

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/13/2016
NAME OF PROVIDER OR SUPPLIER MERIDIAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(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 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff and resident interviews, the facility failed to transfer a resident according to the care plan for 1 of 5 residents reviewed for accidents (resident #119). Findings included: Resident #119 was admitted on 3/23/16 with the following diagnosis of hypertension, Parkinson ' s disease, lack of coordination and history of falls. The resident ' s Quarterly Minimum Data Set dated 4/12/16 revealed the resident was cognitively intact. The resident required extensive assistance with bed mobility, transfers, locomotion, dressing and toilet use. The resident was not steady when moving from a seated to standing position or when moving from surface to surface. The resident used a wheelchair and a walker. The resident was always continent of bowel and bladder. The resident ' s care plan last updated on 5/9/16 revealed the resident was at risk for falls. Interventions included the resident be transferred with the use of a " gait belt during transfers. " The resident was observed on 7/13/16 at 2:57 PM. Nursing Assistant #1 held on to the resident ' s upper left arm and the resident ' s right hand grabbed the upper side rail of the bed. The resident was pivoted from the wheelchair to the bed with help from Nursing Assistant #1. No gait</p>	F 282	<p>1. Certified Nursing Assistant #1 was educated on August 4, 2016 by Nurse Practice Educator (NPE)that resident #119 needed a gait belt to be used during a transfer. She was also educated on that the information to care for resident can be found on the Kardex form for each resident in the ADL (Activity of Daily Living book at each nurses station.</p> <p>2. An audit was completed on each resident to determine who was care planned for transfer with a gait belt by Center Nurse Executive (CNE) and Assistant Center Nurse Executive (ACNE) the week of August 1, 2016 along with an audit on each residents Kardex to ensure that the gait belt is identified to be used on the Kardex.</p> <p>3. As a resident is identified as needing the use of a gait belt for transfers, the care plan will be updated by the Unit Managers and a new Kardex will be printed and placed in the ADL book. Re education will begin on August 4, 2016 by Nurse Practice Educator for Licensed nurses and nursing assistants including week-end and part time staff on where to find which residents' need to use a gait belt for transfer. Gait belts will be</p>	8/12/16	

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

TITLE

(X6) DATE

Electronically Signed

08/04/2016

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 282	Continued From page 1 belt was used during the transfer and no gait belt was observed in the room. Nursing Assistant #1 was interviewed on 7/13/16 at 4:47 PM. She stated that normally the resident would grab on to the bed with the left hand and the resident ' s right arm would hold onto the wheelchair. She would grab on to the resident ' s right arm. She stated the resident used the wheelchair. She did not think the resident used a gait belt. The Director of Rehab was interviewed on 7/13/16 at 5:07 PM. She stated the resident had Parkinson ' s disease and the resident was seen for therapy. She stated the resident had days when he would do well and other days where he had difficulty with transfers. The resident used a high back wheelchair that tilts. When the resident was with therapy he was doing standing endurance with a rolling walker. She stated when the resident is not with therapy, it was recommended the resident use a wheelchair and not transfer himself. The resident had to have a gait belt with transfers and assistance from one person. Nurse #1 was interviewed on 7/13/16 at 5:19 PM. He stated the staff usually used the gait belt and the resident would stand and pivot for transfers. The resident was interviewed on 7/13/16 at 5:22 PM. He stated that physical therapy used the gait belt but the nursing assistants do not use the gait belt. He stated therapy kept the belt and he had not been offered one for his own use. The Administrator and Director of Nursing (DON) were interviewed on 7/14/16 at 3:41 PM. The DON stated that her expectation was for care plans to be followed.	F 282	available at each nurses' station for nursing assistants to use. 4. Nurse practice Educator CNE, ACNE will conduct weekly random observation on 5 resident to see if C.N.A. are using gait belts for residents identified to see if C.N.a. are using gait belts for residents identified for the need for four weeks and then every two weeks for 2 months . Finding with be presented to the PI committee month for three months. The Center Nurse Executive/Designee will be responsible for compliance of this practice.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		8/12/16	

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F 441	Continued From page 2 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 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.	F 441			

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F 441	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview the facility failed to maintain infection control practices by not changing gloves or washing hands after providing pericare for 1 of 12 residents (Resident # 72).</p> <p>On 7/12/2016 at 10:50 AM two aides (Aides #1 and #2) were observed giving Resident # 72 a bed bath. Aide #1 was positioning the resident while Aide #2 was washing him. Aide #2 used a soapy wash cloth to clean stool from the resident's buttocks. Without changing her gloves or washing her hands she then proceeded to throw away the soiled brief under the resident, apply a clean brief, a clean draw sheet, a clean gown, and then placed the resident's oxygen tubing in the resident's nares. Only after completing all of those tasks did the aide remove her gloves and wash her hands.</p> <p>An interview was done on 7/12/2016 at 10:53 am with Aide #2 about her observed procedure of washing her hands. Upon further interview, the Aide (#2) stated she was supposed to wash her hands, " after pericare. "</p> <p>An interview with the infection control nurse was conducted on 7/14/16 at 2:19 PM revealed that staff were annually in-serviced on infection control practices and if there were any outbreaks or infections that required any type of isolation. The infection control nurse monitored performance improvement and quality control/improvement and if she found anything concerning she would have performed in-servicing of the staff.</p> <p>An interview was conducted with the Director of Nursing (DON) on 7/14/16 at 2:27 PM. It is the</p>	F 441	<ol style="list-style-type: none"> 1. C.N.A. #2 was educated on the proper use of changing gloves and hand washing after pericare on August 4, 2016, by Center Nurse Executive. C.N.A. #1 is no longer employed at the center. 2. Reeducation began on 8/1/2016, to C.N.A.s on hand washing and changing gloves after pericare by NPE. Return demonstration will be conducted beginning August 1, 2016 by NPE, CNE ACNE and Unit Managers on C.N.A. . C.N.A.s. will be given 3 chances to pass the competencies before disciplinary action will given. 3. Nurse Practice Educator will conduct weekly random observation of 5 C.N.A.s for hand-washing and changing gloves appropriately for four weeks and then every two weeks for 2 weeks. 4. Findings will be presented to the PI Committee Monthly for three months. The Center Nurse Executive/ Designee will be responsible for the compliance of this practice. 		

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

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F 441	Continued From page 4 DON's expectation that staff change gloves and wash hands before and after resident contacts. Also, that staff wash hands and/or change gloves after providing pericare.	F 441		