

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

PRINTED: 11/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/31/2022
NAME OF PROVIDER OR SUPPLIER CARDINAL HEALTHCARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 931 N ASPEN STREET LINCOLNTON, NC 28092	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 582 SS=B	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those</p>	F 582		10/4/22

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

TITLE

(X6) DATE

Electronically Signed

09/22/2022

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 582	<p>Continued From page 1</p> <p>services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to provide a Centers for Medicare and Medicaid Services (CMS)-10055 Skilled Nursing Facility (SNF) Advanced Beneficiary Notice (ABN) and CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) prior to discharge from Medicare Part A skilled services for 3 of 3 residents reviewed for beneficiary protection</p>	F 582	<p>F582</p> <p>1. On 09/01/2022, the Business Office Manager had education provided by the Traveling Business Office Manager regarding providing Advanced Beneficiary Notices to current residents when there is a change in payer status that may affect their charges.</p>		

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F 582	<p>Continued From page 2 notification (Residents #11, #51 and #210).</p> <p>Findings included:</p> <p>1. Resident #11 was admitted to the facility on 05/27/21.</p> <p>A review of the medical record revealed the facility initiated Resident #11's discharge from Medicare Part A Services when benefit days were not exhausted. Resident #11 should have received both CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) and CMS-10055 Skilled Nursing Facility (SNF) Advanced Beneficiary Notice (ABN) due to resident having skilled benefit days remaining and was being discharged from Medicare Part A Services and continue living in the facility. Neither form was discussed or completed with Resident #11 or her Responsible Party (RP). Medicare Part A coverage for skilled services ended on 03/21/22 and Resident #11 remained in the facility.</p> <p>An interview was conducted with the Social Worker on 08/30/22 at 04:30 PM. She revealed was notified around the second week of August that she would be responsible for completing the NOMNC and SBF ABN forms and received training on how to complete the forms and notifying residents and/or their RP of changes. She stated prior to August, the Business Office Manager was responsible for completing the forms, but he was no longer at the facility. The Social Worker revealed she was not aware of forms not being completed or residents and their RP's not being contacted about changes.</p> <p>An interview was conducted with the Administrator on 08/31/22 at 05:03 PM. The</p>	F 582	<p>2. A quality review was conducted on 09/23/2022 by the Traveling Business Office Manager for the last 30 days and no compliance issues identified. Business Office Manger educated on providing Advanced Beneficiary Notices accurately and timely, at least 48 hours prior to last date of coverage.</p> <p>3. On 09/01/2022, the Business Office Manager had education provided by the Traveling Business Office Manager regarding providing Advanced Beneficiary Notices to residents when there is a change in payer status that may affect their charges. This education will be provided to any newly hired Business Office and Social Work staff members during their orientation process.</p> <p>4. The Executive Director will complete quality monitoring starting on 09/26/22 of 5 residents per month with payer changes that remain in the facility for 6 months, based off weekly report of payer changes pulled by Business Office. The Executive Director will report on the results of the quality monitoring to the QAPI committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated.</p> <p>5. 10/04/2022</p>		

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F 582	<p>Continued From page 3</p> <p>Administrator stated she was not aware the NOMNC and SNF ABN forms had not been completed until yesterday. She stated the former Business Office Manager was responsible for completing the forms and he was no longer at the facility. She stated the Social Worker had received training and would be responsible for completing the forms and the new Business Office Manager will be responsible for the completing the forms if the Social Worker was not available. The Administrator revealed the NOMNC and SBF ABN should have been discussed and issued to the resident and/or the RP. She stated she expected the required forms to be completed timely and correctly.</p> <p>2. Resident #51 was admitted to the facility on 10/18/11.</p> <p>A review of the medical record revealed the facility initiated Resident #51's discharge from Medicare Part A Services when benefit days were not exhausted. Resident #51 should have received both CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) and CMS-10055 Skilled Nursing Facility (SNF) Advanced Beneficiary Notice (ABN) due to resident having skilled benefit days remaining and was being discharged from Medicare Part A Services and continue living in the facility. Neither form was discussed or completed with Resident #51 or her Responsible Party (RP). Medicare Part A coverage for skilled services ended on 03/21/22 and Resident #51 remained in the facility.</p> <p>An interview was conducted with the Social Worker on 08/30/22 at 04:30 PM. She revealed was notified around the second week of August that she would be responsible for completing the</p>	F 582			

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F 582	<p>Continued From page 4</p> <p>NOMNC and SBF ABN forms and received training on how to complete the forms and notifying residents and/or their RP of changes. She stated prior to August, the Business Office Manager was responsible for completing the forms, but he was no longer at the facility. The Social Worker revealed she was not aware of forms not being completed or residents and their RP's not being contacted about changes.</p> <p>An interview was conducted with the Administrator on 08/31/22 at 05:03 PM. The Administrator stated she was not aware the NOMNC and SNF ABN forms had not been completed until yesterday. She stated the former Business Office Manager was responsible for completing the forms and he was no longer at the facility. She stated the Social Worker had received training and would be responsible for completing the forms and the new Business Office Manager will be responsible for the completing the forms if the Social Worker was not available. The Administrator revealed the NOMNC and SBF ABN should have been discussed and issued to the resident and/or the RP. She stated she expected the required forms to be completed timely and correctly.</p> <p>3. Resident #210 was admitted to the facility on 02/24/22.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was not discussed with Resident #210 prior to discharge on 03/16/22. The facility initiated the discharge from Medicare Part A services when benefit days were not exhausted and the NOMNC form was not provided to resident. NOMNC form should be completed</p>	F 582			

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F 582	<p>Continued From page 5</p> <p>when resident has skilled benefit days remaining and was being discharged from Medicare Part A services and was leaving the facility immediately following the last covered skilled day. Medicare Part A coverage for skilled services ended on 03/16/22 and Resident #210 was discharged home.</p> <p>An interview was conducted with the Social Worker on 08/30/22 at 04:30 PM. She revealed was notified around the second week of August that she would be responsible for completing the NOMNC form and received training on how to complete the form and notifying residents and/or their RP of changes. She stated prior to August, the Business Office Manager was responsible for completing the form, but he was no longer at the facility. The Social Worker revealed she was not aware of forms not being completed or residents and their RP's not being contacted about changes.</p> <p>An interview was conducted with the Administrator on 08/31/22 at 05:03 PM. The Administrator stated she was not aware the NOMNC and SNF ABN forms had not been completed until yesterday. She stated the former Business Office Manager was responsible for completing the forms and he was no longer at the facility. She stated the Social Worker had received training and would be responsible for completing the forms and the new Business Office Manager will be responsible for the completing the forms if the Social Worker was not available. The Administrator revealed the NOMNC and SBF ABN should have been discussed and issued to the resident and/or the RP. She stated she expected the required forms to be completed timely and correctly.</p>	F 582			

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F 745 SS=D	<p>Provision of Medically Related Social Service CFR(s): 483.40(d)</p> <p>§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and resident and staff interviews the facility failed to transport a resident to a scheduled appointment with their vascular physician for 1 of 3 residents reviewed for medically related social services (Resident #45).</p> <p>Findings included:</p> <p>Resident #45 was admitted to the facility on 3/3/22 with diagnoses which included hypertension and fracture.</p> <p>Resident #45s quarterly Minimum Data Set (MDS) dated 8/11/22 revealed Resident #45 was cognitively intact.</p> <p>An interview was conducted with Resident #45 on 8/29/22 at 11:00 AM, and the resident stated she had missed an appointment on 8/12/22 to see a vascular doctor. Resident #45 further revealed she had told the facility scheduler and transporter the appointment needed to be rescheduled but had no knowledge if it had been. Resident #45 indicated on 8/12/22 the facility transporter had told Resident #45 her vascular appointment had to be missed due to the transportation vehicle breaking down. Resident #45 revealed the facility transporter attended the initial vascular appointment on 7/15/22 and scheduled the appointment for 8/12/22 at the vascular doctor's office with the resident present.</p>	F 745	<p>F745 – Provision of Medically Related Social Service</p> <p>Resident #45 appointment was made and she was seen by heart and vascular on 09/02/2022. Resident is her own responsible party and was aware of missed appointment on 08/12/2022.</p> <p>A quality review was completed by Scheduler of last 30 days of physician orders for appointments or consults to ensure appointments made and follow-up complete 9/15/22. No issues identified. An ADHOC Quality Assurance Performance Improvement Committee will be held on 9/23/22 to formulate and approve a plan of correction for the deficient practice.</p> <p>The Director of Clinical Services educated Unit Manager and Scheduler on process for consults and appointments on 08/31/22. Education for current nurses will be completed by the Director of Clinical Services or designee by 10/04/22. The Director of Clinical Services, the Assistant Director of Nursing, or the Unit Manager will provide education to new hires during orientation. An appointment and transportation book is located at</p>	10/4/22	

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F 745	Continued From page 7 An interview conducted with the Unit Manager on 8/30/22 at 10:20 AM revealed she did not recall Resident #45 having an appointment scheduled for 8/12/22 and was not aware it was missed. The Unit Manager further revealed she did not recall transportation breaking down, and the facility had a 24/7 back up transportation in case of emergencies. The Unit Manager indicated there was nothing scanned in Resident #45's medical chart for an appointment on 8/12/22. An interview conducted with the facility scheduler/transporter on 8/31/22 at 8:20 AM revealed Resident #45 had a vascular appointment on 7/15/22 but did not have one scheduled for this month. It was further revealed she had attended the appointment with Resident #45 on 7/15/22 and received the paperwork. She revealed once she receives the paperwork, she gives it to nursing staff or the unit manager. She indicated transportation had not broken down the month of August and could not recall why Resident #45 thought she had an appointment or transportation was broke down. A phone interview conducted with the receptionist from the vascular doctor's office on 8/31/22 at 11:05 AM revealed Resident #45 was a "no show" for a scheduled appointment on 8/12/22. The receptionist stated a staff member from the facility was present for the initial appointment on 7/15/22 and scheduled the appointment for the Resident to be seen on 8/12/22. The receptionist indicated the facility staff had also received paperwork with the appointment time and information on it. An interview conducted with the Director of	F 745	scheduler's desk. For new admissions, the nurse will review hospital discharge summary for any upcoming appointments. The nurse will make a copy and give to the scheduler. The nurse will ask existing residents who go out for an appointment for consult paperwork upon return from appointment. Nurse will make a copy of any follow up appointments and give to scheduler. Scheduler will then log the next appointment in her schedule book. When scheduler returns from transporting resident to appointment she will complete Appointment/Transportation Request Form. Beginning 09/26/2022 the Director of Clinical Services or designee will conduct random Quality reviews of appointment transportation book and validate consultation paperwork was received upon return from appointment and follow-up completed 2 times a week for 8 weeks then weekly for 4 weeks. The Director of Clinical Services or designee will report the results of the quality monitoring (audit) and report to the QAPI committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring (audit) updated as indicated. 10/04/2022		

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F 745	Continued From page 8 Nursing (DON) on 8/31/22 at 4:02 PM revealed Resident #45 was cognitively intact. The DON stated the facility scheduler/transporter went to appointments with residents, receives paperwork, gives it the nurse for review for possible orders, and then scanned into medical records. The DON indicated she was not aware of an appointment on 8/12/22. The DON stated transportation should not have been an issue because the facility had a backup service. An interview conducted with the Administrator on 8/31/22 at 4:50 PM revealed she was not aware that Resident #45's appointment was missed on 8/12/22 and it should have been rescheduled if there was an issue. The Administrator further revealed the facility had 24/7 back up transportation. The Administrator indicated Resident #45's appointment on 8/12/22 should have not been missed.	F 745			
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor the interventions that the committee put into place. This was for one deficiency in the area of Infection Control originally cited on the 08/20/20	F 867	F867 - QAPI/QAA Improvement Activities 1. The Executive Director held a Quality Assurance Performance Improvement meeting on 9/23/22 with the Interdisciplinary Team including the Director of Clinical Services, Dietary Manager, Admissions Director, Activities	10/4/22	

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F 867	<p>Continued From page 9</p> <p>focused infection control and complaint investigation survey and 10/28/21 on the recertification and complaint investigation survey. This areas was cited again on the current recertification survey with an exit date of 08/31/22. The continued failure of the facility during the three federal surveys showed a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance Program.</p> <p>The findings included:</p> <p>This citation is cross referred to:</p> <p>F 880- Based on record reviews, observation and staff interviews, the facility failed to implement their infection control policies and the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19 when 1 of 1 staff member (Nurse #1) failed to change gloves and perform hand hygiene during wound care for 1 of 3 residents reviewed for infection control (Resident #209).</p> <p>On the 10/28/21 recertification and complaint investigation survey the facility failed to follow CDC guidelines for the use of Personal Protective Equipment (PPE) when 6 out of 6 staff members were observed not wearing eye protection while providing resident care.</p> <p>On the 08/20/20 focused infection control and complaint investigation survey the facility failed to implement the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19 by not placing enhanced droplet contact precautions signs up and not requiring staff to wear all recommended PPE (Personal Protective Equipment) when caring for 2 of 2</p>	F 867	<p>Director, Medical Records Director and Business Office Manager focusing on the areas of Hand Hygiene during Wound Care at F880, failure to change gloves and wash hands during wound care. The facility Quality Assurance reviewed the new plan of correction for maintaining compliance in these areas.</p> <p>2. During the Quality Assurance Performance Improvement on 9/23/22 the Regional Director of Clinical Services along with the Executive Director re-educated the attendees on the Quality Assurance process to include identifying, correcting, and monitoring of identified deficiencies to ensure compliance and quality are maintained.</p> <p>3. The Regional Director of Clinical Services will attend the facility Quality Assurance Performance Improvement Committee meeting at a minimum of quarterly to evaluate the effectiveness of the program, the compliance of ongoing monitoring and the revision to the plan of correction for citations as appropriate to maintain compliance.</p> <p>4. The results of these reviews will be submitted to the QAPI Committee by the Executive Director for review by IDT members each month for three months. The QAPI Committee will evaluate the effectiveness and amend as needed.</p> <p>5. 10/04/2022</p>		

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F 867	Continued From page 10 newly admitted residents and 1 of 1 readmitted resident and not cohorting and quarantining on the designated quarantine hall (300 hall) 3 of 15 newly admitted residents and 2 of 3 readmitted residents.	F 867			
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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p>	F 880		10/4/22	

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F 880	<p>Continued From page 11</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: (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.</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 (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 record reviews, observation and staff interviews, the facility failed to implement their infection control policies and the Centers for Disease Control and Prevention (CDC)</p>	F 880	F880 Infection Prevention and Control 1. Nurse #1 was educated on infection prevention and control related to changing gloves and hand hygiene between wound		

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F 880	<p>Continued From page 12</p> <p>recommended practices for COVID-19 when 1 of 1 staff member (Nurse #1) failed to change gloves and perform hand hygiene during wound care for 1 of 3 residents reviewed for infection control (Resident #209).</p> <p>The findings included:</p> <p>The Centers for Disease Control and Prevention (CDC) guidance entitled, "Hand Hygiene in Healthcare Settings," last reviewed on 1/8/21 indicated the following information: Use an alcohol-based hand sanitizer before moving from work on a soiled body site to a clean body site on the same patient, after contact with blood, body fluids or contaminated surfaces and immediately after glove removal. Change gloves and perform hand hygiene during patient care, if moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.</p> <p>The facility's policy entitled, "Hand Hygiene Policy and Procedures," revised on 2/5/21 indicated the following statement: Hand hygiene should be performed after contact with blood, body fluids, or excretions, mucous membranes, non-intact skin, or wound dressings, when hands are moved from a contaminated body site to a clean body site during patient care and after glove removal.</p> <p>Resident #209 was admitted to the facility on 8/19/22 with diagnoses that included right ankle and foot osteomyelitis (bone infection).</p> <p>An observation of wound care by Nurse #1 for Resident #209 was made on 8/30/22 at 1:46 PM while being assisted by Nurse Aide #2. Nurse #1 washed her hands and put gloves on both hands.</p>	F 880	<p>care on 8/31/2022.</p> <p>2. The Director of Clinical Services will complete a quality review of current staff completing wound care to include a skills competency by 10/04/22.</p> <p>3. The Director of Clinical Services provided re-education to current staff across shifts, to include part-time and PRN employees. Education focused on infection prevention and control related to changing gloves and hand hygiene during wound care to be completed for all current staff by 10/04/22. Employees that have not received education by 10/04/22 will not be permitted to work until they have received the education by Director of Clinical Services, Assistant Director of Nursing, or Unit Manger. New hires will be educated by Director of Clinical Services, Assistant Director of Nursing, or Unit Manger during orientation.</p> <p>4. The Director of Clinical Services or designee will complete a quality review by observation of staff members beginning on 09/26/22 to ensure changing gloves and hand hygiene during wound care. The Director of Clinical Services or designee will complete quality monitoring using the hand hygiene skills checklist and dressing change checklist on two staff members two times weekly for eight weeks, then weekly for four weeks. Opportunities will be corrected by the Director of Clinical Services or designee as identified during these quality monitoring sessions. The Director of Clinical Services will report on</p>		

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F 880	<p>Continued From page 13</p> <p>She started to remove the compression bandage and gauze wrap off Resident #209's left leg. A foam dressing was observed in place to Resident #209's left heel. Nurse #1 proceeded to remove the compression bandage and gauze wrap off Resident #209's right leg. Resident #209's right heel was also covered with a foam dressing. Nurse #1 took off her gloves and washed her hands. She put new gloves on and removed the foam dressing off Resident #209's right heel. The foam dressing looked saturated with yellowish drainage. Nurse #1 cleaned the right heel wound by spraying wound cleanser directly on the wound and wiping it with a dry gauze. While cleaning the right heel wound, Nurse #1 removed a moderate amount of yellowish debris from the wound bed. Without removing her gloves and doing hand hygiene, Nurse #1 proceeded to remove the foam dressing off Resident #209's left heel wound. Nurse #1 sprayed wound cleanser on the wound bed and wiped the drainage with a dry gauze. Nurse #1 then removed her gloves and washed both hands. She put on new gloves and covered the right heel wound with alginate (dressing made of natural fibers derived from seaweed, absorbs exudates and forms a gel-like covering over the wound), applied a foam dressing and wrapped the whole right leg with a gauze wrap and a compression bandage. Without removing her gloves and performing hand hygiene, Nurse #1 covered the left heel wound with alginate, applied a foam dressing and wrapped the whole left leg with a gauze wrap and a compression bandage. Nurse #1 removed her gloves and washed her hands.</p> <p>An interview with Nurse #1 on 8/30/22 at 3:29 PM revealed she probably should have changed her gloves and washed her hands after cleaning</p>	F 880	<p>the results of the quality monitoring and report to the QAPI committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated.</p> <p>5. 10/04/2022</p>		

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

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F 880	<p>Continued From page 14</p> <p>Resident #209's right heel wound and before cleaning his left heel wound. Nurse #1 stated she normally removed Resident #209's dressings to both legs at the same time and cleaned and dressed them simultaneously because it was time-consuming to do one leg at a time.</p> <p>An interview on 8/31/22 at 4:38 PM with the Director of Nursing (DON) who was also the facility's Infection Preventionist revealed Nurse #1 should have provided wound care to Resident #209 by doing one leg at a time and she should have changed her gloves and washed her hands before dressing the other wound to prevent cross-contamination of his wounds. The DON stated she couldn't remember the last time the nurses had been educated on wound care and that she would need to do an in-service on wound care and infection control soon.</p>	F 880			