

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

PRINTED: 02/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2012
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 516 WALL STREET WAYNESVILLE, NC 28786	
(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 441 SS=D	<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		

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

TITLE

(X6) DATE

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews facility staff failed to remove gloves and wash hands after providing incontinence care for one (1) of two (2) residents observed. (Resident # 1 and Resident # 5). The findings are: A review of an undated facility policy titled "Infection Control/Handwashing" stated "Washing your hands and wearing gloves is vital for protection for you and your residents to prevent the spread of infection. You must wash your hands before and after care of a resident " A review of another undated facility policy titled "Infection Control" also addressed hand washing and glove usage. The policy read in part: "Hand washing is necessary after performing resident care activities such as bathing, incontinence care and the changing of soiled linen. After you finish one of these tasks, you should discard your gloves and immediately wash your hands. You should wash your hands in between caregiving tasks performed on the same resident. Gloves help prevent your hands from becoming contaminated when you touch blood, body fluids, stool, mucus or broken skin. You should change your gloves in between certain tasks performed on the same resident. The gloves you have worn for resident care should not touch other objects outside the resident's room - you may risk contaminating those objects if you do so. Resident #1 was admitted with diagnoses including chronic ischemic heart disease,	F 441			

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F 441	<p>Continued From page 2</p> <p>hypertension, dysphagia and encephalopathy. His most recent Minimum Data Set (MDS), a quarterly assessment dated 11/29/2011, indicated Resident #1 had short term and long term memory impairment and severely impaired cognitive skills for daily decision making. The MDS also indicated Resident #1 was totally dependent on staff for hygiene and bathing and was always incontinent of bowel and bladder. A care plan addressing incontinence care dated 11/25/11 indicated staff should: "Observe for incontinence episodes at regular and frequent intervals; hand washing before and after delivery of care; observe color, amount and odor of urine."</p> <p>During an observation of incontinence care on 01/18/12 at 1:23 PM Nursing Assistant (NA) #1 and NA #2 entered Resident #1's room and put on gloves. Using a mechanical lift they transferred Resident #1 from a reclining geri chair to his bed and lowered him onto clean incontinence pads. NA #1 rolled Resident #1 onto his right side. NA #2 removed the resident's brief that was soiled with urine and washed his perirectal area. Bowel movement was visible on the first washcloth used and she washed his perirectal area again with a fresh washcloth then rinsed and dried his perirectal area. NA # 2 then placed clean incontinence pads under Resident #1 and then turned Resident #1 on his back and washed, rinsed and dried his front perineal area. She then draped a clean incontinence pad over the resident's front perineal area. NA #2 was not observed changing her gloves or washing her hands at any time during the provision of care. She then carried the soiled linens and incontinence brief from Resident #1's room, while wearing the soiled gloves, touching the doorknob</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>with the soiled gloves and the lids to the soiled linen and trash receptacles. She then removed her gloves discarding them in the trash receptacle. Without washing her hands, NA #2 entered the clean linen room, removed a gown from the shelf and returned to Resident #1's room and placed the gown on him.</p> <p>During an interview with NA #2 on 01/18/12 at 1:40 PM she stated she should have washed her hands before beginning incontinence care and when finished giving care. She stated she was trained to change gloves and wash her hands after she provided incontinence care to the resident and before putting a clean pad and clothes on the resident. She stated: "I guess I got nervous when I had to go get a gown." NA #2 stated she should have removed her gloves and washed her hands before leaving Resident #1's room.</p> <p>During an interview on 01/18/12 at 4:40 PM the Director of Nurses (DON) stated she expected staff to wash their hands and put on gloves before providing care. She stated staff should remove their gloves and wash their hands after providing incontinence care and before they touched any clean items in the resident's room. She also stated they should remove gloves and wash their hands before leaving the resident's room.</p>	F 441			