STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345277	A. BUILDING _____ B. WING _____	C 03/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND HILL CENTER	**400 VISION DRIVE ASHEBORO, NC 27203**

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F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(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: §483.80(a)(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; §483.80(a)(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 facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		3/19/18

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

Electronically Signed | 03/20/2018

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F 880	Continued From page 1 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, resident, staff and Physician interviews and record review the facility failed to cohort/ place a resident in a private room on contact precautions for Clostridium Difficile (C-Diff-a bacteria that causes inflammation of the colon) for 2 (Resident #7 and Resident #2) of 3 residents reviewed for infection control. The findings included: Review of the facility policy titled Contact Precautions last revised 11/28/17 indicated a	F 880	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Woodland Hill Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements,	

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F 880	Continued From page 2	F 880		

resident on contact precaution should be placed in a private room if possible. The facility may cohort residents who have the same organism.

Resident #7 was on admitted 05/31/17 with cumulative diagnoses of Alzheimer's Disease, Diabetes and Chronic Kidney Disease.

Review of Resident #7's annual Minimum Data Set (MDS) dated 02/23/18 indicated moderate cognitive impairment, no behaviors, extensive assistance with all activities of daily living (ADLs) and incontinent of bowel.

Review of Resident #7's physician orders dated 11/25/17 indicated she was diagnosed with C-Diff, placed on contact precautions and treated for ten days with an antibiotic.

Review of Resident #7's physician orders dated 12/28/17 indicated she was diagnosed with C-Diff, placed on contact precautions and treated for fourteen days with an antibiotic.

Review of Resident #7's physician orders dated 01/04/18 indicated she was diagnosed with C-Diff, placed on contact precautions and treated for 10 days with two antibiotics. Resident #7 was placed on palliative care on 01/04/18.

Resident #2 was admitted 01/16/18 with cumulative diagnoses of Pneumonia and Urinary Tract Infection (UTI).

Resident #2's admission MDS dated 01/23/18 indicated she was cognitively intact with no behaviors. Resident #2' required extensive assistance with all her ADLs and was coded and

facts, and conclusions that form the basis for the deficiency.

Resident #7 is no longer in the facility. Resident #2 is in a semi-private room without a roommate.

Other residents in house were reviewed by the Nurse Practice Educator for a diagnosis of colonized or active C-Diff. Two residents were identified. One resident has active C-Diff and is in a semi-private room without a roommate. One resident is colonized and is in a semi-private room but the roommate does not meet any of the criteria for not cohorting.

Licensed Nurses and Certified Nursing Assistants have been inserviced on contact isolation procedures, when to use a private room or cohort residents with C-Diff. The Admission Director, Social Services, Director of Nursing and Nurse Educator will review all possible admissions and room changes/transfers to our policy to ensure that the residents with active or colonized C-Diff are placed in appropriate rooms.

Audit results will be reported monthly to the Quality Assurance Performance Improvement Committee monthly for three months, quarterly times three then yearly to identify trends and further opportunities for improvement. Quality Assurance reviews deficiencies annually, member's complete audits of deficiencies to ensure continued compliance and the

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F 880	Continued From page 3 frequently incontinent of bowel. Resident #2 was placed in the same room with Resident #7 on 02/09/18. Review of Resident #7's physician orders dated 02/27/18 indicated she was again diagnosed with C-Diff, placed on contact precautions and treated for 10 weeks on a tapering dose of an antibiotic. Review of Resident #2's room transfers indicated she was not removed from the room she was sharing with Resident #7's any time after 02/27/18. Resident #2 was diagnosed with C-Diff on 03/01/18, placed on contact precautions and treated for fourteen days with an antibiotic. Resident #7 expired on 03/12/18 and Resident #2 remained in the same room with continued contact precautions. In an interview on 03/13/18 at 2:40 PM, Resident #2 stated she had not been moved from her current location since she moved in on 02/09/18. She stated she was being treated for an infection and the staff were wearing gloves, gowns and mask when caring for her In an interview on 03/14/18 at 9:45 AM, Nurse #1 stated she was responsible for monitoring the infections in the facility. She stated the Unit Manager was the trained Infection Control Prevention person for the facility but she was taking the next class being offered. Nurse #1 stated Resident #7 had a history of C-Diff and Resident #2 did not. Nurse #1 stated after Resident #7 was treated 01/04/18, she was	F 880	Center Executive Director is responsible for the follow up.	

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"cleared" of C-Diff. She stated the facility did not retest but rather once a resident no longer had loose stools, they were considered "cleared". Nurse #1 stated when Resident #2 was moved into the room with Resident #7, she was not exhibiting any symptoms of C-Diff. When Resident #7 was again diagnosed with C-Diff on 02/27/18, there was discussion with management and it was decided that Resident #2 had already been exposed therefore there was no need to move either resident.

In an interview on 03/14/18 at 10:20 AM, Nurse #2 stated every other occasion Resident #7 was on contact precautions, she was placed in a private room and was uncertain why that did not happen on 02/27/18.

In an interview on 03/14/18 at 10:25 AM, the Nurse Practitioner (NP) stated at the time Resident #2 was moved into the room with Resident #7, the facility thought she was "cleared" of C-Diff. She stated it was her experience at the facility that once a resident was placed on contact precautions, they would be placed in a private room. She recalled a discussion regarding the need to move Resident #2 but the management stated Resident #2 was already exposed. The NP stated it was only a few days later that Resident #2 was also diagnosed with C-Diff. She stated Resident #2 had been treated several times since her admission with antibiotics for UTIs and this could have been to reason Resident #2 developed C-Diff. She stated at the time Resident #7 was diagnosed with C-Diff on 02/27/18, Resident #2 was being treated for a different organism and not C-Diff. She stated it was her expectation that residents placed on contact precaution be placed in a

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F 880	Continued From page 5	F 880		

private room and only share a room if both residents were being treated for the same organism.

In an interview on 03/14/18 at 11:15 AM, the Unit Manager (UM) stated she was the person trained in Infection Control Prevention but recently stepped down to the role of Unit Manager. She stated was not working on 02/26/18 and 02/27/18 but when she returned to work on 02/28/18 she questions why Resident #7 and Resident #2 were sharing the same room. She stated she was told by management that is was not necessary. The UM stated all previous occasions, Resident #7 was in a private room while on contact precautions.

Review of the facility census on 02/27/18 and 02/28/18 indicated 80 residents were in-house. The facility has 100 bed capacity.

In a telephone interview on 03/14/18 at 12:08 PM, the Physician stated typically, when a resident was placed on contact precautions, they are placed in a private room. He recalled speaking to the Director of Nursing (DON) about moving Resident #2 but he was told there was no private rooms available. He stated it was the feeling of the facility that Resident #2 had already been exposed therefore, she was not removed from the room. He stated it was his expectation that contact precautions means the resident should be in a private room unless both residents were being treated for the same organism.

In an interview on 03/14/18 at 12:20 PM, the DON stated there was discussion about moving Resident #2 but it was decided that by moving her to another room, they would be spreading the

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F 880	Continued From page 6 infection since Resident #2 was already likely exposed. She stated it was her expectation the facility adheres to their policy and move residents on contact precautions unless they meet the criteria for room sharing.	F 880		