

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

PRINTED: 04/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2011
NAME OF PROVIDER OR SUPPLIER ABERNETHY LAURELS			STREET ADDRESS, CITY, STATE, ZIP CODE 102 LEONARD AVENUE NEWTON, NC 28658	
(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 F 441 SS=D	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation Event ID LNHV11.</p> <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</p>	F 000 F 441	<p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by (facility name) of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.</p> <p>Prefix Tag F441 It is the intent of this facility to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to</p>	4/14/2011

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

[Signature]

TITLE

[Signature] NHA

(X8) DATE

4/14/2011

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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APR 21 2011

BY: _____

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F 441	<p>Continued From page 1 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and medical record review, facility staff failed to change gloves between dirty and clean tasks of resident care. (Resident #128)</p> <p>Findings are:</p> <p>Resident #128 was admitted 7/13/07 with diagnoses including End-Stage Alzheimer's Disease. The most recent Minimum Data Set dated 2/23/11 indicated impairment of memory and severe cognitive deficit and total dependence on staff assistance for all care.</p> <p>On 3/24/11 at 9:30 a.m., Nursing Assistants (NA) #1 and NA #2 were observed providing incontinence care. The resident's brief was removed and was observed wet and soiled. NA #1 cleaned the front, then assisted turning the resident onto her side. NA #2 cleaned a moderate amount of soft stool from the perirectal area. While wearing the same soiled gloves, NA #2 applied a clean brief and the resident's pants. The NA continued adjusting the clean bed linens, the resident's pillow and bed rail while wearing the soiled gloves. After the resident was repositioned in bed, NA #1 was observed wearing the same gloves worn during pericare. NA #1 went to the resident's drawer, took out a pack of chewing gum, and removed a piece of gum. The NA pulled the foil back on the gum and placed the gum in the resident's mouth. The resident bit off a piece of the gum. The NA then removed the soiled</p>	F 441	<p>help prevent the development and transmission of disease and infection.</p> <p>On March 24, 2011, CNA #1 was counseled and re-educated in following this facility's incontinence care protocol. On April 12, 2011, CNA #2 was counseled and re-educated in following this facility's incontinence care protocol. Both CNAs were given the opportunity to discuss their mistakes and verbally express their understanding of following this facility's protocol in providing incontinence care. One to one review of incontinence care was also provided for both CNAs by the Staff Development Nurse.</p> <p>On April 4 and 11, 2011, a review of the proper protocol for providing incontinence care was provided to CNAs on all shifts by the Staff Development Nurse.</p> <p>Nurse Managers were given the responsibility to assign one nurse to observe at least one CNA per Unit (East, West, North) providing incontinence care on each shift each month beginning on April 7, 2011 and complete a performance checklist. This monitoring will continue each month for six months from the initial date. The need for additional one-one-training for individual CNAs will be communicated by the Charge Nurses to the Staff Development</p>	4/14/2011

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F 441	<p>Continued From page 2</p> <p>glove from her left hand and rolled up the rest of the gum to place in the resident's mouth.</p> <p>An interview with NA #1 and #2 on 3/24/11 at 9:55 a.m. revealed after providing incontinence care, the dirty gloves should have been removed before handling clean resident supplies and equipment.</p> <p>An interview with the Nursing Unit Manager on 3/24/11 at 10:15 a.m. revealed it was her expectation for staff to adhere to good infection control practices and ensure gloves are removed and hands are washed between dirty and clean tasks of resident care.</p> <p>During an interview on 3/24/11 at 3:00 p.m., the Staff Development Nurse stated NAs are trained to change their gloves and wash their hands between dirty and clean tasks of resident care.</p>	F 441	<p>Coordinator and/or Director of Nursing for follow-up.</p> <p>The Continuous Quality Improvement (CQI) Checklist has been updated for the Charge Nurses to begin using the second quarter of this calendar year. This new checklist will provide a means of continued monitoring of staff following this facility's protocol for incontinence care. These checklists will be reviewed by the Director of Nursing and the Nursing Home Administrator quarterly through the CQI process. The CQI Committee will make further recommendations to adjust the monitoring of incontinence care and infection control as needed. The Nursing Home Administrator will be responsible to see that any recommendations are acted upon in a timely manner.</p>	4/14/2011	