

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345397	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2014
NAME OF PROVIDER OR SUPPLIER SHORELAND HLTH CARE & RETIREME			STREET ADDRESS, CITY, STATE, ZIP CODE 200 FLOWER-PRIDGEN DRIVE WHITEVILLE, NC 28472		
(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 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</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>	F 441		11/14/14	

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

TITLE

(X6) DATE

Electronically Signed

11/14/2014

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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff and physician interviews the facility failed to initiate contact precautions for a resident with MRSA (Methicillin Resistant Staphylococcus Aureus) for 1 of 5 sampled residents reviewed for infections (Resident #1). The findings included:</p> <p>The facility policy dated 07/01/2002 titled Contact Precautions read: " In addition to Standard Precautions use Contact Precautions, or the equivalent, for specified residents known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the resident (hand or skin-to-skin contact that occurs when performing resident-care activities that require touching the resident ' s dry skin) or indirect contact (touching) with environmental surfaces or resident-care items in the resident ' s environment.</p> <p>a. Resident placement - Private room preferred. Glove and hand washing - wear gloves (clean) when entering room. During the course of care change gloves after having contact with infective material that may contain high concentrations of microorganisms (wound drainage). Remove gloves before leaving the resident ' s environment and wash hands immediately with an antimicrobial agent or waterless antiseptic agent. After glove removal and hand washing ensure that hands do not touch potentially contaminated environmental surfaces.</p> <p>b. Gown - wear a gown (clean) when entering room. Remove the gown before leaving the resident ' s environment. After gown removal, ensure that clothing does not contact potentially</p>	F 441	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected For resident # 1624 abdominal wounds have closed. There are no signs of infection such as redness, warmth, drainage. Current treatment orders have been discontinued as noted by the Unit Manager on 11/11/14.</p> <p>Corrective Action for Resident Potentially Affected All resident's hospital admission paperwork that were admitted or readmitted from 10/07/14 to 11/11/14 was reviewed by the Nurse Management team for indications that precautionary measures were indicated on admission. Hospital paperwork included History and Physical, Discharge Summary, physician's orders, diagnosis, laboratory data and any consults completed in the hospital. Appendix A from the 2007 Guideline for Isolation Precautions:</p>		

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F 441	<p>Continued From page 2</p> <p>contaminated environmental surfaces.</p> <p>c. Resident transport - limit the movement and transport of the resident from the room to essential purposes only. If resident transported out of room, ensure that precautions are maintained.</p> <p>d. Resident-care equipment - When possible dedicate the use of non-critical resident-care equipment to a single resident to avoid sharing between residents. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another resident.</p> <p>e. Examples of disease requiring Contact Precautions (3) Multidrug-resistant organisms, infection or colonization, respiratory or skin, wound or burn - until off antibiotics and once high-risk exposure or active symptoms have discontinued. "</p> <p>Resident #1 was admitted to the facility on 6/20/14 with diagnoses including Syncope, Pneumonia and Severe Dementia.</p> <p>Review of the medical record revealed the resident was admitted to the hospital and had a PEG (Percutaneous Endoscopic Gastric) tube placed on 7/10/14 and was re-admitted to the facility on 7/18/14. On 9/6/14 the resident ' s abdominal feeding tube site dressing was observed to be saturated with purulent drainage that had a foul odor and the resident was re-admitted to the hospital.</p> <p>Review of the resident ' s medical record revealed a hospital consult note dated 9/6/14 that revealed the resident had multiple abdominal abscesses surrounding the PEG tube. The note revealed that six abdominal wall abscesses were</p>	F 441	<p>Preventing Transmission of Infectious Agents in Healthcare Settings was used as a guide in determining if precautionary measures were indicated. This was completed on 11-12-14.</p> <p>Systemic Changes</p> <p>An in-service was conducted on 11-12-14 by the SDC. Those who attended were all RNs, LPNs FT, PT, and PRN. The in-service topics included Initiating Isolation Precautions on Admission or Readmission to the Facility. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Nurses were in-serviced that all hospital paper work should be reviewed for indications that isolation precautions are needed. Paperwork to review would be the history and physical, discharge summary, diagnosis list, physician orders, laboratory test performed while in the hospital and any consults performed while in the hospital. The admitting nurse is responsible for reviewing the paperwork that is sent to the facility for indications that isolation precautions are indicated utilizing Appendix A from the 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings as a guide in determining if precautionary measures are indicated. This guide was placed 11-12-14 for access by the nurses. If the discharge summary is not available for</p>		

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F 441	<p>Continued From page 3</p> <p>incised and drained and were positive for MRSA. A hospital physician ' s progress note dated 9/6/14 read: " Anticipate discharge on sulfa via PEG tube for his MRSA. A copy of the abdominal wound culture in the medical record dated 9/10/14 revealed 3+ (plus) Methicillin Resistant Staph (Staphylococcus) Aureus. On the report under Culture Observations read: " Contact Precautions and Strict Hand Hygiene is Required! "</p> <p>Review of the medical record revealed the resident was re-admitted to the facility on 9/16/14 with orders for Septra DS (double strength) to be given via peg tube. Review of the hospital and facility admission orders revealed no order for the resident to be on contact precautions. A physician ' s progress note dated 9/26/14 revealed the resident ' s abdominal wall abscesses were healing, the PEG tube was in position and to continue the same dressings.</p> <p>The Infection Control Nurse stated in an interview on 10/29/14 at 11:55 AM she was not aware Resident #1 had MRSA. The Nurse stated there had been no other MRSA infections in the facility during September and October 2014.</p> <p>The Physician caring for Resident #1 in the facility stated in an interview on 10/29/14 at 5:00 PM that he did not care for the resident when in the hospital and was not aware the resident had MRSA. The Physician stated had he known the resident had MRSA he would have put the resident on contact precautions when he returned to the facility. The Physician stated after a resident had been on antibiotics for 7-10 days he would do a repeat culture and if negative would discontinue the contact precautions.</p>	F 441	<p>review on admission, the admitting nurse will contact the discharging hospital to inquire if the resident was on any precautions during the residents stay and during report from hospital. If precautionary measures are indicated, the admitting nurse will obtain an order to initiate isolation precautions by calling the attending physician or physician on call. Next an isolation cart will be obtained from clean utility room, the indicated signage for isolation will be posted outside the resident's room and the indicated PPE depending upon the type of precautions initiated will be stocked on the isolation cart. Isolation signs are located in the isolation cart.</p> <p>Quality Assurance The Director of Nursing will monitor this issue using the "Survey QA Tool for Monitoring initiation of isolation precautions". The monitoring will include verifying that the residents admitted to the facility are placed on isolation precautions timely when indicated. See attached monitoring tool. This will be completed Monday thru Friday on all residents admitted x 3 months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 441	<p>Continued From page 4</p> <p>The Director of Nursing (DON) stated in an interview on 10/29/14 at 5:20 PM that she did not know the resident had MRSA. The DON was observed to review the admission orders sent by the hospital on 9/16/14 when the resident was re-admitted to the facility. The DON stated there was no information on the orders that the resident had MRSA. The DON stated she thought the antibiotic orders were for the cellulitis around his PEG tube. The DON stated the hospital usually let them know when they called report to the facility if the resident needed to be on contact precautions. The DON stated they had access to hospital records through their computer system. The DON stated she checked the resident ' s hospital labs and there had not been a repeat wound culture done prior to the resident ' s discharge from the hospital on 9/16/14. The DON stated the hospital records were sent to the facility with the resident when the resident was re-admitted to the facility. The hospital records contained information and a wound culture report showing the resident had MRSA.</p> <p>On 10/29/14 at 5:40 PM the DON provided a copy of the resident ' s hospital Discharge Summary that was dictated on 9/16/14 and transcribed on 9/23/14. The DON stated she found the Discharge Summary in the computerized hospital records. The Diagnoses listed were Large Abdominal Wall Abscesses and Abdominal Wall Cellulitis. The Discharge Summary under Disposition read: " 2. Saline ½ inch Nu Gauze packing to the multiple open abdominal wounds and about the PEG tube site daily. 4. Septra-DS (double strength) 800 mg (milligrams) via PEG tube twice daily for a 2-week course regarding his MRSA abdominal wall infections. His MRSA was</p>	F 441			

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F 441	Continued From page 5 sensitive to trimethoprim sulfa (Septra). "	F 441			