dated 3/1/16 through 3/31/16 revealed an order for Bacid (a probiotic to help increase good bacteria in the colon) 1 capsule by mouth daily for 1 month. Observations were made on 3/16/16 at 1:30 AM, 3/16/16 at 10:45 AM, 11:00 AM and 3/16/16 at 11:15 AM of Resident #8 ' s room entrance. There was a sign posted on the door which read " CONTACT ISOLATION " , and a cart directly outside the door contained yellow isolation gowns, and gloves.</p> <p>On 3/16/16 from 10:45 AM through 11:05 AM, a continuous observation was made of Resident #8 ' s room. At 10:45 AM, a physical therapist (PT #1) was observed entering the room of Resident #8, touched the electronic stimulation machine attached to Resident #8, and exited the room. PT #1 was not observed to wear a gown or gloves, and was not observed to perform hand washing immediately upon exiting the resident ' s room. At 11:00 AM, PT #1 was observed to again enter Resident #8 ' s room, lifted the bed linens from the foot of the bed, disconnected the electronic stimulator from Resident #8, re-covered the resident and exited the room pushing the electronic stimulator machine. No gown or gloves were worn. At 11:15 AM a nursing assistant (NA #1) was observed entering Resident #8 ' s room without a gown or gloves and provided assistance with dressing the resident.</p> <p>An interview was conducted on 3/16/16 at 10:50 AM with PT #2. PT #2 stated, " If we go into a contact isolation room to check or remove equipment we are supposed to put on whatever equipment is on the cart outside the room. For Resident #8 on contact isolation that would be a gown and gloves. "</p> <p>An interview was conducted on 3/6/16 at 11:10</p>	F 441	<p>on contact precautions per the current SPICE guidelines. This contact precaution education will be under the direction of the facility's infection control nurse. The facility will educate future employees during their orientation period to ensure knowledge and understanding. All active employees will have required education completed by 4/13/16. Any employee who is not active or has not received the contact precaution education in question will not be allowed to work with contact precaution residents until the contact precaution education has been provided and documented accordingly.</p> <p>4. To help ensure ongoing compliance with this plan of correction, the facility formed a new Quality Assurance (QA) Team to create, implement and monitor the plan of correction interventions. This QA Team, referred to as the Contact Precaution Assurance QA Team, will be chaired by the Director of Nursing who is the current infection control nurse for the facility. The Contact Precaution Assurance QA team started formal, documented meetings on 4/4/16. The Contact Precaution Assurance QA team currently consists of the Nursing Home Administrator, Director of Nursing, and 4 Unit Coordinators (all nurses) for the facility. Additional staff members may be added as needed. The QA team was tasked with the creation and implementation of a formal plan of correction, QA Interventions including revised signage, re-education of SPICE guidelines and a QA monitoring tool (The Contact Precaution Monitoring Tool)</p>		

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F 441	Continued From page 3 AM with PT #1. She stated, " I bring the equipment back to the therapy room and then wipe it down to use again. The electrodes are reused on the same resident for about 1 week, but the wires are used for different residents so I ' ll wipe those down too. Resident #8 has C-Diff and is on contact isolation, but I didn ' t wear a gown or gloves because I wasn ' t messing with his bm (bowel movement) or anything. An interview with NA #1 conducted on 3/16/16 at 11:25 AM revealed NA #1 was on the hall where Resident #8 resided to help the staff on that hall. He stated, " This isn ' t my usual hall, but I help the NA ' s on this hall to dress Resident #8. I guess I didn ' t see the isolation sign or cart so that ' s why I didn ' t put any of that stuff on. " An interview with Nurse #1 on 3/16/16 at 11:35 AM revealed if a room was designated contact isolation all staff who entered where expected to wear a gown and gloves. She stated, " We are always to wear a gown and gloves if they are on contact precautions to protect ourselves and the other residents, and to prevent the spread of C-Diff. All equipment coming out of the room should be wiped down outside the room. " An interview with the director of Nursing (DON) was conducted on 3/16/16 at 12:20 PM. She stated she was the infection control coordinator. She also stated staff were in-serviced on infection control procedures and policy at least twice per year and also as needed. She stated the facility policy on contact isolation was to put on a gown and gloves before the room was entered. She also stated, " For C-Diff, everyone should wear a gown and gloves any time they enter regardless of why they are entering the room-the spores can be everywhere. If a piece of equipment leaves the room it can be wiped down outside the room or at another destination if it doesn ' t come in contact	F 441	specific to contact precautions (this tool will also allow the facility to have staff give return demonstrations to an administrative nurse or designee). The QA team will meet and document their efforts a minimum of weekly x 4, monthly x 6 and quarterly thereafter (minimum of 4 quarters) until and or otherwise noted in the Executive Quarterly QA Committee minutes. The Contact Precaution Assurance QA Team will present current updates and information to the Executive Quarterly QA Committee, including the Medical Director. The Executive Quarterly QA Committee is scheduled to meet again on 4/20/16. The QA Team and Committee reserves the right to make changes and updates to current and future interventions which will help support ongoing compliance or a return to compliance in the event of noncompliance. 5. The facility alleges full compliance with this plan of correction, effective 4/13/16. As such, we request the opportunity to submit the relevant documentation at the appropriate time which supports our allegation of compliance with this plan of correction.		

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

PRINTED: 04/12/2016
FORM APPROVED
OMB NO. 0938-0391

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