

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

PRINTED: 07/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345561</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/25/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/FUQUAY-VARINA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 S JUDD PARKWAY SE FUQUAY VARINA, NC 27526</b>		
(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><b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b></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		7/9/14	

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

TITLE

(X6) DATE

Electronically Signed

07/07/2014

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 observation, record review and staff interviews, the facility failed to post the approved Statewide Program for Infection Control and Epidemiology (SPICE) isolation sign outside a resident's door (Resident #152) for 1 of 3 observed rooms. Findings included:</p> <p>A review of the Issues in Infection Control for Nursing Homes provided by SPICE showed that isolation signs must be posted on the door to the residen's room. The SPICE program has been considered a standard by the Centers for Disease Control (CDC) as a tool for communicating the procedures that healthcare workers, family and visitors should follow to prevent cross transmission.</p> <p>Review of the June 2014 Physician Orders showed Resident #152 was on contact isolation for a Multi-drug Resistant Organism (MDRO).</p> <p>An observation on 06/23/14 at 9:30 AM during the initial tour of the facility showed a plastic three drawer cart outside Resident #152's room. There was no isolation sign posted on the door of the room.</p> <p>An observation on 06/23/14 at 10:57 AM showed the plastic three drawer cart outside Resident #152's room. There was no isolation sign posted on the door of the room.</p> <p>In an interview on 06/23/14 at 10:58 AM the Housekeeping Manager confirmed that Resident #152 was on isolation. He indicated it was a problem that the sign was not posted on the door.</p>	F 441	<p>This Plan of Correction is the Center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <ol style="list-style-type: none"> <li>1. An Isolation Notice sign was placed on the door of resident #152 on June 23, 2014.</li> <li>2. All residents requiring isolation precautions were assured to have notification signs posted outside their rooms, identifying them as on precautions, on June 23, 2014.</li> <li>3. All staff will be in-serviced on infection control interventions. This in-service will address the requirement for notification posting, as well as general guidelines about isolation practices. This will be completed by July 8, 2014.</li> <li>4. Auditing of posted infection control signs will be conducted daily x 2 weeks; 3 times weekly for 2 weeks; and once weekly x 2 months. Results will be shared at the Q2 months QA&amp;A meeting. Auditing will begin on June 30, 2014 and</li> </ol>		

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F 441	<p>Continued From page 2</p> <p>In an interview on 06/23/14 at 11:00 AM Nurse #1 stated Resident #152 was on isolation. On inspection, she stated no isolation sign was posted on the door to Resident #152's door but there was an isolation cart outside the doorway. She stated visitors should come to the nursing desk and ask questions when they saw the plastic cart outside the door. Nurse #1 indicated that not every visitor would come to the nursing desk prior to entering Resident #152's room.</p> <p>In an observation on 06/23/14 at 11:10 AM the isolation sign was discovered in the drawer of the isolation cart outside Resident #152 ' s door. The sign showed that visitors should report to the nurse's station before entering the room. Precautions which should be performed prior to entering the room included to perform hand hygiene, wear a gown, and wear gloves.</p> <p>In an interview on 06/24/14 at 2:40 PM Nursing Assistant (NA) #1 stated she would know a resident was on isolation because a sign would be placed on the resident's door. She indicated if the sign was not on the door she would not know the resident was on isolation.</p> <p>In an interview on 06/24/14 at 3:47 PM NA #2 indicated she would only know what precautions to take for someone on isolation by the directions on the sign posted on the resident's door.</p> <p>In an interview on 06/25/14 at 10:15 AM Housekeeper #1 stated she would know a resident was on isolation because a sign would be posted on the door. She indicated she did not receive any kind of information prior to beginning her shift as to which residents were on isolation.</p>	F 441	commence on September 20, 2014.		

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F 441	Continued From page 3 In an interview on 06/25/14 at 11:30 AM the Director of Nursing stated the purpose of isolation signs was to show what precautions were needed. She stated it was her understanding that isolation signs did not need to be posted on resident doors but could be kept inside the isolation carts. She stated she did not know why two rooms would have isolation signs posted on the doors and one sign would be in the isolation cart. She indicated she did not feel that staff and visitors had been protected. She indicated it was her expectation that anyone entering an isolation room would be properly protected by knowing which precautions were needed.	F 441			