

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

PRINTED: 06/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 06/12/2015
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NAME OF PROVIDER OR SUPPLIER  AVANTE AT WILKESBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697
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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
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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 -</p> <ol style="list-style-type: none"> <li>(1) Investigates, controls, and prevents infections in the facility;</li> <li>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</li> <li>(3) Maintains a record of incidents and corrective actions related to infections.</li> </ol> <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> <li>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</li> <li>(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.</li> <li>(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.</li> </ol> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p>Corrective action has been accomplished for the alleged deficient practice in regards to Resident #54. Resident #54 completed prescribed antibiotic on 5/16/15. Post treatment monitoring/observation did not exhibit further signs or symptoms of respiratory infection. Licensed nurse assessed resident on 6/11/15, and no signs or symptoms of respiratory infection were noted. Resident does not require further isolation precautions at this time, per facility infection control protocol.</p> <p>Current facility residents have the potential to be affected by the alleged deficient practice. Facility Infection Control nurse obtained list of current residents receiving antibiotic or exhibiting signs/symptoms of infection, to identify any potential need for isolation precautions. Following same, Infection control nurse validated that appropriate and necessary isolation precautions were properly in place for residents, according to facility protocol.</p> <p>Measures put into place to ensure the alleged deficient practice does not recur include: In service education was provided for current facility staff regarding "Infection Control practices, types of isolation, implementation of isolation precautions and signage for isolation precautions." The DON, Unit Managers, and infection control nurse review telephone orders and 24 hour reports, during morning clinical</p> <p>"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>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *John Wallden* TITLE *Administrator* (X6) DATE *6/30/15*

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) 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:</p> <p>Based on staff interviews and record review the facility failed to identify and implement contact precautions for a resident diagnosed with Methicillin-resistant Staphylococcus aureus for 1 of 1 sampled resident (Resident #54).</p> <p>The findings included:</p> <p>A policy titled "Infection Control Resident Care; Guidelines for MRSA" dated 2013 read in part:</p> <p>"Purpose: to identify residents with active MRSA so that appropriate infection control measures are implemented to ensure the safety and well-being of all residents. Place a resident with active MRSA infection in a private room using contact precautions."</p> <p>Resident #54 was re-admitted to the facility on 05/04/15 diagnosed with methicillin-resistant Staphylococcus aureus (MRSA) in her sputum. A document titled "Microbiology Cultures / Culture Sputum" dated 05/01/15 was faxed to the facility on 05/04/15 that specified, "Presence of MRSA requires contact precautions." The culture exam revealed there was moderate growth of MRSA. Resident #54 was admitted to the facility in a semi-private room with a roommate.</p> <p>The hospital discharge summary dated 05/04/15 specified Resident #54 was diagnosed in the hospital with MRSA and received treatment for 3 days with Vancomycin (an antibiotic) and then changed to 14 days of Augmentin (an antibiotic). The resident received 3 doses of the Augmentin while in the hospital and then discharged to the facility with orders to continue the remaining 11</p>	F 441	<p>meeting, no less than 5 days a week, to identify residents with orders for antibiotics for infections or potential infections, and/or symptoms of infection, and need for isolation precautions as necessary. New admission and readmission charts are reviewed by licensed nurses and/or the infection control nurse, to identify infections and any additional need for isolation precautions. Whenever same is identified, appropriate precautions will be implemented.</p> <p>The Director of Nursing will analyze audits/reviews for patterns/trends and report results in the Quality Assurance committee meeting monthly for three months to evaluate the effectiveness of the plan. Any changes and/or updates to the plan to enhance effectiveness of implemented plan as recommended by the QA committee will be initiated and results monitored until the QA committee directs that further monitoring is no longer warranted for the safety of residents.</p> <p>"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>	07/02/15	

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F 441	<p>Continued From page 2</p> <p>doses of the antibiotic for treatment of the MRSA.</p> <p>The most recent Minimum Data Set (MDS) dated 05/11/15 specified the resident had no cognitive impairment and had received daily antibiotics.</p> <p>Further review of Resident #54's medical record revealed there was no documentation regarding MRSA or contact precautions. Review of the nurses' notes revealed the nurses documented that the resident was receiving antibiotic therapy for pneumonia.</p> <p>On 06/10/15 at 2:50 PM the Infection Control nurse was interviewed and reported that usually the facility was notified of a resident being admitted with MRSA prior to the admission so that the necessary precautions could be set up. She explained that ideally, a resident with active MRSA would be in a private room but if a private room was not available then the resident would be cohorted (placed with another resident with similar diagnoses). The infection control nurse added that appropriate signage would be placed on the door to alert staff and visitors of a contagious infection and personal protective equipment (PPE) would be placed outside for door for use. The nurse also explained that she was notified of any resident admitted with antibiotic therapy so that she could review the medical record to monitor the resident's infection. The infection control nurse reviewed Resident #54's medical record and hospital discharge summary that stated the resident had MRSA. She reported that she was not aware of the diagnosis and had not placed the resident on contact precautions. The infection control nurse stated that the information was overlooked and that Resident #54 should have been placed on</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>contact precautions and ideally placed in a private room. The infection control nurse reported that she was aware Resident #54 had received Augmentin but assumed it was for the treatment of pneumonia. She stated that had she known of the MRSA diagnosis upon admission she would have placed Resident #54 on contact precautions and notified the physician.</p> <p>On 06/11/15 at 9:25 AM the Director of Nursing (DON) was interviewed and reported that residents admitted with MRSA were placed on contact precautions in a private room or cohorted with another resident. She added that contact precautions were implemented to alert staff and visitors of the potential for infection. The DON stated that she would have expected the admitting nurse and/or the infection control nurse to have read Resident #54's hospital summary that identified MRSA, implemented contact precautions and notified the physician. The DON reported that Resident #54 should have been placed on contact precautions on admission.</p> <p>On 06/11/15 at 10:20 AM Nurse #1 was interviewed and reported that she admitted Resident #54 on 05/04/15. The nurse stated that she was not aware of resident #54 having MRSA and did not implement contact precautions. Nurse #1 stated that usually the hospital would fax resident information prior to admission but that it didn't always happen. Nurse #1 could not recall if she had Resident #54's hospital paperwork prior to admission. The nurse explained that once a resident was admitted and once she had the hospital paperwork, the information was reviewed and any new information would be addressed such as a diagnosis of MRSA. The nurse added that if she</p>	F 441		

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F 441	Continued From page 4 had known about the MRSA for Resident #54 she would have alerted the infection control nurse, implemented contact precautions and contacted the physician.  On 06/11/15 at 11:40 AM the physician was interviewed and reported that everyone should have basic precautions all the time. The physician added that Resident #54 had a history of MRSA and declined to answer if the resident should have been placed on contact precautions after admission to the facility.	F 441			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  345133	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/12/2015
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 328	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews and record reviews the facility failed to obtain physician orders for continuous oxygen therapy for an oxygen-dependent resident for 1 of 3 sampled residents (Resident #54).</p> <p>The findings included:</p> <p>Resident #54 was re-admitted to the facility on 05/04/15 with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD), pneumonia and others. The most recent Minimum Data Set (MDS) dated 05/11/15 specified the resident had no cognitive impairment and received oxygen therapy while a resident in the facility.</p> <p>Resident #54's hospital discharge summary dated 05/04/15 specified the resident's pulse oxygen was being maintained at 100% on 3 liters of oxygen by nasal cannula.</p> <p>Further review of Resident #54's admission orders dated 05/04/15 did not specify the resident was to have continuous oxygen.</p> <p>On 06/10/15 at 12:50 PM Resident #54 was interviewed and reported that she was dependent on continuous oxygen. She stated that she kept an oxygen concentrator (machine for dispensing oxygen) in her room and wore the oxygen nasal cannula as needed. Observations made of the resident during the interview revealed she was wearing a nasal cannula and receiving oxygen. Resident #54 reported that she felt that she was short of breath and Nurse #1 was notified. Nurse #1 entered the room and checked Resident #54's oxygen saturations. Resident #54's continuous oxygen concentrator was set to 2.5 liters and Resident #54 stated that wasn't enough and increased the oxygen flow to 3 liters per minute.</p> <p>On 06/11/15 at 10:20 AM Nurse #1 was interviewed and reported that Resident #54 had a long standing history of being oxygen dependent. Nurse #1 reported that Resident #54 was to have orders for continuous oxygen therapy after re-admission to the facility. Nurse #1 added that she had re-admitted the resident to the</p>		

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

The above isolated deficiencies pose no actual harm to the residents

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F 328	<p>Continued From Page 1</p> <p>facility and verified that all physician orders were reviewed and faxed the physician for approval. Nurse #1 reviewed Resident #54's admission orders dated 05/04/15 and confirmed that there was no order for continuous oxygen therapy. Nurse #1 stated that it was an oversight and that she should have notified the physician and obtained orders for the oxygen therapy and settings.</p> <p>On 06/11/15 at 11:50 AM the Assistant Director of Nursing (ADON) was interviewed and reported that a nurse was expected to clarify a missing order. The ADON stated she would have expected Nurse #1 to obtain a physician's order to administer continuous oxygen therapy for Resident #54 because the resident was to be oxygen dependent.</p>
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