

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

PRINTED: 11/02/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/19/2011
NAME OF PROVIDER OR SUPPLIER CANTON CHRISTIAN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 75 FISHER LOOP MAGGIE VALLEY, NC 28761	
(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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews the facility failed to rinse a body wash product from the skin of one (1) of two (2) sampled residents observed for the provision of incontinence care. (Resident # 1).</p> <p>The findings are: Review of the manufacturer's instructions located on the back label of a body wash product indicated it was a perfumed product and the label did not indicate it was a "no rinse" product.</p> <p>Resident #1 was admitted to the facility with diagnoses including chronic obstructive pulmonary disease, congestive heart failure and vascular dementia. The most recent assessment, a quarterly Minimum Data Set (MDS) dated 7/19/11 indicated the resident had mild cognitive impairment and required extensive assistance of one (1) staff with most activities of daily living including hygiene and bathing. The resident was coded as being frequently incontinent of urine and occasionally incontinent of bowel.</p> <p>Further review of Resident #1's medical record revealed a physician's order dated 10/13/2011</p>	F 312		

RECEIVED
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BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Beonda Sidner* TITLE: Administrator (X6) DATE: 11-8-11

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 312	Continued From page 1 which read: "Levaquin (an antibiotic) 500mg (milligrams) by mouth four(4) times a day for ten (10) days. Dx (Diagnosis): UTI (Urinary Tract Infection)." Another physician's order dated 08/23/2011 read: "Cipro 250mg one every twelve (12) hours for five (5) days. On 10/19/11 at 9:30 a.m. Nursing Aide (NA) #1 was observed providing incontinence care to Resident #1. NA #1 was observed putting a body wash product in a basin and adding water to the basin. She then cleansed the resident's perineal area and buttocks with the soapy water. Without rinsing the body wash from the resident's skin, NA #1 dried the resident and placed a clean brief on Resident #1. An interview with NA #1 on 10/19/11 at 10:10 a.m. was conducted. When asked about the body wash product used to bathe Resident #1, she stated it was brought in by the resident's family. When asked about not rinsing the resident, she stated: "The body shampoo the facility uses is a 'no rinse' product. I just forgot." An interview with the Nursing Supervisor and Administrator on 10/19/11 at 4:50 p.m. revealed that staff are trained to rinse a resident's skin after washing if they are using the resident's personal body wash and they expect NA's to follow that procedure.	F 312	Residents # 1was assessed for negative outcome due to this practice with no negative outcome noted. C.N.A.'s were educated concerning the use of our PH balanced peri-wash for incontinence care as it is no rinse. The resident's can utilize their own personal body wash if desired, when receiving a shower, but not during routine incontinence Care or bed baths. The most recent UA and C&S was negative on 11/2/11. No other residents have been found to utilize personal body wash during peri-care. .N.A.'s were educated concerning the use of our PH balanced peri-wash for incontinence care as it is no rinse. The resident's can utilize their own personal body wash if desired, when receiving a shower, but not during routine incontinence care or bed baths. C.N.A.'s were educated concerning the use of our PH balanced peri-wash for incontinence care as it is no rinse. The resident's can utilize their own personal body wash if desired, when receiving a shower, but not during routine incontinence care or bed baths. Sixteen (16) C.N.A.'s will be monitored monthly for three months while performing incontinence care to ensure continued compliance If compliance is not found , Staff will be educated immediately with return demonstration. The QA Nurse and/or RN Supervisor will monitor and report findings to the Director of Nursing Services, Administrator and The Quality Assurance Committee.		
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	F 441		11-12-11	

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F 441	<p>Continued From page 2 of disease and infection.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview the facility failed to ensure staff washed their hands with soap and running water after</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>providing incontinence care to two (2) of two (2) residents observed for incontinence care. (Resident # 1 and # 3).</p> <p>The findings are:</p> <p>1. On 10/19/2011 at 9:30 a.m. Nursing Aide (NA) #1 was observed providing incontinence care to Resident #1. After incontinence care was completed, NA #1 removed her gloves and washed her hands. She then picked up the bags containing the soiled linen and the soiled brief with ungloved hands. She removed them from the resident's room. The linen was spilling over the top of the bag. She held the bag against her body while carrying it to the linen hamper. Without washing her hands, she entered the room of Resident # 7, spoke to the resident, opened the top drawer of the resident's nightstand and picked up a pair of the resident's pants and carried them to the dirty linen cart in the hallway. NA #1 was under constant observation and was not observed washing her hands or using hand sanitizer.</p> <p>An interview with NA #1 on 10/19/2011 at 10:10 a.m. was conducted. When asked about not wearing gloves to carry the soiled linen and brief and not washing her hands before going in another resident's room, she stated: "I know I should have. I just got nervous and forgot." When asked about holding the bag of soiled linen against her uniform, she stated: "It was about to spill so I was trying to keep it from spilling."</p> <p>An interview with the Nursing Supervisor and Administrator on 10/19/2011 at 4:50 p.m. revealed that staff are expected to wear gloves</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>when removing soiled linen from a resident's room and should not hold the linen against their body.</p> <p>2. On 10/18/2011 at 2:05 p.m. Nursing Aide (NA) #2 and NA #3 were observed providing incontinence care to Resident # 3. After incontinence care was completed, NA #2 removed his gloves and put on clean gloves. He then carried the soiled linens from the resident's room. He removed and discarded his gloves. Without washing his hands, he entered the room, of Resident # 8, touching the door handle. He opened the resident's closet and began removing items to provide incontinence care. NA #2 was not observed washing his hands or using hand sanitizer before entering the room of Resident # 8.</p> <p>An interview with NA #2 on 10/18/2011 at 2:20 p.m. was conducted. When asked about not washing his hands before entering another resident's room, he stated: "I know I should have washed my hands. I just forgot."</p> <p>An interview with the Nursing Supervisor and Administrator on 10/19/2011 at 4:50 p.m. revealed that staff are expected to wash their hands after handling soiled linen and between resident contacts.</p>	F 441	<p>Residents # 1 and #3 were assessed for negative outcome due to this practice with no negative outcome noted. C.N.A.'s were educated concerning the policy and procedure of utilizing gloves and proper hand washing techniques as well as the proper techniques for transporting linens to prevent infections.</p> <p>No other residents have been found to have been affected by this practice with no negative outcome noted. C.N.A.'s were educated concerning the Infection Control Policy and Procedure requiring the utilization of gloves , and proper hand washing techniques as well as the proper techniques for transporting linens to prevent infections.</p> <p>C.N.A.'s were educated concerning the Infection Control Policy and Procedure requiring the utilization of gloves , and proper hand washing techniques as well as the proper techniques for transporting linens to prevent infections..</p> <p>16 C.N.A.'s will be monitored monthly for three months while performing incontinence care to ensure continued compliance. If compliance is not found , Staff will be educated immediately with return demonstration. The QA Nurse and/or RN Supervisor will monitor and report findings to the Director of Nursing Services, Administrator and The Quality Assurance Committee.</p>	11-12-11	