

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

PRINTED: 07/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2020
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NAME OF PROVIDER OR SUPPLIER PRODIGY TRANSITIONAL REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 911 WESTERN BOULEVARD TARBORO, NC 27886
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F 000	INITIAL COMMENTS An complaint investigation was conducted from 6/9/2020 through 6/11/2020. Event ID#4VXW11 Four of four complaint allegations were not substantiated.	F 000		
F 880 SS=D	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;	F 880		6/12/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/19/2020
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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 880	<p>Continued From page 1</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, 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>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 observations, record review, staff, nurse practitioner and physician interviews the facility failed to perform hand hygiene after removing soiled gloves and failed to change</p>	F 880	<p>Submission of the response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed,</p>		

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F 880	<p>Continued From page 2</p> <p>gloves and perform hand hygiene between the care of the buttocks wounds and lower leg wound on a resident with multiple wounds for 1 of 3 residents (Resident #2) reviewed for pressure ulcer care.</p> <p>Findings included:</p> <p>On 06/09/2020 at 10:00 AM wound care was observed for Resident #2. The facility treatment nurse performed hand hygiene and applied clean gloves prior to assisting Resident #2 turn onto his side. Resident #2 was observed to be incontinent of a large bowel movement (BM). The treatment nurse provided Resident #2 with incontinence care using wet wipes, removed Resident #2's soiled dressings from his left buttock wound, right buttock wound and left lower leg wound, then removed her soiled gloves and put on a clean pair of gloves without performing hand hygiene.</p> <p>The treatment nurse then cleaned Resident #2's left buttock wound with saline (saltwater) soaked gauze, discarded it, cleaned his right buttock wound with saline soaked gauze, discarded it and cleaned his left lower leg wound with saline soaked gauze and discarded it using her gloved fingers. She then applied a clean dressing to his left buttock wound, right buttock wound and left lower leg in that order. The treatment nurse was observed to use the same gloves for the entire procedure. Prior to exiting Resident #2's room, the treatment nurse removed and discarded her soiled gloves and washed her hands.</p> <p>In an interview with the treatment nurse on 06/09/2020 at 10:20 AM she stated she should have performed hand hygiene after incontinence care and removal of the soiled dressings before</p>	F 880	<p>that they were cited correctly, or that any correction is required.</p> <p>F880</p> <ul style="list-style-type: none"> Resident #2 was receiving wound care for a Stage 2 to right buttock, excoriation to the left buttock and a Stage 2 to his left lateral shin as of 06/09/2020. Resident #2 is alert and oriented x 4 and competent to make his own decisions. He declines to participate most times with offloading to decrease pressure to the areas despite education by the Medical Director, Nurse Practitioner, and Nursing. He declines to allow timely skin hygiene as well. He has an air mattress to his bed and a pressure relieving device in his motorized wheelchair. He has been seen by therapy in the past for positioning. He receives supplements for wound healing and is followed by the Registered Dietician. He is also followed by the Nurse Practitioner and Attending Physician for wound rounds. On 06/09/2020, the Treatment Nurse was providing wound care to resident #2. She performed hand hygiene and donned clean gloves but failed to perform hand hygiene after removing soiled gloves and before reapplying clean gloves. She provided treatment to each wound without doffing gloves, performing hand hygiene, and reapplying gloves between each individual wound. <p>1.Address how corrective action will be</p>		

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F 880	<p>Continued From page 3</p> <p>applying her clean gloves. She stated she should have been changed her gloves and performed hand hygiene between the care of Resident #2's buttocks wounds and leg wound to avoid cross contamination (introducing microorganisms (germs) present in the dirtier buttocks area into the cleaner lower leg wound). She stated this was to prevent infection. She stated she usually did these things but Resident #2 sometimes had back pain and she hadn't wanted him to be on his side too long. The treatment nurse went on to say she performed the daily wound treatment for residents in the facility and had been trained by the assistant director of nursing (ADON). She stated Resident #2 did not have any signs or symptoms of infection in his wounds and was not currently being treated for any infections.</p> <p>On 06/09/2020 at 10:44 AM an interview with the director of nursing (DON) indicated the treatment nurse should have performed hand hygiene after removing her soiled gloves before putting on clean ones. She stated the treatment nurse should have changed her gloves and performed hand hygiene between the care of Resident #2's buttocks wounds and his leg wound to avoid cross contamination of the wounds and prevent infection.</p> <p>On 06/09/2020 at 11:00 AM an interview with the assistant director of nursing (ADON) indicated he trained the Treatment Nurse for her position within the past year and would have expected her to perform hand hygiene after removing her soiled gloves before putting on clean ones. He stated the treatment nurse should have changed gloves and performed hand hygiene between the care of Resident #2's buttocks wounds and lower leg wound to avoid cross contamination of the</p>	F 880	<p>accomplished for those residents found to have been affected by the deficient practice.</p> <ul style="list-style-type: none"> Resident #2's wound care was completed. He was observed for worsening wound condition and remained stable. He was seen by the NP on 06/11/20 for wound rounds. His left buttock excoriation was healed. His right buttock Stage 2 was improved. His Stage 2 to his left lateral shin showed progressive healing. No wound infections were identified. Completed 06/11/2020 <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> On 6/10/2020, a 100% audit was conducted of all residents receiving wound care for pressure ulcers for proper technique of wound care by the Director of Nursing. No issues were identified. Completed on 06/10/2020 <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not reoccur.</p> <ul style="list-style-type: none"> 100 % of all nurses and treatment CNA IIs were in-serviced on wound care administration techniques including hand hygiene prior to donning gloves and after doffing gloves. Also educated on hand hygiene prior to donning gloves and after 		

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F 880	<p>Continued From page 4</p> <p>wounds and prevent infection.</p> <p>On 06/09/2020 at 3:50 PM an interview with Resident #2's physician indicated the treatment nurse should have performed hand hygiene after removing her soiled gloves before putting on clean ones. He stated she also should have changed gloves and performed hand hygiene between care of Resident #2's buttocks wounds and leg wound to avoid cross contamination infection. He stated the buttocks wounds were in the same area and most likely contaminated with the same germs, however the lower leg wound was distant from these. He went on to say Resident #2's wounds were improving and were not currently infected.</p> <p>On 06/11/2020 at 9:00 AM an interview with the nurse practitioner (NP) indicated the treatment nurse should have performed hand hygiene after removing her soiled gloves before putting on clean ones. He went on to say she should have changed gloves and performed hand hygiene between the care of Resident #2's buttocks wounds and leg wound to avoid cross contamination of the wounds and prevent infection. He stated he last saw Resident #2's wounds on 06/05/2020, they were not infected and were improving. He indicated he would see Resident #2 today. The NP stated he had seen the treatment nurse's hand hygiene and infection control techniques many times during his weekly wound rounds and never had any concerns. He went on to say he felt the treatment nurse must have been nervous when observed by the surveyor and this caused her to make mistakes.</p>	F 880	<p>doffing gloves between each individual wound.</p> <ul style="list-style-type: none"> All newly hired nurses and CNA IIs will be trained on wound care administration techniques including hand hygiene prior to donning gloves and after doffing gloves. Also educated on hand hygiene prior to donning gloves and after doffing gloves between each individual wound. <p>Completed on 06/12/2020</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <ul style="list-style-type: none"> Director of Nursing, Clinical Compliance Nurse, Staff Develop Coordinator, or RN Supervisor will conduct a minimum of 2 audits weekly on all residents receiving pressure ulcer wound care x 4 weeks, a minimum of 3 audits every 2 weeks x 1 month and a minimum of 3 audit, monthly x 2 months. Results will be recorded on the Wound Care Audit Tool and will be kept in the Director of Nursing's office. The Director of Nursing will incorporate the POC into the facility's monthly Quality Assurance and Assessment meeting and will report any occurrences of inappropriate care from the follow-up to the Quality Assurance Committee for 3 months or as deemed necessary. <p>Completed 06/12/20</p> <p>The Administrator, Rob Vernon, is responsible for this plan of correction with a completion date of 06/12/2020.</p>		

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