

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

PRINTED: 01/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713		
(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		12/22/14	

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

TITLE

(X6) DATE

Electronically Signed

12/19/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713		
(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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility failed to post an isolation sign outside a resident's door for 1 of 1 sampled residents observed for isolation precautions (Resident #4). Findings included:</p> <p>A review of the Issues in Infection Control for Nursing Homes provided by the Statewide Program for Infection Control and Epidemiology (SPICE) revealed that isolation signs must be posted on the door to the resident'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>Resident #4 was re-admitted to the facility on 11/14/14 with cumulative diagnoses of a wound infection and heart failure.</p> <p>Review of the December 2014 signed Physician Orders showed Resident #4 was on Contact Isolation Precautions for Methicillin Resistant Staph Aureus (MRSA).</p> <p>An observation on 12/16/14 at 8:25 AM during the initial tour of the facility showed an over the door rack containing Personal Protective Equipment (PPE) including gloves, gowns and masks. There was no isolation sign posted on the door of the room.</p> <p>In an interview on 12/16/14 at 9:50 AM Nurse #1 confirmed that Resident #4 was on isolation. She indicated that there should be an isolation sign hanging on the door to Resident #4's room showing what precautions were needed. When Nurse #1 walked to Resident #4's room she verified there was no isolation sign on the door.</p> <p>In an interview on 12/16/14 at 9:53 AM Physical Therapist (PT) #1 stated if a resident was on</p>	F 441	<p>F441</p> <p>Proper signage for isolation was placed by SDC on 12/16/14 for resident #1.</p> <p>All resident rooms requiring isolation were audited for proper isolation signage by SDC and DON on 12/16/14.</p> <p>The SDC, Unit Coordinators, and DON conducted an in-service for all working staff beginning 12/16/14 and completed on 12/17/14 regarding proper protocol, placing signage for infection control and isolation precautions. PRN staff will be in-serviced on their next working day. All new hires will be in-serviced during orientation.</p> <p>The DON and SDC will conduct random audits using the Infection Prevention Assessment Tool weekly x 4 weeks, bi-weekly x 2 weeks, monthly x 1 month on residents requiring isolation to assure proper placement of isolation signage beginning 12/17/14. Audits will be conducted on various shifts.</p> <p>Results of all audits will be reported to QA&A Committee weekly x 4 weeks and monthly x 3 months for review and recommendation.</p>		

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

PRINTED: 01/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713		
(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	<p>Continued From page 2</p> <p>isolation a sign should be posted on the door showing what precautions were needed. She indicated staff could look in the medical record for the information.</p> <p>In an interview on 12/16/14 at 9:56 AM Nurse #2 stated if a visitor came in and saw the PPE hanging on a resident's door they could ask an aide what the equipment was for but there should be a sign posted showing what PPE was needed for entry into the room.</p> <p>In an interview on 12/16/14 at 10:13 AM the Director of Nurses (DON) stated the isolation sign on Resident #4's door was there the previous day. She did not know what had happened to the isolation sign but verified Resident #4 was on isolation. She indicated an isolation sign should have been posted and staff should be aware of which residents were on isolation and the reason for the isolation.</p> <p>In an interview on 12/17/14 at 12:00 PM the Housekeeping Manager stated if a resident was on isolation there was PPE hanging over the door and a sign was posted on the door of the resident's room. He indicated if a sign was not present the housekeeping staff needed to check with the nurse to see if the resident had been taken off isolation. He stated the housekeeping staff should not enter a room without knowing what type of precautions needed to be used.</p> <p>In an interview on 12/17/14 at 12:39 PM the Infection Control Nurse indicated it was her expectation that if the isolation sign was missing from a resident's door, the nurse for that resident should replace the sign. She stated it was the responsibility of the hall nurses to monitor the isolation rooms for the proper sign placement. She indicated the public had not been protected because the sign was not posted.</p>	F 441			