

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

PRINTED: 10/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/15/2013
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/GASTO	STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX RD GASTONIA, NC 28054
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(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 No deficiencies were cited as result of complaint investigation. Event ID #BSNK11. However an unrelated deficiency was cited at F-441.	F 000	The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations, the center has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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. (c) Linens	F 441	No adverse effects were noted for resident #10. 1:1 education immediately provided to NA#1 & NA#2 by Unit Manager on hand washing, glove changing and infection control practices completed on 10/15/13. Current residents have the potential to be affected In-service conducted by the DON/Staff Development Coordinator for Certificated Nursing Assistances on the Policy and Procedure regarding proper hand washing, changing gloves and infection control practices completed on 10/18/13.	11/4/13

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

TITLE

(X6) DATE

Kimberly K. [Signature] *NHA* *11/1/13*

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>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to maintain infection control practices by touching oxygen and tracheotomy tubing using the same gloves used to clean feces from a resident for 1 of 2 residents observed during incontinence care. (Resident #10)</p> <p>The findings included:</p> <p>An observation was made on 10/15/13 at 11:12 AM of incontinence care for Resident #10. Providing incontinence care were Nursing Assistants (NAs) #1 and #2. NA #1 gathered the supplies for providing incontinence care. NA #1 washed her hands and donned gloves. Resident #10 was lying on her back. NA #1 using a soapy wash cloth cleaned the resident's peri area wiping front to back. The washcloth was heavily soiled with stool and NA #1 deposited the washcloth into the trash bag. NA #1 again wiped the resident's peri area front to back with a soapy wash cloth, again the wash cloth was heavily soiled with stool. NA #1 deposited the 2nd soiled washcloth into the trash bag. NA #2 then assisted NA #1 to turn Resident #10 onto her right side. While positioning Resident #10 on her side her tracheotomy tube pulled and in turn pulled the oxygen tubing from the oxygen concentrator. NA #1, using the same gloves she just had cleaned the resident with, plugged the oxygen tubing back into the concentrator and adjusted the resident's</p>	F 441	<p>Staff Development Coordinator will observe random hand washing and peri-Care observations (5) five times a week for (2) two weeks, (3) three times a week for (2) two weeks, (2) two times a week for (2) two weeks, weekly for (4) weeks, then monthly for (2) months.</p> <p>Staff Development Coordinator will report results of Peri-care and hand washing Monitoring Tool to Quality Assurance Performance Committee for a period Of three (3) months or until substantial compliance has been achieved and maintained as determined by the QAPI Committee</p>	

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F 441	Continued From page 2 tracheotomy tubing. NA #1 then removed her gloves, washed her hands, and donned clean gloves. NA #1 then finished cleaning stool from Resident #10's buttocks and anal area. NA #1 and NA #2 then repositioned Resident #10 on her back and changed the resident's gown. NA #1 then adjusted Resident #10's tracheotomy tube and raised the resident's head of the bed using the bed control while wearing the gloves she used to clean the stool from the resident's buttocks. An interview was conducted on 10/15/13 at 11:34 AM with NA #1. NA #1 stated she should have changed her gloves prior to touching the resident's tracheotomy tube and plugging in the oxygen tubing to the concentrator. NA #1 further stated she should have taken her dirty gloves off after cleaning the resident's bottom and adjusting the oxygen and tracheotomy tube again. NA #1 did not give an explanation as to why she did not change her gloves prior to touching the resident's oxygen and tracheotomy tubing. An interview was conducted on 10/15/13 at 11:46 AM with the Director of Nursing (DON). The DON stated it was her expectation that the NA should have changed her gloves after performing incontinence care and prior to touching clean items such as the oxygen and tracheotomy tubing.	F 441			