STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345050	A. BUILDING _____ B. WING _____	C 12/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACOB'S CREEK NURSING AND REHABILITATION CENTER	1721 BALD HILL LOOP MADISON, NC 27025

(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 000	INITIAL COMMENTS	F 000		
F 880 SS=D	1/4/19 after management review, F584 is deleted Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 880		12/21/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/21/2018

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 880	Continued From page 1 (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(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 record review, observations and staff interviews, the facility failed to display a contact precautions sign for 1 of 2 residents on contact precautions (Resident #2). Findings included:	F 880	Jacob's Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and	

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F 880	Continued From page 2 Resident #2 was admitted to the facility on 2/15/18 with the diagnosis of osteomyelitis of the vertebra, a stage 4 pressure ulcer, and paraplegia. An individual infection report dated 5/28/18 revealed the resident had a positive wound culture for Methicillin- Resistant Staphlyococcus Aureus (MRSA) on 5/22/18. The resident was placed on Doxycycline (an antibiotic) for 6 weeks. The resident was placed on contact precautions to prevent transmission. Resident's #2 Quarterly Minimum Data Set dated 11/2/18 revealed the resident was cognitively intact. The resident required total assistance for transfers and toilet use. The resident required extensive assistance with personal hygiene, bed mobility and dressing. The resident had an indwelling urinary catheter and was always incontinent of bowel. The resident had one stage 2 pressure ulcer, one stage 4 pressure ulcer and one unstageable pressure ulcer. The resident had a care plan last updated 11/16/18 that stated the resident had an infection related to osteomyelitis with MRSA. Interventions included contact isolation precautions to be implimented. A nursing note dated 11/29/18 revealed that the resident remained on an antibiotic for her wound infection. The wound vacuum dressing was removed from sacrum due bowel movement and a wet to dry dressing was in place to sacral wound post cleaning. Resident's #2 room (room 402) was observed on 11/29/18 at 11:00 AM. There was no contact	F 880	provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Jacob's Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Jacob's Creek Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. The plan of correcting the specific deficiency The position of Jacob's Creek Nursing and Rehabilitation Center regarding the process that lead to this deficiency; the facility did not ensure an infection prevention and control program was established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections to include a contact precautions sign was not displayed for a resident on contact precautions. Jacob's Creek Nursing & Rehabilitation Center's plan for correcting this deficiency is to ensure all residents on contact precautions have a contact precaution	

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F 880	Continued From page 3 precaution's sign on the door or visible near the resident's room. Gloves and yellow contact gowns were available on the resident's door. Resident's #2 room (room 402) was observed on 11/29/18 at 2:31 PM. There was no contact precaution's sign on the door or visible near the resident's room. Gloves and yellow contact gowns were available on the resident's door. Resident's #2 room (room 402) was observed on 11/30/18 at 7:32 AM. There was no contact precaution's sign on the door or visible near the resident's room. Gloves and yellow contact gowns were available on the resident's door. Nurse #2 was interviewed on 11/30/18 at 7:29 AM. She stated the nurse or the supervisor would place residents on contact precautions. If a resident was placed on contact precautions, they (nurses) would make sure it was in the resident's chart and would put a hanger over the door, which contained gloves and contact gowns. She stated she didn't know who was responsible for putting the contact signs on the door. She stated she was not sure where the contact signs were stored. The Infection Control Nurse was interviewed on 11/30/18 at 1:58 PM. She stated Resident #2 had a care plan in place for isolation precautions. She stated the resident used to have a contact sign on her door. She stated she thought she put up the contact sign initially, but the resident had moved rooms since then and she had not put a contact sign up since the resident moved rooms. She added that the nurses could put the contact signs on the resident's doors too. She stated the contact signs were stored in the lab room and	F 880	sign displayed. On 12/1/18 the Infection Control Nurse displayed a contact precaution sign for resident #2. On 12/1/18 the Infection Control Nurse completed a 100% audit on all residents on all isolation precautions. Audit did not reveal any negative findings. The procedure for implementing the acceptable plan of correction for the specific deficiency cited On 12/3/18 the Administrator educated the Infection Control Nurse establishing and maintaining an infection control program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, to include displaying isolation precaution signs. Any newly hired Infection Control staff member will be educated on establishing and maintaining an infection control program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, to include displaying isolation precaution signs in orientation. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements The Assistant Director of Nursing and/or the Quality Improvement Nurse will utilize	

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F 880	Continued From page 4 that resident #2 was being treated for MRSA. She stated they (the facility) could not resolve the contact precautions for Resident #2 until the sacrum wound healed because the infection was to the sacrum wound. The Director of Nursing was interviewed on 11/20/18 at 4:43 PM. She stated her expectation was to ensure that contact signs and equipment was set up appropriately for residents. She stated Resident #2 was place on contact precautions on 5/24/18. She stated the resident remains on contact, even though the wound on her sacrum was covered, because when the resident had a bowel movement it causes the sacral dressing to come off and the infection is not contained.	F 880	the Infection Control audit tool to ensure that residents on all isolation precautions have signs displayed. These audits will be completed daily 5 times a week for 4 weeks, weekly for 4 weeks and monthly for 4 months. The Director of Nursing will present audits to the Quality Assurance Committee. The title of the person responsible for implementing the acceptable plan of correction The Administrator is responsible for the implementation of the acceptable plan of correction.	