

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

PRINTED: 07/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345314</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIR HAVEN OF FOREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>830 BETHANY CHURCH ROAD</b> <b>FOREST CITY, NC 28043</b>	
(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
E 000	Initial Comments  An unannounced Recertification and Complaint Survey Investigation was conducted from 6/6/2022 through 6/8/2022. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 8R3011.	E 000		
F 000	INITIAL COMMENTS  An unannounced Recertification and Complaint Investigation Survey was conducted from 6/6/2022 through 6/8/2022. There were 2 complaint allegations investigated and both were unsubstantiated. NC00177208 and NC00189540. Event ID# 8R3011.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) 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; This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident and staff interviews, the facility failed to provide nail care to 1 of 2 dependent residents (Resident #44) reviewed for activities of daily living (ADL).  The findings included:  Resident #44 was admitted to the facility on 05/07/20 with diagnoses which included cerebral vascular accident (CVA) or stroke, and muscle weakness.  Resident #44's annual Minimum Data Set (MDS) assessment dated 04/27/22 revealed she was	F 677	Disclaimer: The following information is provided by request, in follow up to the survey conducted, and does not represent the facility admitting to, or agreeing to the alleged deficient practice.  Resident #44 was the only resident affected by the reported deficient practice.  Every resident requiring assistance with nail care is identified as potentially being affected by the reported deficient practice. Audit was completed on all residents to ensure that nails were properly trimmed	6/28/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/28/2022

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 677	<p>Continued From page 1</p> <p>cognitively intact with no behaviors for rejection of care. The assessment also revealed Resident #44 required extensive assistance of 2 staff with transfers, and extensive assistance of 1 staff with dressing, toileting, personal hygiene, and bathing.</p> <p>Resident #44's Care Area Assessment (CAA) summary dated 05/05/22 for activities of daily living (ADL) the resident required extensive assistance with ADL including bed mobility, transfers, personal care, bathing, dressing, and toileting related to muscle weakness and hemiplegia. Resident #44 wears a splint/palm protector to her right had as indicated with passive range of motion (PROM) provided during care. She is at risk of skin breakdown related to incontinent episodes, decreased mobility, and vitamin deficiency. Weekly skin assessments completed by nursing to monitor for changes in skin integrity. Nursing to monitor for continued changes in conditions. Physician to be notified of continued changes.</p> <p>Resident #44's care plan dated 05/10/22 revealed a focus area for ADL self-care performance deficit related to residual effects of stroke and hemiplegia. The interventions included check nail length and trim and clean on bath day and as necessary, report any changes to the nurse, resident has contracture of the right hand so provide skin care daily to keep clean and prevent skin breakdown, staff to don right resting hand splint every day as tolerated and resident may remove, staff to apply palm protector to right hand related to contracture at bedtime and monitor skin integrity and resident may remove.</p> <p>Observation and interview with Resident #44 on 06/06/22 at 3:34 PM revealed her lying in bed</p>	F 677	<p>and clean.</p> <p>Shower team to continue to trim nails during showers and ensure that they are clean. Wound nurse to look at resident nails randomly each week to ensure compliance with nail care. If a resident is a diabetic, has thick nails, or any other issue that concerns staff, staff to notify wound nurse to address and care for the nails.</p> <p>Education to be provided to all Nursing staff concerning resident nail care to be provided on all residents during their showers and as needed by staff. This education will be completed by the DON, ADON, or appointed designee no later than 6/28/2022. CNAs and Nurses will not be allowed to work following 6/28/2022 until education is completed.</p> <p>Audits to be completed weekly for 4 weeks, then monthly for 2 months. The audit will consist of randomly looking at 10 residents who require assistance with nail care to ensure that nails are clean, trimmed, and free from rough edges. Audits to be completed by the Director of Nursing or designee.</p> <p>Audits will be reviewed and monitored in the facility's quality assurance meetings by the DON or appointed designee for the next three months to ensure compliance is maintained.</p> <p>Completion Date: 6/28/2022</p>		

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F 677	<p>Continued From page 2</p> <p>watching TV. The resident stated she had asked 3 times to have her nails on her right contracted hand trimmed and said it still had not been done. The resident removed her covers, and her right hand was resting against a pillow with hand splint in place. Resident #44's nails were noted to be ¼ to ½ inch beyond the end of her fingers and some of the nails were jagged. Her hand was noted to be contracted inward into her palm with the nails touching the palm of her hand. The resident indicated she was concerned the nails would cause skin breakdown in her palm.</p> <p>Observation and interview on 06/07/22 at 12:27 PM revealed resident up in her wheelchair outside the dining room propelling back to her room. Her nails on the right hand were noted to still be long and jagged on the right hand and Resident #44 stated they had not been trimmed.</p> <p>Interview on 06/07/22 at 2:08 PM with Nurse Aide (NA) #1 assigned to the resident on 06/07/22 revealed she had not noticed the resident's nails on her right hand and stated she had not clipped her nails. NA #1 further stated she should have inspected Resident #44's nails especially since her hand was contracted and notified the nurse they needed to be trimmed.</p> <p>Observation and interview on 06/07/22 at 3:54 PM revealed Resident #44 lying in bed with her covers over her and watching TV. Resident #44 stated she had her shower today, but they did not clip her nails on her right hand and her splint was noted to be off her hand. Resident #44 further stated they had washed her hand during her shower but had not clipped the nails on her hand. Nurse #4 came into the resident's room and the surveyor asked the resident to show Nurse #4 her</p>	F 677			

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F 677	Continued From page 3 nails. Nurse #4 stated her nails should have been clipped after her shower and said no one had mentioned they needed clipping to her but stated she would clip them now.  Interview on 06/08/22 at 3:55 PM with the Director of Nursing (DON) revealed she would have expected the resident's nails to have been trimmed after her shower on 06/07/22 without the resident asking for them to be trimmed. The DON stated she didn't know why the resident's nails were not trimmed but said they would be providing additional training to the NAs and nurses regarding trimming nails after showers were given and as needed.	F 677			
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or  §483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  §483.45(d)(6) Any combinations of the reasons	F 757		6/28/22	

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F 757	<p>Continued From page 4</p> <p>stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and interviews with staff, pharmacist and Nurse Practitioner, the facility failed to discontinue a medication (Aspirin) as ordered and continued to administer the medication for 29 days after receiving the discontinue order for 1 of 5 residents reviewed for unnecessary medications (Resident #64).</p> <p>The findings included:</p> <p>Resident #64 was admitted to the facility on 6/10/19 with diagnoses that included hypertensive heart disease with heart failure and history of cerebral infarction.</p> <p>A review of the Physician Orders in Resident #64's medical record indicated an active order dated 2/11/22 for Aspirin tablet chewable 81 mg (milligrams) - give 1 tablet by mouth in the morning for anticoagulation.</p> <p>A document entitled, "Individual Patient's Medication Review," dated 4/29/22 in Resident #64's electronic medical record indicated a recommendation by the pharmacist to consider discontinuing Aspirin due to polypharmacy, simultaneous use of multiple drugs to treat a single ailment or condition.</p> <p>A document entitled, "Pharmacist Report," dated 5/5/22 indicated a recommendation by the pharmacist to consider discontinuing Aspirin due to polypharmacy. At the bottom of the report was a written response by the Nurse Practitioner that stated she would discontinue Aspirin. The report</p>	F 757	<p>Disclaimer: The following information is provided by request, in follow up to the survey conducted, and does not represent the facility admitting to, or agreeing to the alleged deficient practice.</p> <p>Resident #64 noted with pharmacy recommendation approved by MD to discontinue Aspirin. Order was not written to D/C ASA and resident continued to receive medication. 1 resident was affected by the reported deficient practice. Order was written to D/C ASA medication for resident #64 on 6/8/2022.</p> <p>Every resident is identified as potentially being affected by the reported deficient practice. Audit was completed on all pharmacy recommendations for the month of May. No further error was noted with the audit.</p> <p>DON and medical records will obtain a copy of all pharmacy recommendations each month from pharmacy. Rounding nurse will ensure that all recommendations are viewed by the MD and orders written as needed. Rounding nurse will give copy of completed of all pharmacy recommendations once signed by MD to the DON or appointed designee to verify that all recommendations were completed appropriately.</p> <p>Education to be provided to all Nurses to</p>		

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F 757	<p>Continued From page 5</p> <p>was signed by the Nurse Practitioner on 5/10/22.</p> <p>A review of Resident #64's Medication Administration Record revealed she received Aspirin 81 mg tablet every morning from 5/11/22 to 6/8/22.</p> <p>A phone interview with the Pharmacist on 6/8/22 at 12:31 PM revealed they had recommended to discontinue Resident #64's Aspirin due to polypharmacy which meant the regular use of at least five medications and to decrease her risk for bleeding with her age. They initially submitted this recommendation to the facility on 4/29/22 and again on 5/5/22. The Pharmacist stated they had not received a faxed order from the facility to discontinue Resident #64's Aspirin and were not aware that Resident #64 continued to receive Aspirin despite the discontinue order. The Pharmacist stated the facility should have sent an order to discontinue the Aspirin and the completed recommendation which was signed by the NP on 5/10/22 should have been faxed to the pharmacy.</p> <p>A phone interview with the Nurse Practitioner (NP) on 6/8/22 at 9:17 AM revealed she decided to agree with the pharmacy recommendation of discontinuing Resident #64's Aspirin. The NP stated she had been told at the facility that she didn't have to re-write an order for pharmacy recommendations that she had followed up on. The NP stated the reviewed pharmacy recommendation which she signed should be enough to serve as an order.</p> <p>An interview with the Director of Nursing (DON) on 6/8/22 at 4:00 PM revealed the Medical Records Director usually received the</p>	F 757	<p>ensure when they are rounding with MD that when they receive a signed pharmacy recommendation from physician that they are to verify that an order has been written by the MD, and if no order is written, they are to write the order at that time and ensure that it is processed. This education will be completed by the DON, ADON, or appointed designee no later than 6/28/2022. Nurses will not be allowed to work following 6/28/2022 until education is completed.</p> <p>Audits to be completed monthly for 3 months on all pharmacy recommendations by the DON or designated person to ensure that all pharmacy recommendations have been processed appropriately. Audits will be reviewed and monitored in the facility's quality assurance meetings by the DON or appointed designee for the next three months to ensure compliance is maintained.</p> <p>Completion Date: 6/28/22</p>		

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F 757	Continued From page 6 recommendations from the pharmacy and then she handed them to the rounding nurse so that the rounding nurse could give the recommendations to the medical provider whenever they came to the facility so they could review them. The DON stated the rounding nurse should have received the reviewed pharmacy recommendations after the NP had done rounds on 5/10/22. The DON further stated she should have written an order to discontinue Resident #64's Aspirin and had the NP sign it and faxed it to the pharmacy to carry out the NP's order to discontinue Resident #64's Aspirin on 5/10/22.	F 757			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 761		6/28/22	

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F 761	<p>Continued From page 7</p> <p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to discard expired medications available for use in 2 of 3 medication carts (B hall medication cart and A hall medication cart) and 1 of 2 medication rooms (B hall medication room).</p> <p>The findings included:</p> <p>1.a. An observation of the B hall medication cart with Nurse #2 on 6/8/22 at 2:17 PM revealed an open vial of Insulin detemir available for use in the top drawer and marked as being opened on 4/24/22 and labeled with Resident #41's name. Insulin detemir is a long-acting insulin used to treat diabetes. An interview with Nurse #2 revealed Insulin detemir expired 42 days after being opened and it should have been discarded on 6/5/22. During the interview, Nurse #2 called the pharmacy to request a refill for Resident #41's Insulin detemir and she found out that the order for Resident #41's Insulin detemir had been discontinued on 5/16/22.</p> <p>Further interview with Nurse #2 on 6/8/22 at 2:41 PM revealed the third shift nurses and the supervisors were supposed to check the medication carts for expired medications. Nurse #2 stated she thought the B hall medication cart had just been checked by the third shift nurse from the night before and didn't notice the discontinued insulin. Nurse #2 further stated she didn't pay attention to Resident #41's Insulin detemir because it used to be scheduled to be given only at bedtime.</p>	F 761	<p>Disclaimer: The following information is provided by request, in follow up to the survey conducted, and does not represent the facility admitting to, or agreeing to the alleged deficient practice.</p> <p>Resident #41 noted with expired insulin on medication cart and Resident #10 was noted with expired ABH gel on medication cart. 2 residents were affected by the reported deficient practice.</p> <p>Every resident requiring medication administration is identified as potentially being affected by the reported deficient practice. Audit was completed of all medication carts and medication storage area to ensure that no further medications were noted to be expired.</p> <p>Education to be provided to all Nurses concerning checking expiration dates on medications for expiration prior to administering medications.</p> <p>Third shift nurses are to check medication carts every Thursday and Sunday night for expired medications and complete audit sheet. Unit Manager or assigned staff member to remove discontinued medications from medication carts every morning following clinical review of orders. 3rd shift nurses are to check each night to ensure any discontinued medications</p>		



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F 761	<p>Continued From page 8</p> <p>b. An observation of the A hall medication cart with Nurse #3 and the Assistant Director of Nursing (ADON) on 6/8/22 at 2:42 PM revealed forty 1 mg (milligram)/1 ml (milliliter) packets of Lorazepam gel available for use in the narcotic drawer. The Lorazepam gels were marked with an expiration date of 5/25/22 and the sticker on the plastic bag that contained the gels read: do not use after 5/26/22. Lorazepam topical gel is currently widely used for nausea in hospice.</p> <p>An interview with Nurse #3 and the ADON on 6/8/22 at 2:50 PM revealed Nurse #3 last administered a Lorazepam gel to Resident #10 on 6/8/22 at 8:00 AM but she didn't notice the expiration date on the packet. The ADON stated all the nurses were supposed to be checking the medication carts for expired medications as they administer medications. In addition, the unit managers were also responsible for checking the medication carts weekly.</p> <p>2. An observation of the B hall medication room with Nurse #4 on 6/8/22 at 2:55 PM revealed an open vial of Tuberculin dated as opened on 5/3/22 and available for use in the medication refrigerator. The box which contained the Tuberculin vial had instructions to discard the opened vial after 30 days. Tuberculin, also known as purified protein derivative, is a combination of proteins that are used in the diagnosis of tuberculosis.</p> <p>An interview with Nurse #4 on 6/8/22 at 3:00 PM revealed the opened vial of Tuberculin was expired and it should have been discarded after 30 days of opening. Nurse #4 stated they used the Tuberculin to perform a tuberculin skin test to</p>	F 761	<p>have been removed from medication carts.</p> <p>This education will be completed by the DON, ADON, or appointed designee no later than 6/28/2022. Nurses will not be allowed to work following 6/28/2022 until education is completed.</p> <p>Audits to be completed weekly 4 weeks, then monthly for 2 months. Audits will consist of checking all medication carts to ensure that there are no expired medications on the cart. The audits will be completed by the Director of Nursing or designee. Audits will be reviewed and monitored in the facility's quality assurance meetings for the next three months by the DON or appointed designee to ensure compliance is maintained.</p> <p>Completion Date: 6/28/2022</p>		

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F 761	Continued From page 9 newly admitted residents, but she wasn't sure about the last time it had been used. Nurse #4 stated the third shift nurses were supposed to be checking the medication rooms for expired medications.  An interview with the Director of Nursing (DON) on 6/8/22 at 3:56 PM revealed the third shift nurses were supposed to be checking the medication carts after they check all the new orders for the day and make sure the discontinued and expired medications were pulled off the medication carts. The unit managers last checked the medication rooms the week before and they were responsible for checking them at least weekly.	F 761			
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	F 880		6/28/22	

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NAME OF PROVIDER OR SUPPLIER  <b>FAIR HAVEN OF FOREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>830 BETHANY CHURCH ROAD</b> <b>FOREST CITY, NC 28043</b>		
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F 880	<p>Continued From page 10</p> <p>arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(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, 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</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>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 record reviews, observations and staff interviews, the facility failed to implement their infection control policies and the Centers for Disease Control and Prevention (CDC) recommended practices when 1 of 1 staff member (Nurse #1) failed to perform hand hygiene during wound care on 1 of 2 residents (Resident #9) reviewed for wound care.</p> <p>The findings included:</p> <p>The Centers for Disease Control and Prevention (CDC) guidance entitled, "Hand Hygiene Guidance," last reviewed on 1/30/20 indicated the following information: Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: immediately after glove removal. Gloves are not a substitute for hand hygiene. Change gloves and perform hand hygiene during patient care, if moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.</p> <p>The facility's infection control policy entitled, "Hand Hygiene," dated 3/2022 indicated the following statements: The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p>	F 880	<p>Disclaimer: The following information is provided by request, in follow up to the survey conducted, and does not represent the facility admitting to, or agreeing to the alleged deficient practice.</p> <p>Nurse was noted when performing dressing change to resident #9 and was noted to remove dirty gloves and replace clean gloves on her hands without performing hand hygiene.</p> <p>Every resident is identified as potentially being affected by the reported deficient practice.</p> <p>Wound nurse was educated on proper handwashing during dressing changes.</p> <p>Education to be provided to all staff on proper handwashing via handwashing video. All nurses will be educated on proper times to perform handwashing during a dressing change. This education will be completed by the DON, ADON, or appointed designee no later than 6/28/2022. Staff will not be allowed to work following 6/28/2022 until education is completed.</p> <p>A RCA will be completed by a team that</p>		

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F 880	<p>Continued From page 12</p> <p>An observation of wound care by Nurse #1 on Resident #9 was made on 6/8/22 at 10:10 AM. Nurse #1 was observed using hand sanitizer to both hands prior to putting gloves on to enter the room and start the procedure. Nurse #1 proceeded to remove an old dressing from Resident #9's sacrum and removed her gloves. She then put on a new pair of gloves without sanitizing her hands. She cleaned Resident #9's sacral wound with a wound cleanser-soaked gauze and then removed her gloves. She put on new gloves without sanitizing her hands first and then wiped the wound bed with a dry gauze, applied the ordered treatment to Resident #9's wound and covered it with a foam dressing. She then discarded the unused supplies on the bedside table, removed her gloves and then put on a new pair without doing hand hygiene. She helped reposition Resident #9 in the bed, exited the room, removed her gloves, and then used hand sanitizer to both hands.</p> <p>An interview with Nurse #1 on 6/8/22 at 3:28 PM revealed she had received education on hand hygiene during wound care which consisted of washing hands before starting procedure and making sure to change gloves after removing an old dressing and doing hand hygiene whenever gloves were removed. Nurse #1 stated she had missed the step of doing hand hygiene after removing her gloves because she was a little nervous during the wound care observation and she was distracted. She stated she should have washed her hands in the sink prior to putting on clean gloves during the procedure.</p> <p>An interview with the Infection Preventionist and the Director of Nursing (DON) on 6/8/22 at 3:49</p>	F 880	<p>will include the Administrator, DON, ADON, Wound Care Nurse, Weekend Supervisor, and MDS Nurse. This will be completed no later than 6/28/2022.</p> <p>Audits to be completed weekly for 4 weeks then monthly for 2 months. Each audit will include randomly watching 10 staff members performing handwashing with at least one of these being observed during a dressing change. Audits will be performed by DON or designated employee and will be reviewed and monitored in the facility's quality assurance meetings for the next three months by the DON or appointed designee to ensure compliance is maintained.</p> <p>Completion Date: 6/28/22</p>		

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

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F 880	Continued From page 13 PM revealed Nurse #1 should have washed her hands whenever she removed her gloves when she provided wound care to Resident #9. The DON stated they would need to do more education on hand hygiene.	F 880		