

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

PRINTED: 01/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2020
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVENUE PLACE NW HICKORY, NC 28601		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced COVID-19 Focused Survey was conducted on 12/08/20 with exit from the facility on 12/08/20. Additional information was obtained on 12/09/20 and 12/10/20. Therefore, the exit date was changed to 12/10/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID: PJEM11.	F 000			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to	F 686		1/6/21	

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

TITLE

(X6) DATE

Electronically Signed

12/31/2020

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 686	<p>Continued From page 1</p> <p>promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interview the facility failed to promote healing and prevent possible infection of a resident's pressure ulcer when the Wound Nurse did not change her gloves and perform hand hygiene after removing a soiled dressing while performing wound care for 1 of 3 residents reviewed infection control (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 12/02/20 with diagnoses that included pressure ulcer of sacrum.</p> <p>Review of the admission assessment dated 12/02/20 and completed by the Wound Nurse (WN) indicated that Resident #1 was alert and oriented to person and place and long/short term memory were intact. The Assessment further indicated that Resident #1's had a pressure ulcer to her sacral area.</p> <p>Review of a care plan dated 12/08/20 read in part, Resident #1 has actual impairment to skin integrity related to impaired mobility and incontinence with wound noted to sacrum. The goal read, Resident #1 will maintain or develop clean intact skin by the review date. The interventions included: keep skin clean and dry, monitor dressing to ensure it is intact and adhering, observe site for redness, swelling, increase drainage or pain, and provide treatment as ordered.</p>	F 686	<p>Preparation submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set fourth on the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>On 12/20/20 the Staff Development Coordinator provided Hand Hygiene Competency Validation to the Wound Nurse. All PPE will be available for the wound nurse on the wound treatment cart.</p> <p>All residents have the potential to be affected. Hand Hygiene Competency Validation was given to housekeeping, laundry, dietary, nurses, nursing assistants, maintenance, therapists and Dept. Heads by the Infection Prevention ADON and/or Staff Development Coordinator/Designee. No additional issues were identified. All PPE will be available at the nursing station.</p> <p>The Infection Control Nurse / Designee will conduct weekly audits five (5) times a week times four (4) weeks, then three (3) weeks times four (4) weeks then monthly times two (2) months or until compliance has been determined on hand hygiene procedures with direct resident contact. A</p>		

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F 686	<p>Continued From page 2</p> <p>Review of a physician order dated 12/08/20 read, Santyl (medicated ointment) to sacral wound topically everyday shift, apply to calcium alginate (fibrous material) and cover with a foam dressing.</p> <p>An observation of wound care was made on 12/08/20 at 10:10 AM. The WN was observed to wash her hands and don gloves. Resident #1 was observed lying on her right side with her sacral area exposed. The wound on the resident's sacral area was covered with a dressing that was visibly soiled with stool. The WN used her gloved hands to remove the visibly soiled dressing and laid it on the bed next to her clean treatment supplies. Using the same gloved hands without removing her gloves and performing hand hygiene she then cleaned the wound and applied the santyl with calcium alginate and covered the area with a foam dressing. The wound was without odor and redness or excessive drainage. The WN then gathered the soiled dressing and trash and disposed of them in the garbage can and then proceed to the bathroom to remove her gloves and wash her hands.</p> <p>An interview was conducted with the WN on 12/08/20 at 10:55 AM. The WN stated that she had washed her hand and donned her gloves and removed the old soiled dressing from Resident #1's bottom. She stated that she was aware that she should have changed her gloves and performed hand hygiene before applying the clean dressing. She stated she would have done but that there were no gloves available on the unit and she would have had to walk off the unit to get clean gloves. The WN stated that she generally put extra gloves in her scrub pocket but did not realize that she had applied the last pair she had in her pocket. The WN again confirmed that she</p>	F 686	<p>Nurse / Designee will observe the wound nurse, one nurse, one resident care specialist, one housekeeper, one therapist on first shift, one nurse and one resident care specialist on second shift and one nurse and one resident care specialist on third shift.</p> <p>The Director of Nursing / Infection Control Nurse will report results of the audits in the facility's monthly QAPI meetings.</p>		

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F 686	Continued From page 3 should have removed her gloves after removing the soiled dressing and cleaning the wound, washed her hands and applied new gloves. An interview was conducted with the Infection Preventionist (IP) on 12/08/20 at 4:49 PM. The IP stated that the dressing change observation was unacceptable practice. She stated that the WN should have removed the soiled dressing and cleaned the wound then removed her gloves washed her hands and applied new gloves to apply the clean dressing. The IP noted there were gloves sitting all around and the WN should have all needed supplies with her when she entered the room. An interview was conducted with the Director of Nursing (DON) on 12/10/20 at 11:05 AM. The DON stated that the WN should have washed her hands and put on clean gloves between removing the old soiled dressing and applying the clean dressing. The DON stated that she planned to meet with the WN and provide some encouragement and reeducation on proper hand hygiene. An interview was conducted with the Administrator on 12/10/20 at 11:26 AM. The Administrator stated that there was zero tolerance for not performing hand hygiene and that he fully expected the WN to wash her hands appropriately. He stated she would receive additional education and monitoring as well.	F 686			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F 812		1/6/21	

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F 812	Continued From page 4 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to prepare foods under sanitary conditions when a cook failed to change her food preparation gloves and perform hand hygiene after she touched refrigerator door handles and coughed into her forearm area when preparing food for 1 of 1 observed meal preparations. The findings included: An observation of dietary staff preparing resident lunch meals was made on 12/08/20 at 11:55 AM. Cook #1 was observed to have donned gloves and was wearing a facial mask. Cook #1 went to the refrigerator obtained a bag of sliced cheese; she used her gloved hands to open and close the refrigerator's door. Cook #1 then obtained a loaf of bread from one food preparation table and placed the bag of cheese and loaf of bread on another food preparation table. With the same	F 812	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. On 12/9/20 the Certified Dietary Manager provided re-education to Cook #1 to change her food preparation gloves and perform hand hygiene after obtaining items from the refrigerator and before going on the food tray line / coughing. All residents have the potential to be affected. Hand Hygiene Competency		

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F 812	<p>Continued From page 5</p> <p>gloved hands the Cook picked up a knife to slice a pan of corn bread. Cook #1 held the knife with her gloved right hand and placed her gloved left hand on top of the corn bread to hold it in place while she sliced it with her right hand. While slicing the corn bread the Cook was observed to cough, she turned her head, raised her left arm and hand toward her face and coughed into her left forearm area. She then turned back to the pan of cornbread and with the same gloved hands resumed cutting the corn bread. She again placed the gloved left hand on top of the corn bread to finish slicing the corn bread. Cook #1 was then observed to prepare herself to start plating the meal. She was observed to remove her gloves and go to the hand washing sink and wash her hands. She donned new gloves and began plating resident meals. She plated 3 resident meal trays and each tray received a slice of the corn bread that the Cook had sliced. Once each tray was completed a tray lid was placed on top and it was transferred from the tray line to the tray cart to be delivered to the unit. The Dietary manager was made aware that Cook #1 had not properly washed or sanitized her hands and she directed the dietary staff to remove the 3 trays from the cart and the pan of corn bread was thrown away and new corn bread obtained.</p> <p>An interview was conducted with Cook #1 on 12/08/20 at 2:20 PM. The Cook stated that when she entered the kitchen, she washed her hands and anytime she left the tray line she washed her hands before returning to serve food. Cook #1 stated she was very nervous, and she felt a cough coming on and she turned to cough and resumed cutting the corn bread. She added then all the sudden it hit her that "oh my goodness I needed to wash my hands." She stated it was</p>	F 812	<p>Validation was given to housekeeping, laundry, dietary, nurses, nursing assistants, maintenance, therapists and Dept. Heads by the Infection Prevention ADON and/or Staff Development Coordinator/Designee. No additional issues were identified.</p> <p>The Infection Control Nurse / Designee will conduct weekly audits five (5) times a week times four (4) weeks, then three(3) weeks times four (4) weeks then monthly times two (2) months or until compliance has been determined on hand hygiene procedures. The Certified Dietary Manager /Designee will observe a cook and dietary aide on first shift, one cook and one dietary aide on second shift.</p> <p>The Infection Control Nurse / Designee will report results of the audits in the facility's monthly QAPI meetings.</p>		

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F 812	<p>Continued From page 6</p> <p>getting late and I should have walked away when I felt that cough coming on. The Cook stated she had just been in serviced on hand hygiene, cough etiquette and she had been educated again today that she should have walked away removed her gloves and washed her hands and started over again.</p> <p>An interview was conducted with the Infection Preventionist (IP) on 12/08/20 at 4:29 PM. The IP stated that the Cook was educated on 12/01/20 on hand washing and that she should have stopped and washed her hands after obtaining items from the refrigerator and again after she coughed.</p> <p>An interview was conducted with the Dietary Manager (DM) on 12/09/20 at 5:15 PM. The DM stated she never had any issues with Cook #1 and that she was very nervous. The DM stated she reeducated the Cook yesterday that she should have removed her gloves before slicing the corn bread and washed her hands and put on new gloves and again after she coughed. The DM stated she took the issue very serious and talked to staff including the Cook about washing hands appropriately.</p> <p>An interview was conducted with the Administrator on 12/10/20 at 11:26 AM. The Administrator stated that there was zero tolerance for not performing hand hygiene and that he fully expected the cook to wash her hands appropriately. He stated she would receive additional education and monitoring as well.</p>	F 812			