


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

PRINTED: 03/24/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2011
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NAME OF PROVIDER OR SUPPLIER CAMELOT MANOR NURSING CARE FAC	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630
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F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ✓ <i>Angela Odum RN</i> <i>DDW</i>	TITLE ✓	(X6) DATE 4/1/11 ✓
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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 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, and staff interviews, the facility failed to develop policies which specified what measures were to be implemented by staff and visitors to prevent the spread of an infection for one (1) of one (1) sampled residents who was identified as having an active infection of Vancocymycin-Resistant Enterococci (VRE). (Resident #5)</p> <p>The findings are:</p> <p>A review of the facility's nursing policy entitled, "Infection Control", noted as being revised on 07/2009 specified; "universal precautions are observed by all departments. Each department has explicit policies and procedures for observing universal precautions in their own department or work area." The policy did not address what measures were to be implemented to prevent the spread of microorganisms when staff or visitors had direct or indirect contact with a resident with a known infection or a suspected infection.</p> <p>Resident #5 was readmitted to the facility on 09/20/10 and was assessed on her Minimum Data Set (MDS) of 03/01/11 as having cognitive deficits, requiring extensive assistance with toileting and personal hygiene, having a urinary catheter in place and being frequently incontinent of bowel. Further medical record review revealed a physician's order dated 03/03/11 which read in part "stool C&S" (culture and sensitivity). Review of Lab results dated 03/06/11 specified that Resident #5 was positive with VRE. A handwritten notation on the results read that the resident needed to be started on an antibiotic twice a day for seven (7) days starting on 03/07/11.</p>	F 441	<p>Infection Control Policies and Procedures were reviewed and Revised to follow the CDC Guidelines for Infectious Diseases.</p> <p>Residents that had potential to be affected by the same deficient practices were reviewed for appropriate contact precautions or room placement.</p> <p>All residents with colonized or active infections were placed on standard or contact precautions as indicated.</p> <p>Resident #5 was placed on Contact Precautions</p>	<p>3/15/2011</p> <p>3/11/2011</p> <p>3/11/2011</p> <p>3/11/2011</p>
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F 441	<p>Continued From page 2</p> <p>Observations of Resident #5's room on 03/10/11 at 9:30 a.m. revealed there was no posted information that instructed staff or visitors of any precautions or measures that needed to be implemented or taken prior to entering or while in this resident's room.</p> <p>On 03/10/11 at 4:50 p.m. an interview was conducted with the facility's Assistant Director of Nurses (ADON) who was designated as the facility's Infection Control Nurse. This interview revealed that the facility's Infection control policy was a "generalized policy" and there were several separate policies that had infection control components in the nursing manuals. The ADON further stated that Resident #5 was the only resident who had an active infection. She specified that Resident #5 had VRE in her urine and believed that the infection was contained because she had a Foley catheter. The ADON was unaware of any notification or education that was provided to visitors regarding precautionary measures necessary for contact precautions with this resident.</p> <p>On 03/10/11 at 5:45 p.m. an interview was conducted with the facility's Director of Nurses (DON). The DON stated that she was aware that Resident #5 had VRE in her urine, but believed that it was "contained" because the resident had an urinary catheter. The DON stated that the facility did not educate visitors or other residents that a resident had an infection or what necessary precautions were to be taken to prevent exposure or the spread of the infection. The DON specified that the facility did not post any signs which alerted staff, residents or visitors of any precautions or measures that were to be taken to</p>	F 441	<p>Procedure in place for Communication to visitors and Staff when a resident is under Contact Precautions.</p> <p>A "Contact Precautions" notice is Posted on residents rooms doors who have been identified for Contact Precautions to be initiated. This contains directions for all staff and visitors on how to proceed in following infectious control measures.</p> <p>Family and Visitor education was conducted on a case by case basis</p> <p>All Departments were inserviced on department specific infection control processes, the use of Standard precautions, isolation/ Contact precautions and PPE use</p> <p>Medical Director has scheduled a "Question and Answer" Workshop on Infectious diseases, Control and Prevention for residents, Family members, responsible parties and staff.</p>	<p>3/12/20 1</p> <p>3/12/20 1</p> <p>3/12/20 1</p> <p>3/25/20 1</p> <p>4/12/20 1</p>
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F 441	<p>Continued From page 3</p> <p>prevent the spread of infections during either direct or indirect contact with a resident who had an active infection. The DON further stated that facility staff were instructed to always use universal precautions and that the facility did not have any specific policies for infections including; VRE, Clostridium Difficile (C Diff) or Methicillin resistant Staphylococcus Aureus (MRSA).</p> <p>On 03/10/11 at 6:30 p.m. Nursing Assistant (NA) #1, who frequently cared for Resident #5 during the evening shift, was interviewed. NA #1 stated that she was unaware that Resident #5 had any current infections. NA #1 specified that she had received no special instructions from her supervisor or any other staff regarding on how she was to handle Resident #5's waste. NA #1 stated that she used gloves when she emptied Resident #5 urinary catheter or provided her with incontinence care. NA #1 also specified that she was not instructed to use any special equipment, including goggles or gowns, when she provided care for Resident #5 including when she emptied her urinary catheter or when performing incontinence care.</p> <p>Further interview with the facility's DON on 03/10/11 at 6:50 p.m. revealed that Resident #5 VRE was not being "contained" by her urinary catheter because she had found that the resident's VRE was actually found in her stool. The DON confirmed that Resident #5 was not cognitively capable to understand proper hand hygiene if it were explained to her. The DON specified that direct care staff were to be notified verbally of any residents with infections by other nursing assistants in their shift report or by the nursing staff. The DON explained that the facility did not document this type of communication to</p>	F 441	<p>The Infection Control Nurse will Review any new infections in the Facility or new admissions for Proper placement on Standard or Contact precautions with need for additional PPE's.</p> <p>Infection Control Report will be Reviewed with Medical Director Weekly.</p>	<p>4/1/2011</p> <p>4/1/2011</p>
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F 441	<p>Continued From page 4</p> <p>ensure that all necessary staff were notified that a resident had an infection. The DON confirmed that it was her expectation that staff caring for Resident #5 should know that she had VRE, to utilize standard precautions and that person protection equipment (PPE) was located in the utility room on A Hall.</p> <p>On 03/10/11 at 6:55 p.m. Licensed Nurse (LN) #1, who cared for Resident #5, was interviewed. LN #1 stated that Nursing Assistants (NA) are informed at beginning of their shift about areas of concerns, changes in condition, treatments, infections or special precautions to be taken when caring for their assigned residents. LN #1 was confident that staff caring for Resident #5 were informed that she had a current infection. LN #1 further stated that she would have informed the nursing assistants to use standard precautions with Resident #5 and would consider Resident's #5 VRE infection "active" until she was retested. LN #1 stated that she was not aware of any protocols in place to educate residents or visitors regarding infection control practices. LN #1 confirmed that precautionary signs or notices were not posted to alert staff and visitors of any precautions or measures to be taken when they had direct or indirect contact with a resident who has an active infection. LN #1 further stated that she would recommend posting the appropriate sign and had suggested this to administration, but was told that signs are not posted because "this is the resident's home." LN #1 stated that on second shift she frequently contacted the physician of positive labs that indicated an infection. LN #1 specified that when she notified the physician of these positive lab results which specified the presence of an infection, orders were usually received for medications including antibiotics, but</p>	F 441	<p>Audit tools were developed for all Departments to track and trend Procedures and educational requirements for staff</p> <p>Five (5) daily units of staff Compliance with Infection Control measures will be Conducted x two weeks, then weekly x 1 month and every month x 3 months.</p> <p>Results from each department Audit will be analyzed for revision of any procedures needed.</p> <p>Initial results from the Department Audits and feedback from the Question and Answer workshop will be reported to the QAA Committee.</p> <p>Contact Precautions initiated for residents will be analyzed as part of the Infection Control program and made a part of the Infection Control Report to the QAA Committee on an ongoing quarterly basis.</p>	<p>4/1/2011</p> <p>4/1/2011</p> <p>4/28/2011</p>

TIC Per Don Angela change Date 4/28/11 SW

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F 441	Continued From page 5 the physician "has never indicated any type of isolation precautions" that were to be implemented to prevent the spread of the infection.	F 441		



CAMELOT MANOR NURSING & REHAB FACILITY

Jennifer Gates NHA, President

Compassion • Affection • Rehabilitation • Encouragement

April 1, 2011

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
Western Regional Office
Black Mountain, N.C. 28711-4501

Attention: Sherry Waters ^{BSW} MSW – Facility Survey Consultant

Dear Ms. Waters:

Please find attached, Plan of Correction for complaint investigation survey conducted on March 10th, 2011.

Sincerely

Angela M. Odom

Angela Odom
Director of Nursing

