

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

PRINTED: 01/05/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF ROANOKE RAPIDS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 FOURTEENTH STREET</b> <b>ROANOKE RAPIDS, NC 27870</b>	
(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 000	INITIAL COMMENTS  The survey team entered the facility on 11/8/21 to conduct a complaint investigation survey. The survey team was onsite 11/8/21 and 11/9/21. Additional information was obtained offsite on 11/19/21. Therefore, the exit date was 11/19/21. Event ID PN9011. Nine of the nine complaint allegations were not substantiated.	F 000		
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:	F 880		12/10/21

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

TITLE

(X6) DATE

Electronically Signed

12/07/2021

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 880	<p>Continued From page 1</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the 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>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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:</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Based on observations, record review and staff interviews, the facility failed to implement their infection control policy when 1 of 1 staff member (Nurse #1) failed to change gloves and perform hand hygiene during wound care for 1 of 2 residents reviewed for wound care (Resident #3).</p> <p>The findings included:</p> <p>The facility policy titled "Pressure Ulcer (Injury) Treatment" last reviewed on 6/8/21 noted the purpose of the policy was to provide guidelines for the care of existing pressure ulcers. For Stage 4 pressure ulcers the procedure read as follows: 4. Wash and dry hands thoroughly before treatment. Apply gloves. 5. Remove soiled dressing and place in opened plastic bag. Also remove soiled gloves and place in the plastic bag. 6. Wash and dry hands thoroughly. Apply gloves. 7. Clean area with normal saline and pat dry. 8. Open package and remove dressing, maintaining sterility. 9. Apply dressing/treatment according to manufacturer's directions, care plan and physician's orders. 10. Remove and discard gloves. Wash and dry hands thoroughly.</p> <p>On 11/8/21 at 10:36 AM an observation was made of wound care for Resident #3 by Nurse #1. The Nurse was observed to use a hand sanitizer to sanitize her hands and donned gloves. The Nurse was observed to remove the dressing on the sacrum and placed it in a plastic bag. The Nurse proceeded to remove saline soaked gauze from a package and cleaned Resident #3's sacral wound. The Nurse was observed to remove the soiled gloves and don clean gloves without sanitizing her hands. The Nurse placed an absorptive material in the wound bed. The Nurse was observed to change gloves without sanitizing</p>	F 880	<p>This Plan of Correction is Signature HealthCARE of Roanoke Rapids' credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the fact alleged or conclusions set forth in the of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of Federal and State Law.</p> <ol style="list-style-type: none"> <li>1. Nurse #1, Wound Nurse as given 1:1 re-education on Wound Care Treatment and Handwashing/Hygiene including the policy entitled "Pressure Ulcer (Injury) Treatment" by the Director of Nursing on 12/10/2021. Resident #3's sacral wound assessed by the Director of Nursing on 11/10/2021. Sacral wound showed no deterioration or signs and symptoms of infection.</li> <li>2. On 11/17/2021, 100% audit was conducted of all residents receiving wound care for pressure ulcers for proper technique of wound care by the Director of Nursing. No issues were identified.</li> <li>3. Wound care nurse and other nurses were re-educated on wound care and handwashing/hygiene and the policy entitled "Pressure Ulcer (Injury) Treatment" by the Director of Nursing. This education will be completed by 12/10/2021. All newly hired nurses will be trained on the wound care and handwashing/hygiene and the policy entitled "Pressure Ulcer (Injury) Treatment</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>her hands, donned clean gloves and placed a gauze dressing over the wound. At the completion of the care, the Nurse removed the gloves and used a hand sanitizer to sanitize her hands.</p> <p>On 11/08/21 at 10:55 AM Nurse #1 stated in an interview that she usually changed her gloves after removing the soiled dressing during wound care and thought she did that. Nurse #1 further stated when providing wound care, she usually sanitized her hands before and after the care but did not sanitize her hands after removing the gloves during the wound care.</p> <p>On 11/09/21 at 3:50 PM Nurse #1 stated in an interview that she usually sanitized her hands when changing her gloves during wound care but had a lot going on and did not understand the question during our previous interview.</p> <p>On 11/09/21 at 3:10 PM the Director of Nursing (DON) stated in an interview that Nurse #1 should have changed her gloves after removing the dressing and sanitized her hands. The DON further stated each time Nurse #1 removed her gloves she should have sanitized her hands.</p>	F 880	<p>by the Director of Nursing, Assistant Director of Nursing or Nursing Supervisor during their classroom orientation. All staff will receive education on hand washing including the CDC's Infection Preventionist Training in CDC-Train Fight Germs Wash Your Hands-<a href="https://www.youtube.com/watch?v=eZw4Ga3ig3E">https://www.youtube.com/watch?v=eZw4Ga3ig3E</a> to help facilitate enhanced compliance with infection control and prevention.</p> <p>4. The Director of Nursing or designee will perform observation audits of three residents weekly receiving pressure ulcer wound care to validate hand washing for four weeks, then two residents every two weeks for one month, then two residents per month for two months. The Director of Nursing or designees will report to the Quality Assurance Performance Improvement Committee any findings, identified trends, or patterns. Any negative findings will be corrected at the time of discovery in accordance with the standard. The Quality Assurance and Performance Improvement Committee consists of the Administrator, Director of Nursing, RN Supervisor, MDS Coordinator, Activities Director, Dietary Manager, Maintenance and Housekeeping Director, Medical Director, a Certified Nursing Assistant the the Director of Social Services.</p>		