

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

PRINTED: 08/03/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/20/2011
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NAME OF PROVIDER OR SUPPLIER  COURTLAND TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 ABERDEEN BLVD GASTONIA, NC 28054
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{F 441} SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  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.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	{F 441}	Inservice completed for NA #1 by Staff Development Coordinator. Incontinence Care provided by NA #1 observed by Staff Development Coordinator to ensure compliance related to incontinence care and infection control.  Medical Review completed for Resident #4 to identify signs and symptoms of infection.  All residents identified as having the potential to be affected.  Review of Infection Reports completed to identify infections.  Return Demonstration of Incontinence Care completed by Nursing Assistants to ensure compliance. Return Demonstrations observed by Registered Nurse.  Competency Checklist related to Incontinence Care incorporated into C.N.A. Orientation to ensure compliance.	8/9/11  8/9/11  8/9/11  8/9/11  8/9/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kimberly K. Poovey</i>	TITLE NHA	(X6) DATE 8/9/11
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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}	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview the facility staff failed to remove soiled gloves and wash hands after the completion of incontinence care in one (1) of two (2) residents observed. (Resident #4)  The findings are:  A review of a facility policy dated 03/06/07 titled "Handwashing" stated in part gloves should be used for hand-contaminating activities. Gloves should be removed and hands washed when such activity is completed.  A review of a facility document with a revised date of 06/27/11 titled "Guidelines for Perineal Care" stated to remove gloves and place in appropriate receptacle. Wash hands before leaving room.  On 07/20/11 at 9:42 a.m. Resident #4 was observed as he was transported into his room in a wheelchair by NA #1. NA #1 put on gloves, transferred Resident #4 from the wheelchair to his bed using a lift, undressed the resident and removed the resident's brief that was soiled with urine and stool. She filled a wash basin with water, placed washcloths in the water, picked up a bottle of liquid soap and cleaned the resident. She placed her soiled linens into a plastic bag, put a clean brief on the resident and re-dressed him. NA #1 attached the lift pad to the lift with her soiled gloves on and transferred the resident back to his wheelchair. She emptied the wash basin, opened a cabinet and put the basin inside with her soiled gloves still on. NA #1 removed her	{F 441}	Directed Inservice conducted by Gaston College Nurse Instructor for Nursing Assistants on Incontinence Care and Infection Control; including Hand Hygiene/Glove Use.  Participated in Consultant Visit with "The Carolinas Centers for Medical Excellence" regarding Infection Control.  "Incontinence Care and Hand Hygiene/Glove Use" Quality Assurance Tool implemented to monitor compliance of incontinence care and hand hygiene/glove use to prevent infection. Quality Assurance Tool to be completed by RN daily for two weeks; then three times weekly for two weeks; then once weekly for two weeks; then once monthly for two months. "Incontinence Care and Hand Hygiene/Glove Use" Quality Assurance Tool incorporated into Facility Quality Assurance Program to monitor and evaluate effectiveness.	8/9/11  8/9/11  8/9/11	

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{F 441}	<p>Continued From page 2</p> <p>gloves, opened the door to the resident's room and took the soiled linen out of the resident's room down the hallway to a soiled linen room.</p> <p>On 07/20/11 at 9:50 a.m. during an interview NA #1 stated she should have taken her gloves off and washed her hands after she finished the incontinence care and before transferring the resident with the lift.</p> <p>On 07/20/11 at 2:58 p.m. during an interview with the Staff Development Coordinator (SDC) she stated in-services were done recently regarding incontinence care. She further explained after the in-service was completed staff was observed doing incontinence care and their initials were written on an observation monitoring form. She stated if a staff member's initials were not on the form, they were not observed. She verified NA #1's initials were not on the observation monitoring form and explained the observations of staff were done at random. She further stated it was her expectation that staff should remove soiled gloves and wash their hands after incontinence care and before touching any items in the resident's room.</p> <p>On 07/20/11 at 3:50 p.m. during an interview with LN #1 she stated she was one of the nurses who observed staff when they provided incontinence care after the in-service's were completed. She stated she observed various staff members doing incontinence care but explained the observations of staff were done at random. She stated Nursing Assistants were told to let a nurse know if they were going to do incontinence care and a nurse would go and observe them. She verified they had not observed all staff and confirmed NA</p>	{F 441}		

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{F 441}	Continued From page 3 #1's initials were not on the observation monitoring form. LN #1 stated since NA #1's initials were not on the observation form she had not been observed. She explained during the observation they looked at hand washing, putting on gloves and changing gloves during care.  On 07/20/11 at 4:22 p.m. during an interview with the Director of Nursing (DON) she stated it was her expectation for staff to remove soiled gloves and wash their hands after incontinence care and before they touched any other items in the resident's room.	{F 441}			