

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

PRINTED: 01/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2014
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890
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F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to provide incontinent care in a timely manner for one of three residents who were observed for incontinent care needs, Resident #4. Findings included:</p> <p>A review of the Entry Minimum Data Set (MDS) Information dated 12/17/2014 revealed Resident #4 was admitted to the facility from an acute care hospital setting on 12/17/2014. Further MDS assessments for the resident were not available due to the resident's recent admission.</p> <p>A review of Resident #4's interim care plan initiated on 12/18/2014 revealed there were goals and interventions in place to address the resident's need for nutritional assistance, actual falls, a right pubic bone fracture and pain related to the fracture, the use of oxygen therapy, and the use of medications to treat depression. There were no interim goals or interventions related to the resident's need for toileting assistance or bladder or bowel incontinence on the interim care plan.</p> <p>A review of progress notes for Resident #4 revealed a note dated 12/26/2014 stating that the resident needed assistance with toileting.</p>	F 312	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected Resident #4 received incontinent care on 12/30/14 at around 12:30 A.M. NA #1 received one-on-one in-service education on timely incontinent care, addressing strong odors in a timely manner; receive retraining including that resident needs and strong odors must be prioritized above routine task. 12/30/15. NA #1 will be placed back into CNA orientation for an additional 2 days beginning on 01/06/15.</p>	1/8/15
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/08/2015
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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 312	<p>Continued From page 1</p> <p>In an interview conducted with a nursing assistant (NA) #2 on 12/29/2014 at 6:55 PM, NA #2 stated she was responsible for checking residents every 2 hours, and more often if necessary to keep residents clean and dry. Also, NA #2 stated that if she noted an odor of incontinence, she would check rooms to determine the origin of the odor, and then provide incontinent care for that resident.</p> <p>On 12/29/2014 at 11:36 PM, the foul odor of bowel incontinence was noted at the central intersection of the 200 hall. The source of the odor was traced to Room 201 where Resident #4 was located.</p> <p>At 12:05 AM on 12/30/2014, the odor remained in the hallway. Nursing Assistant (NA) #1 was making rounds to check the residents' vital signs (blood pressure, temperature, respirations, and pulse), beginning at the opposite end of the hall from Resident #4's room. NA #1 was observed as she entered each resident room, taking each resident's vital signs, and asking each resident if he/she needed anything. At 12:22 AM, NA #1 reached Resident #4's room and assessed his vital signs and then left the room. The foul odor of a bowel movement remained present.</p> <p>After NA#1 exited Resident #5's room at 12:24 AM on 12/30/2014, NA #1 was asked if she noted a strong odor in the resident's room. NA #1 stated there was an odor and that it was due to the resident's bad breath. NA #1 then added that when she approached the bedside, the odor was stronger. Upon prompting, NA #1 re-entered the resident's room, checked the resident's disposable brief, and observed a large bowel</p>	F 312	<p>Corrective Action for Resident Potentially Affected</p> <p>All residents who are incontinent have the potential to be affected by this alleged deficient practice. Residents were reviewed to compile a list of incontinent residents. This list will be completed by 01/06/2015.</p> <p>In-services were conducted by the Director of Nursing on 01/03/15, 01/05/15, and 01/07/15. Those who attended were all RNs, LPNs, and CNAs, FT, PT, and PRN. Any in-house staff member who did not receive in-service training by 01/07/15 will not be allowed to work until training has been completed. The in-service topics included Dignity, respect, grooming residents, timely incontinent care, incontinence care before meals, responding in a timely manner to reports or requests of need for incontinent care and a review of the list of incontinent residents that need assistance with incontinent care and heavily dependent for ADL care.</p> <p>Systemic Changes</p> <p>This training information as mentioned above has been integrated into the standard orientation training for Nurses and CNAs and in the required annual in-service refresher courses for all employees.</p> <p>Quality Assurance</p> <p>The DON and/or Support Nurse or designee will monitor this issue using the "Survey QA Tool for Timely Incontinent care". The monitoring will include</p>		

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F 312	<p>Continued From page 2</p> <p>movement of liquid consistency. NA #1 then provided incontinent care by removing the soiled brief, cleaning the stool and urine from the resident, applying a clean disposable brief, removing the fecally soiled bed linens, and placing clean linens on the bed.</p> <p>In an interview with NA #1 at 12:50 AM on 12/30/2014 following the incontinent care, she stated she typically would check the residents for incontinence at the beginning of the 11:00 PM shift with the nursing assistant from the previous shift (3:00 PM to 11:00 PM shift.) NA #1 added that it was her duty to take vital signs on her assigned residents and that she typically would check residents for incontinence every 2 hours and anytime it was needed.</p> <p>In an interview conducted with Nurse #1 on 12/30/2014 at 10:10 AM, she stated that if there was an odor of bowel movement or urine, the nursing assistants were expected to locate the source of the odor and then immediately provide incontinent care. In addition, Nurse #1 explained that nursing assistants were responsible for checking vital signs as they rounded on residents, but that the nursing assistants were also expected to stop vital sign assessments if there was an odor of incontinence present, provide incontinent care for the resident, and then resume vital sign assessments on the residents.</p> <p>In an interview with NA #3 on 12/30/2014 at 10:55 AM, she stated that when she made rounds on her assigned residents, she filled their pitchers at the beginning of the shift, and that she would check residents for incontinence about every 2 hours. NA #2 also stated that if she smelled an odor of bowel movements or urine when she was</p>	F 312	<p>verifying that all residents who are incontinent will receive incontinent care before dining and timely response to requests for incontinent care during meal delivery time or as need is identified. All residents who are incontinent will be audited. This will be done daily Monday thru Friday by DON and/or Support Nurse and on weekends by the Weekend Manager for four weeks and then weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p>		

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F 312	<p>Continued From page 3</p> <p>filling ice pitchers, she would stop checking the pitchers at that time and would immediately provide incontinent care.</p> <p>In an interview with NA #4 on 12/30/2014 at 11:10 AM, she stated that if she were taking residents' vital signs and smelled the odor of bowel or bowel incontinence, she would immediately change the resident rather than wait until she (NA#4) finished taking vital signs.</p> <p>In an interview with the Minimum Data Set (MDS) Consultant Nurse and the Director of Nursing (DON) on 12/30/2014 at 12:40 PM, they each stated that Resident #4 required extensive assistance with one staff member for his activities of daily living, including bathing, toileting, personal care, and grooming. The MDS Consultant Nurse stated that the resident's MDS assessment was due that day (12/30/2014) and that there would be full assessment information regarding the resident's functional status later that day. The MDS Consultant Nurse also stated that the nursing care plan would be updated to include assistance with activities of daily living after the MDS assessment was complete. The DON stated that whenever there was a strong odor of bowel or urine incontinence, it was her expectation that the nursing assistant or nurse provide incontinent care at that time. In addition, the DON stated that if a nursing assistant was taking vital signs and noted the odor of incontinence, she/he should stop assessing vital signs and provide incontinent care at that time. The DON also stated that NA #1 was hired a few weeks earlier and that she would be setting up a learning session for her regarding nursing home general procedures soon.</p>	F 312			

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F 441 F 441 SS=D	Continued From page 4 483.65 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 Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441 F 441		1/8/15	

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	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations, policy review, and staff interviews, the facility failed to ensure that General Infection control Guidelines were followed when a staff member: 1) failed to wash her hands and change her gloves after removing a fecally soiled brief and linens and before gathering clean linens during incontinent care for 1 of 3 residents observed for incontinent care, Resident #4, and, 2) failed to ensure linens soiled with fecal material were handled in a manner to prevent the spread of infection for 1 of 3 residents observed for incontinent care, Resident #4. Findings included:</p> <p>1) On 12/30/2014 at 12:35 AM, an observation of incontinent care was made for Resident #4. The nursing assistant (NA #1) donned clean gloves, then pulled back the resident's disposable brief and discovered a large amount of fecal material of liquid consistency as well as urine. NA #1 proceeded to remove the soiled brief and remove the fecal material from the resident using multiple disposable wipes. NA #1 also noted the resident's bed linens were soiled with fecal material, then began to remove soiled sheets in addition to the soiled brief. NA #1 stated she needed to go to the supply cart to obtain clean linens. NA #1 went to the resident's room door, opened it with her gloved hand, then exited the room at 12:42 AM. NA #1 did not wash her hands or remove her soiled gloves prior to leaving the resident's room. NA #1 returned to the room carrying clean bed sheets at 12:44 AM. As NA #1 started to apply the clean linens to</p>		<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected Corrective action concerning resident # 4 is not possible as these are actions in the past. The DON in-serviced NA #1 on the infection control practices of the facility, having a plastic bag available for use for soiled linen disposal to be used immediately after linen is removed from the bed, on removing gloves and washing hands and washing hands/alcohol hand gel after resident contact, and before leaving the room. This could put other residents at risk for exposure. 12/30/15. NA #1 will be placed back into CNA orientation for an additional 2 days beginning on 01/06/15.</p> <p>Corrective Action for Resident Potentially Affected All residents have the potential to be affected by this alleged deficient practice.</p>		

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F 441	<p>Continued From page 6</p> <p>Resident #4's bed, she was asked if she washed her hands or changed her gloves after handling the soiled linens, before exiting Resident #4's room. NA #1 responded that she had not washed her hands or changed her gloves after handling the soiled linens in the resident's room and before obtaining the clean linens. NA #1 then removed her gloves and washed her hands and applied clean gloves before continuing to place clean linens on the bed.</p> <p>2) When NA #1 removed the fecally soiled sheets from the bed during the incontinent care on 12/30/2014, she tossed a fecally soiled sheet onto the resident's fall mat which was located on the floor next to the resident's bed. When NA #1 gathered the soiled linens, she picked up the soiled sheet from the fall mat and placed it in a plastic bag with the other soiled linen items.</p> <p>In an interview with NA #1 on 12/30/2014 at 12:55AM after the incontinent care was completed, she stated she knew she should have washed her hands and changed her gloves after handling the soiled brief and soiled linens and before handling clean linens and supplies. In addition, she stated that soiled linens should go into a plastic bag when discarded instead of the floor.</p> <p>A review of the facility's Hand Washing Procedure, Policy # ICP-124, revised on 01/2010, stated that the purpose for the procedure was to prevent the spread of germs and cross-contamination. The same policy stated that hands should be washed when hands were visibly soiled, when hands were visibly contaminated with blood or body fluids, and after using the restroom. In addition, the policy stated that employees should be familiar</p>	F 441	<p>In-services were conducted on 01/03/15, 01/05/15, and 01/07/15- by the DON. Those who attended were all RNs, LPNs, and CNAs, FT, PT, and PRN. Hospice providers were included because they do provide care in the facility. Any in-house staff member who did not receive in-service training will not be allowed to work until training has been completed. The in-service topics included the importance of why/how to use proper hand-washing techniques, alcohol hand sanitizers, and a review of facility infection control policies.</p> <p>Systemic Changes This specific information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Signs were added to alcohol hand sanitizers in bright yellow to remind staff to use the hand sanitizer stations located in hall ways after leaving resident physical contact.</p> <p>Quality Assurance The Director of Nursing, Support Nurse or designee will monitor this issue using the "Survey QA Tool for infection control practices during incontinent care of residents". The monitoring will include verifying that all nursing staff providing care is in compliance with facility hand-hygiene and infection control policies. All nursing staff giving care will</p>		

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F 441	<p>Continued From page 7</p> <p>with the handwashing facilities located in each resident bathroom which enable staff to thoroughly wash hands after providing care for each resident.</p> <p>In an interview with NA #3 on at 10:55 AM on 12/30/2014, she stated that when incontinent care was provided, she would perform handwashing and glove changing in between handling soiled items and clean items, and that soiled items would be placed in a plastic bag.</p> <p>In an interview with Nurse #1 on 12/30/2014 at 10:10 AM, she stated that when incontinent care was provided, the nursing assistant was expected to use good hand washing technique and to change gloves in between handling soiled briefs and linens and handling clean linens and supplies. Nurse #1 stated that soiled linens should be bagged in a plastic bag instead of being placed on the floor.</p> <p>In an interview with the Director of Nursing (DON) 12/30/2014 at 12:40 PM, the DON stated that NA #1 had reported to her that she had forgotten to wash her hands and change her gloves after handling the soiled brief and linens and before obtaining clean linens and applying them to the resident's bed. The DON stated that she would expect for the nursing assistants to wash hands in between handling soiled and clean items, and that soiled linens should not be placed on the resident's falls mat before being bagged in plastic. The DON also stated that NA #1 was hired a few weeks earlier and that she would be setting up a learning session for her soon regarding general nursing home procedures.</p>	F 441	<p>be reviewed. This will be done daily Monday thru Friday including weekends by the Manager-on-Duty for four weeks and then weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p>		