

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2018
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NAME OF PROVIDER OR SUPPLIER LAKE PARK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3315 FAITH CHURCH ROAD INDIAN TRAIL, NC 28079
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F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p>	F 880		2/2/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/19/2018
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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 880	<p>Continued From page 1</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which 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; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, resident, staff, and volunteer interviews, and record review, the facility failed to implement clear contact isolation signage for 1 of 1 sampled residents (Resident # 5) that had a diagnosis of C-Diff (Clostridium Difficile Colitis) and failed to provide education to resident and visitor for 1 of 1 sampled resident (Resident # 5).</p> <p>Findings included:</p>	F 880	<p>Lake Park 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 compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p>		

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F 880	<p>Continued From page 2</p> <p>A facility policy titled, "Guidelines for Initiation of Precautions," dated and revised on 9/2014 states as indicated, to post appropriate precautions signage on the resident's room door. This Infection Control Manual references the Centers for Disease Control. (2010) Frequently Asked Questions about Clostridium difficile for Healthcare Providers.</p> <p>Resident # 5 was readmitted on 12/26/2017 post an acute hospitalization with a new diagnosis of clostridium difficile colitis.</p> <p>A review of the most recent MDS (Minimum Data Set) dated 10/17/17, coded as a quarterly assessment, had documentation of Resident # 5 being assessed as having intact cognition.</p> <p>A review of the physician's orders revealed an order dated 1/2/2018 that read: Leave on Contact Precautions X 1 week then discontinue if asymptomatic. Monitor for loose watery stools.</p> <p>A review of the Individual Infection Report dated 12/26/17 written by the Infection Control Preventionist revealed Resident # 5 had been seen by the physician for a C-Diff infection and was receiving Vancomycin every 6 hours and Cipro 500 mg twice daily. The report confirmed that Contact Precautions were required to prevent transmission.</p> <p>An observation on 1/2/18 at 9:24am, revealed a difficult to read due to the shadows from the print, grey laminated copy of a Contact Precautions sign on Resident # 5's door.</p> <p>An observation on 1/2/18 at 10:25am revealed a lady sitting at the bedside with Resident # 5</p>	F 880	<p>Lake Park Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Lake Park Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through .Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding</p> <p>The position of Lake Park Nursing and Rehabilitation center regarding the process that lead to this deficiency was staff failed to follow established facility policy and protocol related to infection prevention and control program on contact isolation signage and education of resident/ visitor on one resident .</p> <p>What measures did the facility put in place for the resident affected: On 1/3/2018 the DON posted the correct signage for the contact isolation on Resident #5. The SDC educated the resident and visitor on proper handwashing technique on 1/3/2018.</p> <p>What measures were put in place for residents having the potential to be affected: On 01/03/2018 a 100% resident audit was completed by SDC to ensure proper signage are posted. Resident and visitor</p>		

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F 880	<p>Continued From page 3</p> <p>visiting with no gown or gloves.</p> <p>In an interview on 1/2/18 at 10:30am, a volunteer stated she frequently visited Resident # 5 and did not know anything about her Contact Precautions. She ended the visit and left the room without washing her hands.</p> <p>During an interview on 1/2/18 at 10:32am, Resident # 5 stated the volunteer visited her regularly. Resident # 5 revealed she did not get a whole lot of education from anyone when she returned from the hospital with a new problem, C-Diff. She indicated that the last time she had diarrhea was the other night.</p> <p>An observation on 1/3/18 at 10:48am revealed Contact Precautions signage on Resident # 5's door that was grey and difficult to read due to shadows from the print.</p> <p>During an interview on 1/3/18 at 3:33pm with the ICP (Infection Control Preventionist), she stated the facility did not have Contact Enteric Precaution signs to use to specify what to use for hand washing. The ICP indicated she had not noticed the black and white sign on Resident # 5's door. She explained that colored signs were supposed to be used.</p> <p>In an interview on 1/3/18 at 4:29pm, the ICP stated she had confirmed with the hospital the positive results for C-diff when Resident # 5 arrived to the facility on 12/26/17. She explained she had never educated the visitors because Resident # 5 did not receive many visitors. She stated her expectation was for all staff, family, and visitors to use soap and water before entering and exiting the room with a person on</p>	F 880	<p>were re-educated on proper handwashing technique on 1/3/2018</p> <p>What systems were put in place to prevent the deficient practice from reoccurring: An in-service was initiated by SDC for a 100% of direct care staff to ensure proper contact isolation signage is posted and to educate and heighten awareness of any visitor or volunteer visiting any affected resident on proper handwashing and PPE. This inservice will be completed by 2/02/2018. This contact isolation procedure to include proper signage, proper PPE and education of resident and visitors will be a part of employee orientation, annually and as needed.</p> <p>How the facility will monitor systems put in place:</p> <p>The SDC will ensure proper signage, PPE and education of resident and visitors are in place for all contact isolation residents. The DON began auditing on 1/3/2018 and will audit weekly x 4, then monthly x 3 the proper use of signage and PPE. SDC will report any new isolation orders during daily Department Head meeting and as needed. DON will monitor each new isolation case thereafter.</p> <p>The Quality Improvement Committee will review the results of the audits monthly x 3 months with recommendation and follow up as needed or appropriate for continued compliance in this area and to determine the need for and or/ frequency of</p>		

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

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F 880	Continued From page 4 Contact Precautions for C-Diff. An interview on 1/3/18 at 6:02pm was conducted with the Administrator. The Administrator stated her expectation was for anyone entering and before exiting a room on Contact Precautions for C-Diff would be to wash hands with soap and water, wearing the appropriate PPE (Personal Protective Equipment) of gown, gloves, and sometimes masks.	F 880	continued QI monitoring	