STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345204	A. BUILDING _____ B. WING _____	C 04/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONECREEK HEALTH AND REHABILITATION	**455 VICTORIA ROAD ASHEVILLE, NC 28801**

(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 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 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:	F 880		5/15/19

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

Electronically Signed | 05/10/2019

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F 880	Continued From page 1 (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 observations, record review and staff interviews the facility failed to maintain infection control procedures for a resident with clostridium difficile and on contact precautions by using the same gloved hands worn during the provision of incontinence care to touch frequently used items in a resident's room for 1 of 1 resident observed for incontinence care (Resident #1). Findings included:	F 880	F880 SDC nurse failed to follow facility policy and remove gloves before contacting resident's equipment after providing incontinence care. SDC nurse was in serviced by the Director of Nursing on infection control pertaining to removing gloves and performing hand hygiene after performing incontinence care and before contacting resident equipment. This was	

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F 880	Continued From page 2 Review of the facility's general infection control practices subtitle Contact Precautions, August 2012, read in part: in addition to standard precautions implement contact precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact environmental surfaces or resident care items in the resident's environment. A. Examples of infections requiring contact precautions include: 3. Diarrhea associated with clostridium difficile C. Gloves and Handwashing 2. While caring for a resident, change gloves after having contact with infected material (for example fecal material). The facility's general infection control practices subtitle Hand Washing/Hand Hygiene, August 2014, was reviewed. The policy statement read, this facility considers hand hygiene the primary means to prevent the spread of infection. The policy interpretation and implementation read in part: When to wash hands: 6. Wash hands with soap and water for the following situations b. After contact with a resident with infectious diarrhea including but not limited to infections caused by clostridium difficile. Review of Resident #1 medical record revealed a physician's order written on 04/15/19 for contact precautions to be implement for clostridium	F 880	completed on 4/17/2019 All licensed nursing staff, including Registered Nurses, Licensed Practical Nurses, and Certified Nurse Aids will be in serviced on infection control, including but not limited to removing gloves after performing incontinence care and performing hand hygiene before handling or contacting resident equipment. This will be completed by the Director of Nursing by 5/15/2019. The DON,Nurse Unit Coordinator and or Administrator will observe incontinence care at a minimum of 10 times per week with at least two observations on 1st, 2nd, and 3rd shifts per week to insure proper hand hygiene is performed after incontinence care. A regional Nurse will observe incontinence care at least two times a month to insure proper hand hygiene is performed after incontinence care and before handling residents' equipment. Results of the monitoring will be recorded on the Incontinence Care Observation tool and be presented to the QA Committee by the Administrator. Monitoring will occur for three months and then as directed by the QA Committee.	

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F 880	Continued From page 3	F 880		

difficile (bacteria that cause diarrhea which can spread by touch or direct contact).

During an observation on 04/17/19 at 4:05 PM the Staff Development Coordinator (SDC) had donned contact personal protective equipment (PPE) (gown and gloves used to protect when contact with body fluids were expected) prior to entering the room of Resident #1. Signage posted on the room entrance door revealed Resident #1 was under contact precautions for the diagnoses of clostridium difficile. The SDC assisted with incontinence care using a wash cloth to wipe away brown colored stool from the perineal area of Resident #1. When finished with incontinence care and without removing her gloves or performing hand hygiene the SDC touched the call light then placed the call light within reach of Resident #1. While wearing the same gloves and without performing hand hygiene the SDC handled the bed remote to reposition the bed and then placed the remote within reach of Resident #1. While wearing the same gloves and without performing hand hygiene the SDC touched a table on wheels (tray table) to push the table within reach of Resident #1. The SDC then removed her PPE, placed them in a trash receptacle then performed hand hygiene using soap and water.

During an interview on 04/17/19 at 4:40 PM the SDC confirmed Resident #1 was under contact precautions for clostridium difficile. The SDC revealed she did not remove her gloves and perform hand hygiene after providing incontinence care for Resident #1. The SDC revealed she should have removed her gloves then performed hand hygiene after providing incontinence care and before touching items

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F 880	Continued From page 4 frequently used by Resident #1. During an interview on 04/17/19 at 5:32 PM the Director of Nursing (DON) revealed it was her expectation gloves were removed and hand hygiene performed after incontinence care was provided and before touching frequently used items. The DON described hand hygiene as part of infection control practices which she expected staff to perform. The DON confirmed Resident #1 was on contact precautions because of clostridium difficile and the SDC nurse should have removed her gloves and performed hand hygiene before touching the call light, bed remote, and tray table.	F 880		