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	345302	A. BUILDING _____ B. WING _____	R-C 11/30/2023

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VERO HEALTH & REHAB OF SYLVA	417 CLOVERDALE ROAD SYLVA, NC 28779

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{F 000}	INITIAL COMMENTS An onsite revisit was conducted on 11/30/23. Tags F550, F636, F759 and F760 were corrected as of 11/30/23. Repeat tags were cited. New tags were also cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance.	{F 000}		
{F 867} SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators. §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators,	{F 867}		

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

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{F 867}	Continued From page 1 including the methodology and frequency for such development, monitoring, and evaluation. §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events. §483.75(d) Program systematic analysis and systemic action. §483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained. §483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and (iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained. §483.75(e) Program activities. §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas;	{F 867}		

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{F 867}	Continued From page 2	{F 867}		

consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.

§483.75(g) Quality assessment and assurance.

§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:

(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;

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{F 867}	Continued From page 3 (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by:	{F 867}		
{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	{F 880}		

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{F 880}	Continued From page 4	{F 880}		

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:
(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 observation, record review, and staff interviews, the facility failed to implement their

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{F 880}	Continued From page 5	{F 880}		

infection control policy when Nurse #2 did not perform hand hygiene after removing a soiled dressing with drainage on it and before donning new gloves to cleanse the wound with wound cleanser-soaked gauze. Nurse #2 also failed to perform hand hygiene after cleaning scissors with alcohol, doffing gloves and before donning new gloves to continue with care for 1 of 1 resident (Resident #4) reviewed for wound care.

The findings included:

The facility's policy entitled Handwashing/Hand Hygiene which is part of their Infection Control Policies and Procedures last revised on 08/2014 under Policy Interpretation and Implementation read in part:
7. Use an alcohol-based hand rub (ABHR) containing at least 62% alcohol; or alternatively, soap and water for the following situations:
a. Before and after direct contact with residents;
g. Before handling clean or soiled dressings, gauze pads, etc.;
k. After handling used dressings, contaminated equipment, etc.;
m. After removing gloves;
8. Hand hygiene is the final step after removing and disposing of personal protective equipment.
9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.

An observation of wound care by Nurse #2 was made on 11/29/23 at 10:50 AM. Nurse #2 washed her hands with soap and water and donned clean gloves. The resident was sitting in

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{F 880}	Continued From page 6	{F 880}		

his wheelchair with his left leg dependent and his left foot resting on a towel on the floor. Nurse #2, using her scissors, removed the old dressing which had a moderate amount of serous drainage on the dressing. With the same gloves on she proceeded to cleanse the wound with wound cleanser-soaked gauze and repeated the process to get the calcium alginate (a water-insoluble, gelatinous cream-colored substance used for granulating phase of wound repair) out of the wound bed. After removing the calcium alginate she cleansed the wound again and with clean gauze patted the wound dry. Nurse #2 then doffed her gloves, washed her hands with soap and water, and donned clean gloves and cleaned her scissors which she had used to remove the resident's soiled dressing with an alcohol wipe. She then doffed her gloves and donned a clear pair of gloves without sanitizing her hands and proceeded to apply new calcium alginate in the wound bed, covered with an ABD (abdominal gauze pad used to absorb discharge from heavily draining wounds) pad, wrapped with kerlix (bandage roll that provides fast-wicking action, aeration and absorbency to cushion and protect wound areas), and secured with tape with her initials and date. Nurse #2 doffed her gloves and without sanitizing her hands collected her supplies and left the room.

An interview on 11/29/23 at 3:30 PM with Nurse #2 revealed she thought the wound care for Resident #4 had gone well. She stated she had education recently on proper handwashing and proper procedure for dressing changes and stated she had been monitored by nursing management on dressing changes. When discussing the dressing change, she initially stated that she didn't need to doff her gloves,

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sanitize her hands, and don new gloves before cleaning the wound because it was considered "dirty." As the discussion continued and she reviewed the handwashing policy and the dressing procedure she realized she needed to have sanitized her hands and donned new gloves before cleaning the wound bed. Additionally, as she reviewed the policies, she realized she should have sanitized her hands after cleaning her scissors and doffing her gloves and before donning new gloves. Nurse #2 further stated it was not because she had not been educated and monitored because she had been and said it was her mistake that it had not been done correctly.

An interview on 11/30/23 at 4:29 PM with the interim Director of Nursing (DON) revealed she had educated Nurse #2 herself on proper handwashing and dressing changes and did not understand why she had not done the dressing change correctly. The DON stated she had given Nurse #2 the policy before she went into Resident #4's room to perform the dressing change and stressed to her to slow down, take her time and if she needed to stop and think before proceeding, she could certainly take the time to do so. She further stated some nurses were just more proficient than others and she would have to figure out what to do differently to help Nurse #2 be successful.

An interview on 11/30/23 at 5:17 PM with the Administrator revealed they had discussed the education and monitoring they had done to help the nurses to be successful and said they would just have to put Nurse #2 and the other nurses through these processes daily and monitor more closely going forward. The Administrator also stressed she thought Nurse #2 was just nervous

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{F 880}	Continued From page 8 having others watching her do the dressing change and they would work with her to make her more comfortable.	{F 880}		