

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

PRINTED: 12/04/2017
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345460 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/02/2017 |
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| NAME OF PROVIDER OR SUPPLIER GUILFORD HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 2041 WILLOW ROAD GREENSBORO, NC 27406 |
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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>INFECTION CONTROL, PREVENT SPREAD, LINENS CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation,</p> | F 441 | | 11/30/17 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 11/20/2017 |
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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 441 | <p>Continued From page 1</p> <p>depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which 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; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to dispose of trash and soiled linens after exiting a resident room (room 109) and before entering another resident room (room 111).</p> <p>Findings Included:</p> <p>During initial tour of the facility on 10/30/17 at 5:55 AM, Nurse Aide (NA) #1 was observed to exit room</p> | F 441 | <p>The statements included in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the</p> | | |

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| F 441 | <p>Continued From page 2</p> <p>109 carrying a dirty linen bag and trash bag, then enter room 111 with the soiled linen bag and trash bag. NA #1 closed the door for to room 111. NA # 1 then exited the room with dirty linen bag and trash bag.</p> <p>During an interview with NA #1 on 10/30/17 at 6:00 AM, NA #1 indicated that she normally took the dirty linen after resident care to the soiled laundry before she entered any other resident room. She indicated that she did not usually take trash and dirty linen from one resident room to another.</p> <p>During an interview with staff development coordinator on 11/02/2017 at 2:47 PM, staff development coordinator stated training for nursing staff and NA's on Isolation precaution was conducted on 5/8/17 and infection control was done in June 2017. She indicated that Infection control department met with nursing staff on first week of the month and discussed deficient practices observed in previous month. She also indicated that staff were also in-serviced on as needed bases when deficient practice was observed.</p> <p>During an interview with Director of Nursing (DON) on 11/02/2017 at 2:51 PM, the DON stated that it was her expectation that staff should take soiled linen bag to the soiled utility room immediately after a room was exited, dispose of the trash and wash hands before continuing with their duties and follow infection control policy.</p> | F 441 | <p>center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. The plan for correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited. On 10/30 at 5:55AM nurse aide #1 was observed to have exited room # 109 carrying a dirty linen bag and trash bag and entered into room #111 with the soiled linen bag and trash bag, closed the door and then exited the room with the dirty linen bag and trash bag. All certified nursing assistants for night shift were in-serviced on processes for hand hygiene and proper disposal of linen and trash. It was identified that to have prevented the deficiency more infection control observations are needed during off hours to observe and retrain staff as needed for infection control practices.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cite; corrected and/or in compliance with the regulatory requirements Staff development coordinator or designee will conduct in-service for all nursing staff by 11/30/2017 on company policies 401 Handwashing Requirements and 403 Isolation Precautions-General Practice.</p> <p>How the facility plans to monitor and ensure correction is achieved and sustained. Staff Development coordinator or designee will conduct infection control observation audits 3x weekly during off</p> | | |

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| F 441 | Continued From page 3 | F 441 | <p>shifts for 4 weeks. Findings will be reported to Quarterly Quality Assurance meeting x1 for further problem resolution as needed</p> <p>The title of the person responsible for implementing the acceptable plan of correction. Director of Nursing</p> | | |