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<th>Provider/Suppliers/ICN</th>
<th>Address</th>
<th>Date Survey Completed</th>
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<tr>
<td>BRIAN CENTER HEALTH &amp; REHAB HICKORY VIEWMONT</td>
<td>228 12TH AVE PLACE NW HICKORY, NC 28601</td>
<td>11/02/2011</td>
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**Deficiency:** F 241

**Description:** DIGNITY AND RESPECT OF INDIVIDUALITY

**Summary:** The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

**Correction:** This REQUIREMENT is not met as evidenced by:

1. Based on observations, staff and resident interviews, and medical record review, the facility failed to pull the privacy curtain and/or close the door for (one) (1) of (one) (1) resident during toileting on a bedpan (Resident #46); and the facility failed to knock and/or announce their presence prior to entering seven (7) rooms on the 500 hall during an evening meal.

2. The findings are:

   - Resident #46 was admitted to the facility with diagnoses of chronic obstructive pulmonary disease and diabetes. The most recent Minimum Data Set (MDS), dated 09/21/11, revealed the resident had no cognitive impairment and required extensive assistance with most activities of daily living including toileting. The MDS also revealed the resident was frequently incontinent. A review of the care plan, dated 10/7/11, for the resident revealed the problem of incontinence was addressed with interventions which included maintaining dignity during care.

   - On 10/31/11 at 8:50 AM Resident #46 was observed from the hallway outside her room. The resident was in her bed and covered with a sheet and blanket. The door to her room was open and

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**Additional Information:**

- F241 Dignity
  1. Corrective action for the affected residents for the alleged deficient practice of providing dignity during toileting and failure to knock prior to entering rooms, was unable to be corrected after the original incidences of occurrence, however, offending staff were re-educated regarding dignity and respect practices.

- Facility has provided an action plan to improve dignity practices for affected residents.

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**Signature:**

- Laboratory Director/Provider/Suppliers/Representative's Signature

**Date:** 11/23/11

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**Form:** CMS-2580 (02-99) Previous Version: CMS-2580 (06-00)
**F 241** Continued From page 1

The privacy curtain was not pulled, allowing the resident to be observed from the hallway. Resident #46 was the only resident in the room at that time. The resident was asked for permission to enter her room. She stated she was on a bedpan.

On 10/31/11 at 8:56 AM Nursing Assistant (NA) #1 was observed to enter the resident's room and close the door.

On 10/31/11 at 9:06 AM NA #1 was interviewed. She stated she had placed the resident on a bedpan and then returned later to clean her. She stated the curtain should be pulled for privacy when someone is on a bedpan. She stated the curtain would stop someone from walking in on the resident. She stated she forgot to pull the curtain for the resident.

On 10/31/11 at 11:03 AM Resident #46 was interviewed. She stated she usually pulled the curtain when she was on the bedpan but forgot to pull it today. She stated that she wanted the curtain pulled and that she was embarrassed by the incident.

On 11/01/11 at 8:42 AM Licensed Nurse (LN) #2 was interviewed. She stated that when an NA puts a resident on a bedpan they should cover the resident, pull the privacy curtain, and close the door. She stated that NA #1 should have pulled the curtain and closed the door.

On 11/01/11 at 8:55 AM the Director of Nursing was interviewed. She stated that staff should cover the resident, pull the privacy curtain, and close the door when a resident is on a bedpan.

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**Provider's Plan of Correction**

The Director of Nursing, beginning 11/07/2011 for dignity, respect, and resident rights. The Director of Nursing, Staff Development Nurse, and shift Charge Nurses will validate dignity practices by completing dignity rounds daily Monday thru Friday for a period of 4 weeks, then bi-weekly for a period of 4 weeks.

4. The Director of Nursing/Administrator will review the data obtained from audits and observations, analyzing for patterns/trends and reporting monthly in Quality Assessment and Assurance Committee meetings. The Q&A Committee will evaluate the effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to ensure continued compliance.

5. Date of Compliance: November 23, 2011
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
Brian Center Health & Rehab Hickory Viewmont

STREET ADDRESS, CITY, STATE, ZIP CODE
220 13th Ave Place NW
HICKORY, NC 28601

11/02/2011

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Continued From page 2
maintain dignity. She stated even if no other resident is in the room, the curtain should be pulled so that if someone opened the door they would not see the resident. She stated she intended to have the Staff Development Director inservice all the staff about this issue.

2. Observations during the evening meal on 10/30/11 on the 500 hall revealed nurse aide (NA) #2 failed to knock on doors and/or announce her entrance to residents during the passing of meal trays as follows:
*Room 603 B at 5:19 PM
*Room 613 B at 5:20 PM
*Room 502 A at 5:22 PM
*Room 611 B at 5:23 PM
*Room 500 A at 5:25 PM

At this time all trays were passed and NA #2 began making rounds to check on the residents. NA #2 entered the following rooms without knocking as follows:
*Room 602 at 6:27 PM
*Room 606 B at 6:28 PM
*Room 613 at 6:30 PM
*Room 508 at 6:32 PM

On 10/31/11 at 6:35 PM, NA #2 was interviewed about knocking on resident doors. NA #2 stated that she usually knocks on doors but with passing the trays she missed knocking on some doors.

On 10/31/11 at 10:40 AM Resident #169 stated staff knock about fifty percent of the time before entering. He further stated that it did not bother him when staff failed to knock or announce their entrance with the evening meal tray on 10/30/11.
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<th>F 241</th>
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<td></td>
<td>On 10/31/11 at 3:49 PM, Resident #62 stated that she could not recall if staff knocked on the door during tray delivery on the evening of 10/31/11. She did state that she would prefer that staff knock before entering her room. During interview on 11/1/11 at 5:37 PM, the DON stated staff should always knock or announce their presence before entering a resident's room. She would have expected to knock or announce coming in.</td>
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<tr>
<th>F 371</th>
<th>483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</th>
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<tbody>
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<td></td>
<td>The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions.</td>
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**This REQUIREMENT is not met as evidenced by:**

Based on observations and staff interviews, the facility kitchen staff failed to wash their hands after removing soiled gloves and before putting on clean gloves to prevent the spread of contamination to clean dishware.

**The findings are:**

On 11/1/11 at 4:16 PM two staff were observed removing trash and rinsing dirty dishes and loading the trays to go into the dish machine.
Continued From page 4

Once several trays were loaded and sent through the dish machine, dietary staff #1 removed her soiled gloves and without washing her hands with soap or using sanitizer, she placed new gloves on her hands and proceeded to put away the clean dishes coming out of the dish machine. At this time Dietary staff #1 stated she did not wash her hands between glove changes as she was replacing her dirty gloves with clean ones. She further stated this was the normal procedure she used.

On 11/1/11 at 1:50 PM the Dietary Manager (DM) stated that she did not expect staff to wash their hands in between changing gloves as the local health department told her that as long as the staff changed to clean gloves there would not be contamination when going from the dirty side of the dish machine to working with the clean dishes. A sign over the hand sink located in the dish machine area included to wash hands regularly and after working with dirty dishes and utensils.

On 11/2/11 at 12:30 PM interview with the Staff Development Coordinator revealed she would recommend and teach that once staff stop scraping dishes before going to the clean side to handle clean dishes, staff remove their soiled gloves, wash their hands with soap and water and then put on new gloves. She stated that some people have said they can remove their gloves without contaminating their hands, however, she does not recommend or teach that as you can contaminate the clean gloves you are pulling on.

Date of Compliance: November 23, 2011
F 441 Continued from page 5

- The facility must establish and maintain an Infection Control Program to prevent the spread of infectious diseases. The facility must establish procedures to prevent the spread of infectious diseases, including, but not limited to, contact with infectious secretions, precautions related to infection control, and established practices to prevent the spread of infectious diseases.

- The facility must establish an Infection Control Program for all residents, including those with conditions that increase the risk of infection. The facility must establish procedures to prevent the spread of infectious diseases, including, but not limited to, contact with infectious secretions, precautions related to infection control, and established practices to prevent the spread of infectious diseases.

- The facility must maintain a record of all residents and the dates and times of their exposure to infectious diseases. The facility must maintain a record of all residents and the dates and times of their exposure to infectious diseases.

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<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>F 441</td>
<td>Continued From page 6 by: Based on observations, record review and staff interviews, the facility staff failed to remove a contaminated germicidal disposable wipe (Sani-wipe) from around a blood glucose monitor (glucometer) and clean it before placing it in a medication cart for one (1) of three (3) residents observed (Resident #100); and the facility failed to ensure staff handled and transported dirty privacy curtains in a manner to prevent infection on one (1) or four (4) halls. The findings are: 1. A review of a facility procedure that was undated and titled &quot;Cleaning and Disinfecting Glucometer Checklists/Training/Tracking&quot; revealed when using the Sani-Cloth Plus Germicidal Disposable Wipes the blood glucose monitor must stay wet for five (5) minutes and allow to air dry and remember to clean before and after every use. Resident # 100 was admitted to the facility with diagnoses including diabetes mellitus, Alzheimer's disease and dementia. The latest Minimum Data Set (MDS) dated 09/22/11 indicated impairment in short and long term memory and severe impairment in cognition for daily decision making. The resident required extensive assistance from staff for all activities of daily living. On 10/31/11 at 4:40 PM (LM) # 1 was observed to open a medication cart and a small black plastic box that contained two (2) glucometers. She removed one (1) of the glucometers from the box, practice wore also observed. This includes hand washing practices, cross contamination of laundry, and proper cleaning and storage of glucometers. No further deficient infection control practices were noted upon rounds. 3. Measures put into place to ensure alleged deficient practice does not reoccur includes re-education for facility staff, as well as contract staff to be completed by the Staff Development Nurse and the Director of Nursing beginning 11/07/2011. These infection control standards will include, but not be limited to policies regarding hand</td>
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F 441

washed, linens, transport, and

F 441

glucometer cleaning.

Administrative

nursing, including the

Director of Nursing,

Staff Development

Nurse, and shift

Charge Nurses will

validate hand washing

practices by

completing skills

validation with

facility staff. Five (5)

random hand washing

audits will then be

conducted weekly for

a period of 4 weeks to

include all shifts and

weekends to be

completed by the

Staff Development

Nurse, and the

Director of Nursing.

4. The Interdisciplinary

team, including the

Staff Development

Nurse, Director of

Nursing, and the
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<td>F 441</td>
<td>Continued From page 8 she stated they keep two (2) glucometers on the medication cart at all times. She explained each medication cart had a small black plastic box to store the glucometers in. She stated the facility used Sani wipes to clean the glucometer after every touch stick blood sugar. She further stated the glucometer should always be clean when stored in the box. She explained the nurses were expected to clean the glucometer with the Sani wipes after each touch stick blood sugar, wait five (5) minutes, let it air dry for three (3) minutes and then put the clean glucometer back in the box. She stated the Sani wipe was contaminated after it was placed on the overbed table and should have been discarded. She further stated the nurse should not put the glucometer wrapped with a contaminated Sani wipe into the black plastic box on top of a clean glucometer. During an interview on 11/2/11 at 3:22 PM with the Director of Nurses (DON) she stated clean glucometers should be stored inside the black plastic box in the medication cart. She stated it was her expectation glucometers had to be cleaned with the Sani wipes after each use. She stated the Sani wipe was contaminated after it was placed on the overbed table and should have been discarded. She also stated the glucometer should have been cleaned with a Sani wipe before it was placed back inside the plastic box with a clean glucometer. 2. On 10/31/11 at 2:53 PM, housekeeping staff (HS) #1 was observed in room 205 taking down two privacy curtains for cleaning. She dropped both curtains in a pile on the floor by the doorway, went back into the room, returned momentarily, and picked up the pile of privacy curtains.</td>
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<td>Assistant Director of Nursing, will conduct infection control rounds daily to identify potential deficient practices. The Director of Nursing/Administrator will review the data obtained from audits and observations, analyzing for patterns/trends and reporting monthly in Quality Assessment and Assurance Committee meetings. The QA&amp;A Committee members will evaluate the effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to ensure continued compliance. Date of Compliance: November 23, 2011</td>
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<td>Continued From page 9, was not wearing gloves, HS #1 held the curtains against her upper body with her arms, and walked down the hall toward the laundry, carrying the loose privacy curtains against her upper body.</td>
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<td>On 11/01/11 at 2:55 PM, the Director of Environmental Services was interviewed. He stated that the housekeeping staff deep cleaned four rooms a day, five days a week, which included removal and laundering of privacy curtains. He stated that on 10/31/11, housekeeping staff deep cleaned one room on the 200 half, room 205. He stated that privacy curtains were considered dirty linen and as such infection control precautions should be used during handling, which included use of gloves and placement of the dirty linens in a plastic bag for transport to the laundry. He stated he had not specifically instructed his staff on this procedure as he had observed them handling dirty privacy curtains appropriately.</td>
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<td>On 11/02/11 at 9:17 AM, HS #1 was interviewed. She confirmed that she had handled the dirty privacy linens as described above. She stated she had not been trained to handle dirty privacy curtains any other way.</td>
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