

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/12/2017
NAME OF PROVIDER OR SUPPLIER EDGEcombe HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESTERN BOULEVARD TARBORO, NC 27886		
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F 282 SS=D	<p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to transfer residents with a mechanical lift per the plan of care for 2 of 4 sampled residents (Resident #6 and Resident #4). The findings included: 1. Resident #6 was admitted to the facility on 1/18/11 and had diagnoses of dementia and chronic pain. The Care Area Assessment for Falls dated 7/26/16 noted the resident did not attempt to transfer self, had contractures of both lower extremities and was dependent on staff with the use of a mechanical lift. The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 12/20/16 revealed the resident had short and long term memory loss and severe cognitive impairment with no behaviors. The MDS noted the resident required extensive assist with transfers with 2 persons and had impairment of both lower extremities. The most recent review of the Care Plan dated 12/20/16 revealed the resident had a self-care/mobility impairment that read: "Transfer assistance of 1-2 use of mech (mechanical lift)." Review of the Resident Cardex Info sheet under transfers read: "Maxi-lift." This lift was identified</p>	F 282	<p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of fact alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law."</p> <p>Resident #6 and #4 did not have any negative findings. NA #2 was provided direct inservicing regarding following the resident plan of care for resident #4 and #6.</p> <p>Residents who may have the potential to be affected will be identified by an audit of all lift assessments, careplans and carecards by the Wing Managers. If necessary the lift assessment, careplan and carecard will be updated to reflect the appropriate transfer method by the Wing Managers. Director of Staff Development (DSD) will complete one on one with demonstration with NA #2 to assure that NA can demonstrate how to identify the appropriate transfer lift.</p>	2/16/17	

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

TITLE

(X6) DATE

Electronically Signed

01/27/2017

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	<p>Continued From page 1</p> <p>by the facility as a mechanical lift where the resident was lifted in a sling and transferred from one surface (bed) to another surface (wheelchair).</p> <p>On 1/12/17 at 10:28 AM NA #2 and NA #3 were observed to transfer Resident #6 from the bed to a reclining wheelchair. The two NAs physically picked up the resident and placed her in the wheelchair.</p> <p>On 1/12/17 at 12:50 PM an interview was conducted with NA #2 who was assigned to the resident. The NA stated there was a sign at the head of the bed that told them what lift to use to transfer the resident. A small square of paper with bold letters read: " ML. " The NA stated that meant the resident was to be transferred with the Maxi-Lift. The NA was asked why she did not use the lift to transfer the resident and the NA stated: " She only weighs 78 pounds. "</p> <p>On 1/12/17 at 1:47 PM the Director of Nursing (DON) stated in an interview that the resident ' s Care Plan said to transfer the resident with the use of a mechanical lift and the Care Cardex said to use the Maxi-Lift. The ADON stated the staff had been in-serviced and if the sign said ML (Maxi-Lift) that was how the NA should have transferred the resident.</p> <p>2. Resident #4 was admitted to the facility on 8/30/13 and had diagnoses of cerebrovascular accident (stroke) with hemiplegia (paralysis on one side), osteoporosis and dementia.</p> <p>The Care Area Assessment dated 6/1/16 for Falls noted the resident was at risk for falls due to physical limitations, history of CVA and dementia with poor safety awareness and was dependent on staff for assistance with transfers.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 10/18/16 revealed</p>	F 282	<p>Immediate inservice was completed with the NA #2 regarding the resident's plan of care by the Administrator. The facility direct care staff will be provided education regarding the residents plan of care to include using the identified method of transfer by DSD on 1/24/17 and 1/26/17 Wing Managers will observe for proper lift transfers according to careplan and C.N.A. carecards. Re-education with NA's regarding careplans and care cards regarding lifts on 1/13/17, 1/14/17, 1/15/17, 1/17/17, 1/24/17 and 1/26/17. NA #2 did a return demonstration following careplan and carecards regarding lifts with Director of Staff Development on 1/26/17</p> <p>Wing Managers will observe for proper lift transfers according to careplan and C.N.A carecards. The results of the monitoring will be brought to the monthly QAPI meeting to evaluate the effectiveness of the plan of correction for quality improvement. The plan will be adjusted as needed based on the results. The monitoring will be completed 3 times a week for 90 days and evaluated at the monthly QAPI meeting to assure compliance.</p>		

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F 282	<p>Continued From page 2</p> <p>the resident required total assistance with transfers, was not ambulatory and was not steady and only able to stabilize with staff assistance during surface to surface transfers. The MDS revealed the resident had mobility impairment of one upper extremity and one lower extremity. The Care Plan for Resident #4 was updated on 12/31/16 for the resident to be transferred with a stand-up lift. The NA 's (nursing assistant ' s) Resident Care Cardex noted the resident was to be transferred with the stand-up lift.</p> <p>On 1/12/17 at 10:30 AM NA #2 was observed to provide care for Resident #4. Upon returning to the room at 10:55 AM the resident was observed to be sitting in a wheelchair in the room and the NA was still in the room providing care. There was not a lift observed in the hall or the room. NA #2 was asked how she transferred the resident and the NA stated she transferred the resident with the stand-pivot transfer method.</p> <p>On 12/17/16 at 12:45 PM, NA #2 was asked how she knew how a resident was to be transferred and the NA stated there was a sign at the head of the bed that told staff how to transfer the resident. There was a small square of paper on the wall at the head of the resident ' s bed that read: " SL (stand-up lift). " The NA was asked why she did not use the lift to transfer the resident and the NA stated: " Because I had someone to help me and the resident could stand. "</p> <p>On 1/2/17 at 1:42 PM the Director of Nursing (DON) stated until recently the resident was a stand/pivot transfer and was changed to a stand-up lift for transfers. The DON stated the resident had gotten a little weaker and when the quarterly assessment was done the resident was assessed to be transferred with the stand-up lift. The DON stated the staff had just been in-serviced on mechanical lifts and the NA should</p>	F 282			

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F 282	Continued From page 3 have used the stand-up lift to transfer the resident.	F 282			
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate	F 315		2/16/17	

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F 315	<p>Continued From page 4</p> <p>treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews the facility failed to remove all stool from a resident ' s perineal area during incontinence care for 1 of 3 residents observed to receive incontinence care (Resident #1). The findings included:</p> <p>Resident #1 was admitted to the facility on 8/7/12 and had diagnoses of cerebrovascular accident (CVA), recurrent urinary tract infections (UTI) and dementia.</p> <p>A Significant Change Minimum Data Set (MDS) Assessment dated 11/23/16 revealed the resident had short and long term memory loss and severe cognitive impairment. The MDS revealed the resident required total care for toileting and personal hygiene and was incontinent of bowel and bladder.</p> <p>The Care Area Assessment for Urinary Incontinence dated 11/23/16 noted the resident was dependent on staff for toileting and was incontinent of bowel and bladder.</p> <p>The resident ' s Care Plan updated on 12/3/16 noted the resident required assistance with toileting and personal hygiene. The resident ' s Care Plan noted the resident had a history of urinary tract infections.</p> <p>On 1/11/17 at 2:15 PM, NA (Nursing Assistant) #5 was observed providing incontinence care for Resident #1. Resident #1 was observed lying flat on her back with a pillow under the knees. The NA released the incontinent brief and a large amount of soft stool was observed in the resident ' s perineal area. NA #5 used a wet washcloth to wipe front to back removing the visible stool from the resident ' s perineal area. The NA did not</p>	F 315	<p>Resident #1 was immediately cleaned by involved employee.</p> <p>Residents who may have the potential to be affected will be monitored during incontinent care.</p> <p>Immediate inservice was completed with the involved employee on proper incontinent care by Administrator. Re-education with NA's regarding incontinent care on 1/13/17, 1/14/17, 1/15/17, 1/17/17, 1/24/17 and 1/26/17. A return demonstration was done for involved employee on incontinent care by Director of Staff Development on 1/26/17.</p> <p>Wing Managers will observe for proper incontinent care. The results of the monitoring will be brought to the monthly QAPI meeting to evaluate the effectiveness of the plan of correction for quality improvement. The plan will be adjusted as needed based on the results. The monitoring will be completed 3 times a week for 90 days and evaluated at the monthly QAPI meeting to assure compliance.</p>		

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F 315	Continued From page 5 spread the perineal folds to clean the resident. NA #5 then turned the resident onto the right side and removed all stool from the resident ' s buttocks and rectal area. The NA then began to put a clean incontinent brief on the resident. The NA used water only (no cleanser) to provide the incontinence care. The NA was asked to spread the resident ' s perineal folds and clean the area to ensure all the stool was removed. The NA obtained a clean wet washcloth and spread the resident ' s perineal folds and cleaned multiple times from front to back and there was visible stool on the washcloth each time the NA cleaned the area. At the completion of care, the NA was asked why it was important to remove all the stool from the resident and the NA stated it was important to remove all the stool due to infection. On 1/12/17 at 1:53 PM the Director of Nursing (DON) stated in an interview that a hydrating cleanser was supposed to be used to provide incontinence care. The DON stated she would expect the NA to clean between the perineal folds and remove all the stool during incontinence care.	F 315			
F 323 SS=G	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility	F 323		2/16/17	

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F 323	<p>Continued From page 6</p> <p>must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews, the facility failed to supervise a resident after lifting the resident to a standing position in a stand up lift that resulted in a fall with injury to the resident for 1 of 4 residents reviewed for falls (Resident #3) and failed to transfer residents with a mechanical lift according to the plan of care for 2 of 4 residents reviewed for falls (Resident #6 and Resident #4). The findings included:</p> <p>1. The manufacturer ' s instructions for the lift read: " passive and active series of lifts are designed for safe usage with one caregiver. There are circumstances, such as combativeness, obesity, contractures etc. of the individual that may dictate the need for a two-person transfer. It is the responsibility of each facility to determine if a one or two person transfer is more appropriate. "</p> <p>Resident #3 was admitted to the facility on 11/4/10 and had diagnoses of cerebrovascular accident (stroke) with monoplegia (paralysis of one limb) of an upper limb, osteoarthritis and dementia.</p>	F 323	<p>Resident was provided post fall assessment with first aid to the laceration on her head. MD was notified and resident was transferred to the ER. Agent was notified. Employee involved was interviewed and counseled with re-education on 12/23/16 at time of fall by Administrator and ADNS regarding the proper use of the lift with return demonstration by Charge Nurse before returning to work. Employee hired with orientation on 2/9/16 which included safety videos including equipment training.</p> <p>On current residents requiring mechanical lift, lift assessments were audited and care plans were updated by MDS Nurse on 12/29/16,12/31/16 and 1/26/17. The type of lift along with the color sling was audited to make sure each were correct for all lift residents. To ensure lifts were functioning properly an audit was completed by the Maintenance Director on</p>		

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F 323	<p>Continued From page 7</p> <p>The resident ' s Care Plan dated 8/13/14 noted the resident had a deficit in physical functioning related to mobility impairment and was at risk for falls. The Care Plan was updated on 6/8/15 and the resident was to be transferred with the stand-up lift.</p> <p>The Care Area Assessment (CAA) dated 8/23/16 for Cognitive Status/Dementia revealed the resident had short and long term memory deficits. The CAA for ADLs (activities of daily living) revealed the resident required mostly total assist with ADLs and mobility needs with progression of her dementia. The CAA for Falls revealed the resident was at risk for falls due to being non-ambulatory and dependent on staff for transfers to a wheelchair and had poor safety awareness. The CAA noted the resident was up in a wheelchair daily with staff providing transfers with the use of a mechanical lift.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 11/21/16 revealed the resident had severe cognitive impairment and no behaviors. The MDS noted the resident required total assistance of 2 persons for transfers, was not ambulatory and was not steady during surface to surface transfers and only able to stabilize with human assistance.</p> <p>A Lift/Mobility Assessment for Residents form dated 11/21/16 revealed Resident #3 was re-assessed and the resident was to continue to be transferred with the stand-up lift.</p> <p>An Interdisciplinary Post Fall Review report dated 12/23/16 revealed on 12/23/16 at 4:45 PM a nursing assistant (NA) entered the resident ' s room to provide care and noted the resident had had a bowel movement. The report noted the following: The NA secured the two seat belt straps and made sure the resident ' s knees were against the knee pads and the resident was fine.</p>	F 323	<p>12/27/16 there were no concerns noted. Facility completed audit for the past 30 days and found no similar events.</p> <p>Immediate inservice completed on 12/23/16 by Administrator with current Nurses and NA's on proper use of lifts and not leaving resident unattended. For involved employee inservicing started immediately on 12/23/16 by Administrator and ADNS and a return demonstration completed by Charge Nurse on 12/23/16 before returning to work. Use of mechanical lift competency was initiated on 12/28/16 by ADNS, Safety Officer and Wing Managers and will be completed for all Nurses and NA's by 12/30/16. After 12/30/16 Nurses and NA's will not be allowed to work until completed competency.</p> <p>Wing Managers will observe for proper use of lift transfers for 3 times week for 90 days. The results of the monitoring will be brought to the monthly QAPI meeting to evaluate the effectiveness of the plan of correction for quality improvement, the plan will be adjusted as needed based on those results. The monitoring will be completed by 90 days and evaluated at the monthly QAPI meeting to assure compliance. A ADHOC QAPI meeting was held on 12/27/16 to review plan of correction and address opportunities for improvement. The monitoring will be completed by 90 days and evaluated at the monthly QAPI meeting to assure compliance.</p>		

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F 323	<p>Continued From page 8</p> <p>NA got washcloth off the bed. The NA looked at the resident and the resident was holding on to the bar as she usually did. Because the resident had a large bowel movement the NA went to the bathroom to wet the washcloth and was watching the resident through the crack of the bathroom door. The NA turned off the water and heard the resident fall. The report revealed the physician and the resident ' s responsible party were notified.</p> <p>A nurse ' s note dated 12/23/16 at 5:12 PM revealed Resident #3 had a fall and was noted to have a laceration to the head, the physician was notified and orders given to send the resident to the Emergency Department (ED).</p> <p>A nurse ' s note dated 12/23/16 at 8:20 PM revealed the resident returned to the facility from the ED where the resident received 4 staples to a laceration of the head.</p> <p>The Care Plan for Resident #3 was updated on 12/23/16 for Resident #3 to be transferred with 2 persons with the stand-up lift.</p> <p>On 1/12/17 at 1:30 PM an interview was conducted with the Director of Nursing (DON). The DON stated it had been their policy to use one person for transfers with the stand-up lift and referred to the manufacturer ' s instructions. The DON stated as of January 1, 2017 the policy had changed and transfers with a mechanical lift were to be done with 2 persons. The DON stated the NA involved in the transfer had worked at the facility a long time and prior to the incident on 12/23/16 had received education and had given a return demonstration on correctly using the stand-up lift to transfer residents. The DON stated the NA had the resident in the stand-up lift and the resident had a large bowel movement and the NA stepped away to the bathroom to wet the washcloth and was watching through the</p>	F 323			

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F 323	<p>Continued From page 9</p> <p>crack in the bathroom door and looked away for a minute and the NA heard the resident fall.</p> <p>On 1/12/17 at 3:19 PM an interview was conducted with NA #1 who transferred Resident #3 with the stand-up lift on 12/23/16. The NA stated she had transferred the resident with the stand-up lift many times in the past and had never had any problems. The NA further stated she went to put the resident in bed and had put a gown on the resident while she was sitting in the wheelchair. The NA stated she applied the lift sling to the resident as usual and lifted the resident to a standing position with the resident holding on to both handle bars on the lift. The NA stated she pulled the resident ' s pants down and saw the resident had had a large bowel movement. The NA stated she left the resident standing in the lift beside her bed and went in the bathroom to wet a washcloth so she could clean up the resident. The NA stated she was watching the resident through the crack in the door and turned to wring out the washcloth and heard the resident fall. The NA stated she did not understand what happened to cause the resident to fall but the resident was lying on the floor beside the bed and the sling was still attached to the lift.</p> <p>On 1/13/17 at 4:15 PM an interview was conducted with the Administrator and the DON. The DON stated since the incident, they had in-serviced most of the nurses and the NAs in transfers with the different kinds of lifts, how to use the different kinds of lifts and slings and demonstrated how to apply and operate the lifts with return demonstrations by the staff and stressed to them that all transfers with a mechanical lift were to be done with two people. The DON stated there were a few staff members left to be in-serviced and they would not be</p>	F 323			

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F 323	<p>Continued From page 10</p> <p>allowed to work until they had received the training. The DON stated they had audited all the residents in the building that were transferred with mechanical lifts and compared their transfer assessments to the care plan and to the NA Care Cardex. The DON stated they had developed an audit tool in their QA (Quality Assurance) meeting and had been monitoring 3 transfers a week and would continue to do this for 90 days. There was no information provided in the plan of correction regarding leaving a resident in a mechanical lift unattended.</p> <p>2. Resident #6 was admitted to the facility on 1/18/11 and had a diagnoses of dementia and chronic pain. The resident ' s Care Plan initiated on 6/17/14 noted a self-care/mobility impairment with a revision on 1/10/12 that read: Transfer assistance of 1-2 use of mech (mechanical) lift. " The Care Area Assessment (CAA) for Cognitive Status/Dementia dated 7/26/16 revealed the resident had long term memory impairment due to dementia and was oriented to person only. The CAA noted the resident was severely impaired for decision making and decreased safety awareness. The CAA for Falls noted the resident did not attempt to transfer self, had contractures of both lower extremities and was dependent on staff with the use of a mechanical lift. The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 12/20/16 revealed the resident had short and long term memory loss and severe cognitive impairment with no behaviors. The MDS noted the resident required extensive assist with transfers with 2 persons and had impairment of both lower extremities. Review of the Resident Cardex Info sheet under transfers read: " Maxi-lift. " This lift was identified</p>	F 323			

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F 323	<p>Continued From page 11</p> <p>by the facility as a mechanical lift where the resident was lifted in a sling and transferred from one surface (i.e. bed) to another surface (i.e. wheelchair).</p> <p>On 1/12/17 at 10:28 AM NA #2 and NA #3 were observed to transfer Resident #6 from the bed to a reclining wheelchair. The two NAs physically picked up the resident and placed her in the wheelchair.</p> <p>On 1/12/17 at 12:50 PM an interview was conducted with the NA #2 who was assigned to care for the resident. The NA stated there was a sign at the head of the bed that told them what lift to use to transfer the resident. A small square of paper with bold letters read: " ML. " The NA stated that meant the resident was to be transferred with the Maxi-Lift. The NA was asked why she did not use the lift to transfer the resident and the NA stated: " She only weighs 78 pounds. "</p> <p>On 1/12/17 at 1:47 PM the Director of Nursing (DON) stated in an interview that the resident ' s Care Plan said to use 1-2 persons with the use of a mechanical lift and the Care Cardex said to use the Maxi-Lift. The DON stated the staff had been in-serviced and if the sign said ML (Maxi-Lift), that was how the staff should be transferring the resident. The DON stated the sign at the head of the bed was part of their plan of correction.</p> <p>3. Resident #4 was admitted to the facility on 8/30/13 and had diagnoses of cerebrovascular accident (CVA) with hemiplegia, osteoporosis and dementia.</p> <p>The resident ' s Care Plan dated 8/13/14 noted a self-care/mobility impairment related to an old CVA with hemiplegia (paralysis on one side), old right fractured humerus, arthritis and osteoporosis.</p>	F 323			

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F 323	<p>Continued From page 12</p> <p>The Care Area Assessment dated 6/1/16 for Falls noted the resident was at risk for falls due to physical limitations, history of CVA and dementia with poor safety awareness and was dependent on staff for assistance with transfers.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 10/18/16 revealed the resident had severe cognitive impairment and no behaviors. The assessment revealed the resident required total assistance with transfers, was not ambulatory and was not steady and only able to stabilize with staff assistance during surface to surface transfers. The MDS revealed the resident had mobility impairment of one upper extremity and one lower extremity.</p> <p>The Care Plan for Resident #4 was updated on 12/31/16 for the resident to be transferred with a stand-up lift. The NAs ' Resident Care Cardex noted the resident was to be transferred with the stand-up lift.</p> <p>On 1/12/17 at 10:30 AM NA #2 was observed to provide care for Resident #4. Upon returning to the room at 10:55 AM the resident was observed to be sitting in a wheelchair in the room with the NA was still in the room providing care. There was not a lift observed in the hall or the room. NA #2 was asked how she transferred the resident and she stated she transferred the resident with the stand-pivot method.</p> <p>On 12/17/16 at 12:45 PM, NA #2 was asked how she knew how a resident was to be transferred and the NA stated there was a sign at the head of the bed that told staff how to transfer the resident. There was a small square of paper on the wall at the head of the resident ' s bed that read: " SL (stand-up lift). " The NA was asked why she did not use the stand-lift to transfer the resident and the NA stated: " Because I had someone to help me and the resident could stand. "</p>	F 323			

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F 323	Continued From page 13 On 1/2/17 at 1:42 PM the Director of Nursing (DON) stated until recently the resident was a stand/pivot transfer and was changed to a stand-up lift for transfers. The DON Stated the resident had gotten a little weaker and when the quarterly assessment was done the resident was assessed to be transferred with the stand-up lift. The DON stated the staff had just been in-serviced on mechanical lifts and the sign at the head of the bed was part of their plan of correction and the NA should have used the stand-up lift to transfer the resident.	F 323			
F 441 SS=D	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2); (2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the	F 441		2/16/17	

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F 441	<p>Continued From page 14 facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which 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; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their</p>	F 441			

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F 441	<p>Continued From page 15 program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews the facility failed to remove gloves and wash hands after providing perineal care for 1 of 3 residents observed to receive care (Resident #2). The findings included:</p> <p>The facility policy titled Hand Hygiene revised 9/2015 did not address double gloving. Resident #2 was admitted to the facility on 8/30/13 and had a diagnosis of dementia. The Care Area Assessment (CAA) for Activities of Daily Living dated 8/2/16 revealed the resident required mostly total assistance due to cognitive status. The resident ' s Care Plan revised on 9/7/16 noted the resident had physical functioning deficit related to self-care/mobility impairment and range of motion limitations. The Care Plan noted the resident required assistance with activities of daily living.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 10/26/16 revealed the resident had severe cognitive impairment. The MDS noted the resident required total assistance with bathing and was incontinent of bowel and bladder.</p> <p>On 1/11/17 at 11:25 AM, NA (Nursing Assistant) #4 was observed to provide a bed bath for Resident #2. At the end of the bath the NA was observed to apply a barrier cream to the resident ' s buttocks and perineal area. The NA was observed to remove an emesis basin containing a toothbrush and toothpaste and stated she needed to provide mouth care for the resident. The NA started to remove the items from the emesis basin and was asked if she removed her gloves and washed her hands after she applied the</p>	F 441	<p>For affected resident #2 the double gloves were removed and hands were washed.</p> <p>Residents who may have the potential to be affected will be monitored for proper hand washing and no double gloving during care.</p> <p>Immediate inservice was completed with the involved employee on proper hand washing by Administrator. Re-education with Nurses and NA's regarding proper hand washing and no double gloving on 1/13/17, 1/14/17, 1/15/17, 1/17/17, 1/24/17 and 1/26/17. A return demonstration was done regarding double gloving and hand washing with involved employee by Director of Staff Development on 1/26/17.</p> <p>Wing Managers will observe for proper hand washing and no double gloving. The results of the monitoring will be brought to the monthly QAPI meeting to evaluate the effectiveness of the plan of correction for quality improvement. The plan will be adjusted as needed based on the results. The monitoring will be completed for 3 times a week for 90 days and evaluated at the monthly QAPI meeting to assure compliance.</p>		

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F 441	Continued From page 16 barrier cream. The NA stated she had not and removed the gloves and was noted to have another pair of gloves on under the gloves removed. The NA stated: " Now I have clean gloves. " On 1/12/17 at 1:57 PM the Director of Nursing stated in an interview that the staff should not double glove and she would expect the NA to remove the gloves and wash her hands prior to giving oral care.	F 441		