STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345483	A. BUILDING _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAIRE NURSING CENTER	1450 SHAIRE CENTER DRIVE LENOIR, NC 28645

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F 000	INITIAL COMMENTS There were no deficiencies cited as a result of the complaint investigations dated 2/8/18. Event ID: PQM811	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of	F 880		2/26/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/22/2018

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	Continued From page 1 communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 observation, interviews and review of the Facility Infection Control Policy, the facility failed to perform hand hygiene, glove removal and use clean scissors while performing a clean dressing change for 1 of 1 resident (Resident	F 880	Infection Prevention & Control Date: February 21, 2018	

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F 880	Continued From page 2 #284). The findings included: A review of the facility Policies and Practices-Infection Control Standard Precautions dated July 2014, the policy read, in part, hand hygiene was to be performed before gloves were donned and after gloves were removed. The policy additionally read, gloves were to be removed when moving from a dirty site to a clean site, when contaminated items were touched or when in direct contact with environmental surfaces. Resident #284 was admitted on 01/11/18 with diagnoses of Stage 2 right heel blister, history of right hip fracture, hypertension and anxiety. A review of the most recent minimum data set (MDS) dated 01/11/18, coded as an admission assessment, assessed Resident #284 as having a Stage 2 pressure ulcer and needed extensive assistance with mobility. A review of Resident #284's care plan dated 01/18/18 revealed a stated goal for the Stage 2 heel blister to decrease in size and show no signs and symptoms of infection. The interventions included dressing changes as ordered, weekly wound assessments and utilize a pressure reducing mattress. A review of the physician order for right heel wound care dated 02/02/18 read to clean the wound with wound cleanser, pat dry, apply (Brand name) gauze to beefy red skin, apply a 4 x 4 dressing, apply skin prep to the surrounding macerated skin and wrap with (Brand name)	F 880	It is the policy of this facility to accurately and safely provide infection prevention and control, including the provision of establishing and maintaining an infection control program designed to provide a safe , sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This facility considers hand hygiene the primary means to prevent and control the spread of infections. 1. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: On February 8, 2018 the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation determined the facility did not perform hand hygiene, glove removal and use clean scissors while performing a clean dressing change for Resident #284. A detailed and comprehensive investigation/assessment of the current process was initiated on February 9, 2018 and completed on February 13, 2018 by the DON. The findings revealed that nursing staff was aware of the facility's handwashing/hand hygiene policy as well as infection control policies and practices intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. In addition, findings revealed all licensed nursing	

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F 880	Continued From page 3 gauze daily. An observation of wound care by Nurse # 1 was made on 02/07/18 at 4:45 PM. Nurse #1 retrieved supplies from the wound care cart and placed them on Resident #284's bed comforter. Nurse # 1 applied gloves, removed a pair of scissors from her pocket, cut off the soiled dressing and placed the scissors on the bed comforter without a barrier. Nurse # 1 cleaned the wound with wound cleanser and wiped the right heel wound with 4 x 4 gauze. Nurse #1 then used the unclean scissors to cut the unopened package of (Brand name) gauze. Nurse # 1 donned clean gloves, exited the residents room, touched the room door handle and retrieved an alcohol wipe and unopened pack of (Brand name) gauze from the treatment cart located outside the residents room. After Nurse # 1 cleaned the scissors with an alcohol wipe, she donned clean gloves and touched her eyeglasses on top of her head. Nurse # 1 completed the wound care, applied the (Brand name) gauze, skin prep, 4 x 4 dressing, wrapped it with gauze and dated the dressing without a glove change. Nurse # 1 then removed gloves and applied Residents # 284's multipodus boot. An interview was conducted on 02/07/18 at 5:00 PM with Nurse #1. Nurse # 1 stated, " I didn't change gloves or wash my hands due to my nerves. I know the best defense against spread of infection is handwashing. I thought it was a sterile dressing, but realized it was a clean dressing." Nurse # 1 revealed she did not follow proper hand hygiene, glove removal and cleaning of scissors when she performed wound care. An interview was conducted on 02/07/18 at 5:30	F 880	personnel was aware of the facility's policy and procedure in relation to a clean dressing and sterile dressing change. However, after conducting the root cause analysis to this problem, we found the need to conduct a mandatory nursing staff in-service and ensure a systematic approach in the following areas: • Prevent, detect, investigate, and control infections in the facility. • Train where and how to find and use pertinent procedures and equipment related to infection control. • Train and in-service on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. • Use of gloves does not replace hand washing/hand hygiene. • Use of equipment and supplies necessary for hand hygiene. • Proper handwashing technique. • Review of proper clean and sterile dressing change. 2. The procedure for implementing the acceptable POC for the specific deficiency cited: The DON, Administrator, and Infection Control Preventionist developed the following process/procedure to assure compliance with infection control and prevention, proper handwashing/hand hygiene, and proper clean and sterile dressing change technique.	

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F 880	Continued From page 4 PM with Director of Nursing (DON). The DON stated her expectation was for nurses to follow clean or sterile technique when dressing changes were performed.	F 880	• DON will conduct a mandatory infection control prevention and management in-service with all nursing personnel on February 26, 2018. • All nursing staff was instructed on infection control policies and procedures paying particular attention to handwashing/hand hygiene. Scenarios were given with rationales. The importance of integrating glove use along with routine hand hygiene being recognized as the best practice for preventing healthcare-associated infections was reviewed. • All licensed nursing staff was re-educated on clean and sterile dressing change technique. • Copies of infection control information including clean and sterile dressing procedures and handwashing/hand hygiene were given to all licensed nursing personnel during in-service. 3. The monitoring procedure to ensure that the POC is effective and that the specific deficiency remains corrected and/or in compliance with the regulations: • DON and/or infection control preventionist will monitor 10 nursing staff personnel weekly for compliance with proper handwashing/hand hygiene for a period of 4 weeks. DON and/or infection control preventionist will monitor 5 licensed nursing personnel weekly for compliance with clean and/or sterile	

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F 880	Continued From page 5	F 880	dressing change technique for a period of 4 weeks. Thereafter, DON and/or infection control preventionist will monitor 10 nursing staff personnel every other week for compliance with proper handwashing/hand hygiene for a period of 4 weeks. DON and/or infection control preventionist will monitor 5 licensed nursing personnel every other week for compliance with clean and/or sterile dressing change technique for a period of 4 weeks. • Any employee not following facility policy relating to infection control prevention and management and handwashing/hand hygiene will have disciplinary actions taken on an individual basis. • The DON will document the audit results and report those findings monthly during the facility's Quality Assurance and Performance Improvement (QAPI) meeting. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance. 4. The title of the person responsible for implementing the acceptable POC: Administrator Director of Nurses Infection Control Preventionist Registered Nurses Licensed Practical Nurses Completion Date:	

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F 880	Continued From page 6	F 880	2/26/18	