

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

PRINTED: 01/15/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2015
NAME OF PROVIDER OR SUPPLIER HARMONY HALL NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WARREN AVENUE KINSTON, NC 28502		
(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 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and record review, the facility failed to provide care to maintain privacy, by failing to completely close the privacy curtain during observation of incontinence care for 3 of 4 residents (resident #6, resident #7, resident #10</p>	F 164	Harmony Hall Nursing and Rehabilitation Center acknowledges receipt of the statement of deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain	1/14/16	

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

TITLE

(X6) DATE

Electronically Signed

01/14/2016

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 164	Continued From page 1 Findings included: 1)On 12/16/15 at 9:10 am, an observation of resident #6 was made during incontinence care. Nursing assistant (NA) #2 entered the room, closed the door and told the resident she was going to change him. She pulled his privacy curtain on the right side of his bed so he was not visible to the door and/or hallway, but only pulled the privacy curtain located between resident #6 and resident #4 half-way closed, leaving a large gap between the two residents; then she proceeded to provide incontinence care. An observation was made on 12/16/15 at 12:00 pm of resident #7 during incontinence care provided by NA #2 and NA #5. The door was opened and the privacy curtain between resident #7 and resident #5 was not pulled closed, leaving a large open gap between the two residents. On 12/16/15 at 9:38am, an interview with NA #2 was conducted. NA #2 stated when she goes into a resident 's room she shuts the door and pulls the privacy curtain during care. Stated she knows the privacy curtain is supposed to be fully closed during any resident care. An interview with NA#5 was conducted on 12/16/15 at 12:05 pm. She stated that she is supposed to shut the resident 's door and close all privacy curtains during resident care. She agreed the privacy curtain between the two residents and the door was not shut during incontinence care. On 12/16/15 at 10:58 am, an interview with the facility Staff Development Coordinator (SDC) was conducted. She stated that her expectation is for all staff to completely close privacy curtains and shut the resident 's door during any type of care provided to the resident. On 12/17/15 at 3:17 pm, a joint interview was conducted with the facility 's Assistant Director of	F 164	compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Harmony Hall's response to this statement of deficiencies does not denote agreement with the statement of deficiencies, nor does it constitute admission that any deficiency is accurate. Further, Harmony Hall reserves the right to refute any of the deficiencies on this statement of deficiencies through informal dispute resolution, formal appeal procedure and/or other administrative or legal proceedings. F164 Privacy 1. Residents #6, #7, and #10 will continue to be provided privacy during resident care to include incontinence care by nursing staff. NA #2 and NA #5 where provided an in-service by the Staff Facilitator on 12/17/15 to close the room door and pull the privacy curtain completely around the residents bed when providing any personal care. A return demonstration/observation was made by the Staff Facilitator on 12/18/15 for NA #2 and NA #5 to ensure NA's are providing privacy during incontinence care. No concerns were observed. NA #6 is no longer employed at the facility as of 12/16/15. 2. 100% of NA's and license nurses were observed providing resident care to ensure privacy is being provided and maintained during care by the RN Supervisor and the Staff Facilitator by		

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F 164	<p>Continued From page 2</p> <p>Nursing (ADON) and Administrator (ADM). They stated their expectation is for all resident 's to be provided privacy by shutting the door and fully closing the privacy curtains during care.</p> <p>3. Resident #10 was admitted to the facility on 9/3/15 with diagnosis of Alzheimer ' s disease.</p> <p>The Minimum Data Set (MDS) dated 12/2/15 identified the resident had severe impairment in cognitive skills for daily decision making and rarely/never understood others. Resident #10 needed extensive to total assistance in bed mobility, toilet use and hygiene and was always incontinent of bowel and bladder.</p> <p>The Nursing Assistant (NA) care guide documented the resident required assistance of staff in movement and handling and used protective briefs.</p> <p>On 12/17/15 at 6:30 AM, an observation was made of NA #6 providing incontinent care to Resident #10. The NA greeted the resident, closed the door, and provided perineal care to the resident. The privacy curtain was not pulled around Resident #10 during care. The roommate, Resident #8, was awake and visually able to see the care being done. Resident #8 would not comment if seeing the care bothered her or not.</p> <p>NA #6 stated in an interview on 12/17/15 at 7AM the facility had instructed her to provide privacy to a resident by shutting the door and pulling the curtain around the resident when giving care. She stated the room felt small to her and she was</p>	F 164	<p>1/14/16. No employee will work until receiving the education. Retraining was conducted immediately by the RN Supervisor and the Staff Facilitator during the observation for any concerns observed. One hundred percent of all facility nursing staff received and in-service initiated by the Staff Facilitator on 12/17/15 to close the room door and pull the privacy curtain completely around the residents bed when providing any personal care to include incontinence care. All newly hired license nurses and CNA's will receive the in-service to close the room door and pull the privacy curtain completely around the resident's bed when providing any personal care to include incontinence care in orientation.</p> <p>3. The ADON, RN Supervisors, MDS Nurse, and the Staff Facilitator will observe 10% of NA's to include NA #2 and NA #5 and license nurses during resident care to include incontinence care on all shifts to include nights and weekends to assure residents to include Residents #6, #7, and #10 are provided care to maintain privacy 3x per week x 4 week, then weekly x 4 weeks, then monthly x 1 month utilizing a resident care audit tool. CNA's and license nurses will be immediately retrained by the RN Supervisors and the Staff Facilitator during the audit for any concerns identified. The Director of Nursing will initial and review the results of the resident care audit tool weekly x 8 weeks, then monthly x 1 for completion and to ensure all identified areas of concern</p>		

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F 164	Continued From page 3 afraid she might get wrapped up in the curtain during care. She further stated she did not pull the curtain unless someone comes in and she knew which residents had visitors that time of morning and which residents did not and no visitors would come and see Resident #10 that time of day. The Staff Development Coordinator stated in an interview on 12/17/15 at 9 AM that all new employees were oriented in the proper procedure in giving resident care and she expected the NA 's to always have the door closed and the privacy curtain pulled all the way around a resident during care. The Director of Nursing and administrator stated in a joint interview on 12/17/15 at 3:17 pm, they expected the privacy curtains be fully drawn around the residents during care.	F 164	were addressed. 4. The DON will present the results of the resident care audits to the Executive Quality Assurance Committee monthly x 3 months for trends and the need for continued monitoring.		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under	F 279		1/14/16	

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F 279	<p>Continued From page 4</p> <p>§483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a comprehensive care plan with measurable goals and interventions regarding urinary tract infections (UTI) for 1 of 2 residents reviewed with a history of UTI (Resident #1). Findings included:</p> <p>Resident #1 was admitted to the facility on 9/3/15 with diagnoses which included urinary retention with an indwelling urinary catheter in place.</p> <p>A review of Resident #1 ' s medical record revealed the resident was diagnosed with a UTI on 9/10/15 and was treated by an Urologist through the month of September 2015.</p> <p>Resident #1 was readmitted to the facility on 10/19/15 with diagnoses which included diabetes mellitus, stroke, and a history of UTI.</p> <p>A comprehensive Minimum Data Set (MDS) dated 10/26/15 documented the Resident was cognitively intact and was extensively to totally dependent on staff for activities of daily living (ADL). The MDS documented the resident had impairment of both sides in upper and lower extremities, was always incontinent of bowel and bladder, and did not have an indwelling urinary catheter.</p>	F 279	<p>F279 Comprehensive Care Plan</p> <ol style="list-style-type: none"> 1. Resident #1 no longer resides in the facility. 2. A 100% review of all residents utilizing the Infection Control Reports for the past 90 days, residents with indwelling catheters, diagnosis reports, and physician orders x 14 days was completed on 1/11/16 by the DON, ADON, RN Supervisor, and Nurse Consultant to identify all residents with re-occurrences of a urinary tract infection, current urinary tract infections, history of urinary tract infections, and residents at risk for urinary tract infections. The care plans were reviewed and updated for all residents identified during the audit by 1/12/16 by the MDS Coordinator and MDS Nurse. The MDS Coordinator and MDS Nurse were in-serviced by the MDS Nurse Consultant on 12/28/15 on developing comprehensive care plans with measurable goals and interventions to include urinary tract infections. 3. The MDS Coordinator and the MDS Nurse will review physician pink slip copies of new orders daily to identify any 		

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F 279	Continued From page 5 A review of Resident #1 ' s comprehensive care plan dated 10/22/15 revealed the care plan did not identify the resident as at risk for UTI ' s. The care plan did not contain measureable goals and interventions for prevention and treatment of UTI. The MDS nurse stated in an interview on 12/17/15 at 4:15 PM that Resident #10 was not presently care planned for UTI. She further stated the preventative goals and interventions would be to encourage fluids, keep the resident clean and dry and monitor and report signs and symptoms or UTI. The MDS nurse stated he should be care planned for UTI. The Administrator and the Assistant Director of Nursing stated in a joint interview on 12/17/15 at 3:17 PM that if a resident had recurrent UTI ' s they should be care planned for prevention and treatment of urinary infections.	F 279	resident newly treated for a urinary tract infection and update the resident's care plan. The ADON will review pink physician's orders and nurse progress notes 5x per week x 4 weeks, weekly x 4 weeks, then monthly x 1 month to ensure a comprehensive care plan with measurable goals and interventions has been developed for all newly identified residents with a urinary tract infection or at risk for a urinary tract infection utilizing a Care Plan Audit Tool. The Director of Nursing will review and initial the Care Plan Audit Tool for completion and to ensure all identified areas of concern were addressed weekly x 8 weeks then monthly x 1 month. 3. The Director of Nursing will present the results of the Care Plan Audit Tool to the Executive Quality Assurance Committee monthly x 3 months for trends and the need for continued monitoring.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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 observation, resident and staff interview, record review, the facility failed to complete incontinence care for 1 of 4 residents	F 312	F312 Provide ADL Care for Dependent Residents	1/14/16	

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F 312	<p>Continued From page 6</p> <p>observed receiving incontinent care (Resident #6).</p> <p>Finding included:</p> <p>1)Resident #5 was admitted to the facility on 12/12/13. Diagnoses included: Anemia, Heart failure, hypertension, peripheral vascular disease, Diabetes Mellitus, Hyperlipidemia, hemiplegia, depression, Asthma/COPD.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS) dated 10/3/15 was conducted. The MDS indicated the resident is fully alert and oriented, with a Brief Interview for Mental Status (BIMS) score of 15. He was coded as always incontinent of bladder and bowel, and required extensive to 2 person physical assistance with activities of daily living (ADLs), and required 1 person physical assistance with toileting. He was coded as a high risk for development of pressure sore.</p> <p>A review of his care plan dated 10/5/15 indicates he has urinary incontinence related to: impaired physical mobility. Interventions include: pericare after each incontinence episode, and protection and containment program.</p> <p>On 12/16/15 at 9:10 am, an observation was made of resident #6 during incontinence care. NA #2 explained to the resident that she was going to change him, she then loosened the resident ' s brief and then turned him over onto his left side. His brief was soiled with feces and urine. She used disposable wipes to clean him beginning in his rectal region. After she cleansed the feces from him, she removed his soiled brief. She then applied a new brief. She did not wipe or cleanse his penis or pubic area during the incontinence care.</p> <p>On 12/16/15 at 9:38am, an interview with NA #2 was conducted. She explained that you should provide pericare beginning in the front (perineal</p>	F 312	<p>Resident #6 received thorough peri-care on 12/16/15 at 10:45am by NA #2 under the observation of the Treatment Nurse without concerns. NA #2 received an in-service on proper incontinent care to include begin with the perineal area first and then cleanse the rectal region on 12/18/15 by the Staff Facilitator with a return demonstration without concerns.</p> <p>2. 100% of NA's to include NA #2 and license nursing staff were observed by the RN Supervisor and the Staff Facilitator for return demonstration of proper peri-care by 1/14/15. Retraining was conducted during the audit by the RN Supervisor and the Staff Facilitator for all identified areas of concern. 100% in-service to NA's to include NA #2 and license nursing staff was initiated on 1/6/16 by the Staff Facilitator on proper peri-care to include begin with the perineal area first and then cleanse the rectal region. All newly hired NA's and license nurses will receive the in-servicing on proper peri-care to include begin with the perineal area first and then cleanse the rectal region in orientation by the Staff Facilitator.</p> <p>3. The ADON, MDS Nurse, RN Supervisors, and the staff facilitator will observe peri-care for 10% of NA's to include NA #2 and license nurses to include nights and weekends 3x per week x 4 weeks, then weekly x 4 weeks, then monthly x 1 month utilizing a resident care audit tool. Observation on peri-care for resident #6 will be included in this audit. CNA's and license nurses will be</p>		

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F 312	Continued From page 7 area) and then clean the back part (rectal region). She stated she got distracted from the interruptions during her care and lost her focus. On 12/16/15 at 10:58 am, an interview with the SDC was conducted. She stated that it is her expectation for staff to begin incontinence care in the perineal area first, " start from clean to dirty " , and then cleanse the rectal region. On 12/17/15 at 3:17 pm, a joint interview was conducted with the facility ' s Assistant Director of Nursing (ADON) and Administrator (ADM). They stated their expectation is to start in the cleanest region first, change gloves if needed, and cleanse the dirty area last (rectal region).	F 312	immediately retrained by the RN Supervisor and the Staff Facilitator during the audit for any concerns identified. The Director of Nursing will initial and review the results of the resident care audit tool weekly x 8 weeks, then monthly x 1 for completion and to ensure all identified areas of concern were addressed.		
F 441 SS=E	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.	F 441	4. The DON will present the results of the resident care audits to the Executive Quality Assurance Committee monthly x 3 months for trends and the need for continued monitoring.	1/14/16	

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F 441	<p>Continued From page 8</p> <p>(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.</p> <p>(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 observation, resident and staff interview, and record review, the facility failed to maintain infection control practice by, failure to ensure the sanitary removal of soiled linen after providing incontinence care, by staff placing soiled linen on the resident ' s over bed table and placing soiled linen on the floor for 4 of 6 residents (resident #7, resident #6, resident #9, resident #10) observed, and the facility failed to follow infection control policy by not changing gloves in between resident care for 1 of 7 residents (resident #4) observed. A review of the facility ' s policy titled " Linen Handling Policy " dated 9/2014 reads: " All soiled linen should be considered as contaminated ...Soiled linen should be handled as little as possible and with minimum agitation to prevent microbial contamination of the air and of staff handling the linen. Soiled linen should be bagged for placed in containers at the location where it is used " .</p>	F 441	<p>F441 Infection Control</p> <p>1. Resident #6's pillow was replaced with a new pillow by NA #2 and the over bed table was disinfected by Housekeeping on 12/16/15. NA #2 was in-serviced on the handling of clean and dirty linen on 12/16/15 by the Staff Facilitator. The soiled linen for Resident #7 was bagged and taken to the dirty linen barrel by NA #5 on 12/16/15. Housekeeping was notified by the Staff Facilitator and the resident's floor was sanitized on 12/16/15. NA #5 in-serviced on the proper handling of clean and dirty linen on 12/16/15 by the Staff Facilitator. NA #2 received an in-service on removing gloves and hand washing after providing care for a resident before caring for another resident on 12/7/15 by the Staff Facilitator.</p>		

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F 441	<p>Continued From page 9</p> <p>A review of the facility ' s policy titled " Hand washing Policy " dated 9/2014 reads: " Personnel are required to wash their hands after each direct or indirect resident contact for which hand washing is indicated by acceptable standards of practice. Personnel should wash their hands: between resident contacts " .</p> <p>The findings included:</p> <p>#1) 12/16/15 at 9:10 am, an observation of resident #6 was made during incontinence care. Nursing assistant (NA) #2 entered the room wearing gloves and carrying towels and hygiene supplies. She laid the supplies on the bed and told the resident she was going to change him. Upon completion of her care, she removed his feces soiled brief and her gloves. Then she pulled the urine soiled draw sheet and pad out from under the resident, took a pillow off the residents bed, and placed it on the over bed table, and then placed the soiled linen on the pillow. She took the soiled linen off the over bed table and placed it in a trash can. She then tied the linen in the bag and exited the room. She came back in the room and took the pillow off the over bed table and placed it back on the resident ' s bed and exited the room.</p> <p>12/16/15 at 9:38am, an interview with NA #2 was conducted. She did not verbally voice an understanding of any issue with placing soiled linen on a pillow and then placing the pillow back onto the resident ' s bed.</p> <p>An interview with the SDC was conducted at 10:58 am. She stated that it is her expectation for staff to wash their hands and throw their gloves away in between residents. " They (NAs) need to place any linen whether soiled or not that has been under a resident in a bag and should not place it on the over bed table " .</p> <p>12/17/15 at 3:17 pm, a joint interview was</p>	F 441	<p>2. 100% of NA's and license nurses were observed providing resident care to ensure infection control policy and practices are followed and maintained to include handling of soiled linen and changing of gloves between residents by the RN Supervisor and the Staff Facilitator by 1/14/16. Retraining was conducted immediately by the RN Supervisor and the Staff Facilitator during the observation for any concerns observed. In-service on linen handling to include sanitary removal of soiled linen and proper gloving and hand washing between caring for residents were initiated on 12/17/15 by the Staff Facilitator to 100% of NA's and license nurses. All newly hired NA's and license nurses will receive the in-serving in orientation on linen handling to include sanitary removal of soiled linen and proper gloving and hand washing between caring for residents by the Staff Facilitator.</p> <p>3. The ADON, MDS Nurse, RN Supervisors, and the staff facilitator will observe 10% of NA's to include NA #2 and NA #5 and license nurses during resident care on all shifts to include nights and weekends to assure proper clean and dirty linen handling and gloving/proper hand washing between caring for residents to include resident #6 and #7 3x per week x 4 weeks, then weekly x 4 weeks, then monthly x 1 month utilizing a resident care audit tool. CNA's and license nurses will be immediately retrained by the ADON, MDS Nurses x 2, Day Shift and Weekend RN Supervisor, and the Staff Facilitator during the audit</p>		

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F 441	<p>Continued From page 10</p> <p>conducted with the facility ' s Assistant Director of Nursing (ADON) and Administrator (ADM). They stated their expectation is staff to never place soiled linen or " any linen that has been used by a resident on the resident ' s over bed table " . Stated that all resident linen should be placed directly into a bag, tied and taken to the soiled linen barrels or the soiled utility room " .</p> <p>2) 12/16/15 at 12:00 pm, an observation was made of resident #7 during incontinence care. NA #2 and NA #5 were completing incontinence care. Noted urine soiled linen was lying on the floor bedside the bed of resident #7. NA #5 then gathered the soiled linen and placed it in a plastic trash bag and left the room.</p> <p>An interview with NA#5 was conducted on 12/16/15 at 12:05 pm. She stated they (her and NA #2) placed the urine soiled linen on the floor because the resident was having muscle spasms during her care. Stated " we normally just put it directly into the soiled linen barrel " . Stated that she knew she was not supposed to place soiled linen on the floor.</p> <p>#3)12/16/15 at 9:26 am, an observation was made of NA #2 assisting resident #6 out of the bed. NA #2 came into the room with the mechanical lift, and then NA #3 entered the room. NA #3 applied gloves to assist resident #6 from the mechanical lift to his chair. After resident #6 was placed in his chair, NA #3 walked over to the bathroom to assist resident #4 with pericare and assist him off of the toilet, while wearing the same gloves she had applied initially to help resident #6 in the mechanical lift. She then exited the room with the gloves on.</p> <p>12/16/15 at 9:35 am, an interview with NA #3 was conducted. She stated that no one had told her to change gloves in between residents. She agreed that she did use the same gloves from</p>	F 441	<p>for any concerns identified. The Director of Nursing will initial and review the results of the resident care audit tool weekly x 8 weeks, then monthly x 1 for completion and to ensure all identified areas of concern were addressed.</p> <p>4. The DON will present the results of the resident care audits to the Executive Quality Assurance Committee monthly x 3 months for trends and the need for continued monitoring.</p>		

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F 441	<p>Continued From page 11</p> <p>one resident to another and then touched the lift, lift pad with the same gloves she had cleaned the resident with from the bathroom. During the interview, she removed her gloves.</p> <p>12/16/15 at 10:58 am, an interview with the SDC was conducted. She stated that it is her expectation for staff to wash their hands and throw their gloves away in between residents.</p> <p>12/17/15 at 3:17 pm, a joint interview was conducted with the facility ' s Assistant Director of Nursing (ADON) and Administrator (ADM). They stated their expectation is for staff to perform hand hygiene in between each resident and change gloves in between residents.</p> <p>4. On 12/17/15 at 6:45 AM, Nursing Assistant #6 was observed to give incontinence care to Resident #9.</p> <p>The NA placed a urine soaked brief and dirty linen on the floor beside the resident ' s bedside during care. After completion of care, NA #6 was observed to carry the brief and linen in her arms down to the soiled room and placed them in the soiled linen and trash containers. Part of the linen was observed to drag the floor during transport.</p> <p>NA #6 stated in an interview on 12/17/15 at 7 AM she should put all dirty linen and briefs in plastic bags and dispose of the bags in the soiled containers. She stated she tended to forget to have the supplies ready to do so and she had to resort to putting them on the floor.</p>	F 441			

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F 441	<p>Continued From page 12</p> <p>In an interview with the Staff Development Coordinator on 12/17/15 at 9 AM, she stated she expects all dirty linen and briefs be bagged in a plastic bags and not be put on the floor or bedside table and carried to the soiled linen and trash containers to prevent contamination and infection.</p> <p>In a joint interview with the Administrator and Assistant Director of Nursing on 12/17/15 at 3:17 PM, it was revealed they expected the staff to bag all dirty linen and not carry it down the hallway in the staff ' s arms. They further stated there were dirty barrels for trash and linen on each hallway.</p> <p>5. On 12/17/15 at 6:30 AM, Nursing Assistant #6 was observed to give incontinence care to Resident #10. The NA was observed to toss a urine soaked brief past the foot of the bed to a plastic lined trash can and place the linen on the floor at the Resident ' s bedside during care. After completion of care NA #6 carried the linen in her arms and a plastic trash bag containing the urine soaked brief to the soiled room and placed them in the soiled linen and trash containers.</p> <p>NA #6 stated in an interview on 12/17/15 at 7 AM she knew she needed to place the plastic lined trash can near the bed during incontinence care and carry the linen and brief to the soiled room in enclosed plastic bags, but she tended to forget to have the supplies ready to do so.</p> <p>In an interview with the Staff Development Coordinator on 12/17/15 at 9 AM, she stated she expects all dirty linen and briefs be bagged in a plastic bags and not be put on the floor or bedside table and carried to the soiled linen and trash containers to prevent contamination and</p>	F 441			

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