

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

PRINTED: 04/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/28/2024
NAME OF PROVIDER OR SUPPLIER THE GREENS AT GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054		
(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 000}	INITIAL COMMENTS An onsite revisit was conducted on 03/26/24 through 03/27/24. Additional information was obtained on 03/28/24; therefore, the exit date was changed to 03/28/24. Tags F580, F684, F689, F725, F809, and F812 were corrected as of 03/28/24. Repeat tags were cited. New tags were also cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance.	{F 000}			
{F 677} SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) 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 observations, record review, resident, and staff interviews, the facility failed to provide nail care and trim fingernails for 1 of 3 sampled residents (Resident #1) reviewed for activities of daily living (ADL). The findings included: Resident #1 was admitted to the facility on 11/17/23 and readmitted on 02/05/24 with diagnoses which included cerebrovascular accident, hemiplegia, and hypertension. Review of Resident #1's most recent quarterly Minimum Data Set (MDS) assessment dated 02/12/24 revealed he was severely cognitively impaired and required maximal assistance with personal hygiene.	{F 677}			

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

TITLE

(X6) DATE

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 677}	Continued From page 1 An observation and interview with Resident #1 on 03/26/24 at 10:00 AM revealed him lying in bed with his eyes closed. The resident opened his eyes and was able to respond that he was doing well. Resident #1 was able to answer simple questions but unable to carry on a conversation. Observation of his fingernails on both hands revealed his nails were ½ inch beyond the tips of his fingers and he had brown colored debris under the nails on both hands. The resident stated he did not like his fingernails long and would like them to be trimmed but no one had asked him about trimming his fingernails. An observation of Resident #1 on 03/27/24 at 9:20 AM revealed him lying in bed and his fingernails were again observed to be ½ inch beyond the tips of his fingers on both hands and there was brown colored debris under his nails on both hands. He stated the staff still had not trimmed his fingernails. An interview with NA #3 on 03/27/24 at 10:40 AM revealed she frequently cared for Resident #1 from 7:00 AM to 3:00 PM. She stated she usually gave him a bed bath but said she had not noticed his fingernails being long and needing to be trimmed. She stated usually during baths/showers she looked at resident's skin for dry skin, fingernails, toenails, scratches, bruises and to see if they needed to be shaved and either did it or reported it to the nurse for her to take care of the need. NA #3 further stated she had not trimmed Resident #1's fingernails and had not reported to the nurse that his fingernails needed to be trimmed. An interview with NA #7 who was assigned to	{F 677}			

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{F 677}	Continued From page 2 Resident #1 on 03/27/24 from 7:00 AM to 3:00 PM revealed she had not noticed the resident's fingernails needed to be trimmed and cleaned. She stated this was only the second time she had taken care of the resident and had not noticed his fingernails while in the room providing his care. An interview with Nurse #1 on 03/27/24 at 1:58 PM who was assigned to Resident #1 on 03/27/24 from 7:00 AM to 7:00 PM revealed she had taken care of him several times but had not noticed his fingernails needed to be cleaned and trimmed. An observation of his fingernails revealed Nurse #1 agreed the resident needed his fingernails trimmed and cleaned and said she would take care of trimming them for him. Nurse #1 stated she did not know why the Nurse Aides caring for him had not noticed his fingernails and cleaned them and reported to her the nails needed to be trimmed. An interview with the Director of Nursing (DON) on 03/27/24 at 4:52 PM revealed she expected all residents to have their fingernails trimmed as part of their bed bath/shower. She stated the nurses were able to trim fingernails for diabetic residents and the Nurse Aides (NAs) were able to trim the nails for residents that were not diabetic. The DON further stated if the NAs were not comfortable trimming the resident's fingernails, they could tell their nurse and she could trim the resident's nails.	{F 677}			
{F 687} SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:	{F 687}			

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{F 687}	<p>Continued From page 3</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p> <p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, resident, and staff interviews, the facility failed to provide podiatry services and/or toenail care for 1 of 3 sampled residents (Resident #1) reviewed for foot care.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 11/17/23 and readmitted on 02/05/24 with diagnoses which included cerebrovascular accident, hemiplegia, and hypertension.</p> <p>Review of Resident #1's most recent quarterly Minimum Data Set (MDS) assessment dated 02/12/24 revealed he was severely cognitively impaired and required maximal assistance with personal hygiene.</p> <p>Review of a final appointment listing dated 02/05/24 revealed Resident #1 was not seen by the podiatrist on that date.</p> <p>An observation and interview with Resident #1 on 03/26/24 at 10:00 AM revealed him lying in bed with his eyes closed. The resident opened his eyes and was able to respond that he was doing well. Resident #1 was able to answer simple questions but unable to carry on a conversation.</p>	{F 687}			

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{F 687}	<p>Continued From page 4</p> <p>Observation of his toes revealed thick, yellow toenails on the 2nd through 4th toes extending ¼ to ½ inch beyond the end of his toes on each foot. The resident stated no one had trimmed his toenails since being at the facility.</p> <p>An observation of Resident #1 on 03/27/24 at 9:20 AM revealed him lying in bed and complained that he wanted a different boot on his left foot so Nurse Aide (NA) #7 who was assigned to Resident #1 from 7:00 AM to 3:00 PM on 03/27/24 came in and changed his boot on the left foot. As she was changing his boot his toenails were again observed to be long, thick, and yellow on the 2nd through 4th toes on each foot and were ¼ to ½ inch beyond the end of his toes.</p> <p>Review of Resident #1's electronic medical record (EMR) revealed there were no progress notes from podiatry in his chart.</p> <p>An interview with NA #3 on 03/27/24 at 10:40 AM revealed she frequently cared for Resident #1 from 7:00 AM to 3:00 PM. She stated she usually gave him a bed bath but said she had not noticed his toenails being long and needing to be trimmed. She stated usually during baths/showers she looked at resident's skin for dry skin, toenails, scratches, bruises and to see if they needed to be shaved and either did it or reported it to the nurse for her to take care of the need. NA #3 further stated she did not trim toenails for residents but said the facility had a podiatrist that came every 3 months to trim toenails.</p> <p>An interview with Nurse #1 on 03/27/24 at 1:58 PM who was assigned to Resident #1 on 03/27/24</p>	{F 687}			

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{F 687}	Continued From page 5 from 7:00 AM to 7:00 PM revealed she had taken care of him several times but had not noticed his toenails. An observation of his toenails revealed Nurse #1 agreed the resident needed his toenails trimmed by the podiatrist and said she would refer him to the Social Worker (SW) to have his name placed on the list for the podiatrist at his next visit. An interview with the Director of Nursing (DON) on 03/27/24 at 4:52 PM revealed she would have expected the resident's toenails to have been noted during his bed bath/shower or during his weekly skin assessment. She stated she expected the nurses to refer residents to the SW that needed to be seen by the podiatrist.	{F 687}			
{F 761} SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of	{F 761}			

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{F 761}	<p>Continued From page 6</p> <p>the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, resident and staff interviews, the facility failed to secure medications stored at the bedside for 1 of 2 residents reviewed for medication storage (Resident #15).</p> <p>Findings included:</p> <p>Resident #15 was re-admitted to the facility on 9/30/23 with diagnoses that included shortness of breath and chronic obstructive pulmonary disease (COPD).</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 2/9/24 indicated Resident #15 was moderately cognitively impaired.</p> <p>A review of Resident #15's March 2024 Physician's Order Summary revealed he was prescribed the following medication on 9/30/23: Symbicort Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide-Formoterol Dihydrate)- 2 puffs inhale orally 2 times a day for COPD. The document did not reveal a current order for Albuterol AER HFA (an inhaled medication used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing and chest tightness) or Resident #15.</p> <p>An observation was made on 3/26/24 at 11:15 AM which revealed two inhalers placed on a bedside</p>	{F 761}			

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{F 761}	Continued From page 7 table to the left of Resident #15's bed. Resident #15 was laying in bed at the time of the observation with his eyes closed and did not respond when this writer spoke to him for an attempted interview. Close observation of the inhalers revealed one inhaler included a label with the medication name 1) Albuterol AER HFA and the second was labeled 2) Symbicort 160/4.5. Neither inhaler container contained Resident #15's name or instructions on the label for administration visibly displayed. An observation and interview with Nurse #6 on 3/26/24 at 12:07 PM revealed she was the medicating nurse for the 100 hall on day shift. She observed the inhalers on Resident #15's bedside and stated he did not administer them himself and that they should not have been left in his room. She said she was unsure why they were not secured on the medication cart after administration unless it was by accident. Nurse #6 removed the medication from Resident #15's room and took them to the medication cart and secured them until she could speak to her supervisor. An interview with the Director of Nursing (DON) on 3/27/24 at 3:33 PM revealed she expected nurses to observe a resident while medications were administered and remove all medications and their unused portions from the resident's room after administration for safety. The DON stated all medications should be properly labeled and secured in the medication carts when not being directly administered to a resident and in the direct observance of a nurse.	{F 761}			
{F 867} SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii)	{F 867}			

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{F 867}	Continued From page 8 §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators. §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.	{F 867}			

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{F 867}	Continued From page 9 §483.75(d) Program systematic analysis and systemic action. §483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained. §483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and (iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained. §483.75(e) Program activities. §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care. §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the	{F 867}			

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{F 867}	<p>Continued From page 10 facility.</p> <p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.</p> <p>§483.75(g) Quality assessment and assurance.</p> <p>§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, observations, resident, and staff interviews, and a test tray, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor interventions the</p>	{F 867}			

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{F 867}	<p>Continued From page 11</p> <p>committee put into place following a recertification and complaint investigation that occurred on 02/01/24, a complaint investigation that occurred on 06/26/23 and a recertification and complaint investigation survey that occurred on 10/03/22 for a deficiency that was cited in the area of Activities of Daily Living for Dependent Residents (F677), a recertification and complaint investigation survey that occurred on 02/01/24, a recertification and complaint investigation survey that occurred on 04/15/21 for a deficiency cited in the area of Label/Storage of Drugs Biologicals (F761), a recertification and complaint investigation survey that occurred on 02/01/24 in the area of Palatable Food (F804), a recertification and complaint investigation survey that occurred on 10/03/22, a recertification and complaint investigation survey that occurred on 04/15/21 for a deficiency that was cited in the area of Resident Records - Identifiable Information (F842), a recertification and complaint investigation survey that occurred on 02/01/24, a complaint investigation survey that occurred on 12/08/21 and a recertification and complaint investigation survey that occurred on 04/15/21 for a deficiency cited in the area of Infection Control (F880) and these were subsequently recited on the current follow up and complaint investigation survey of 03/28/24. The repeat deficiencies during six consecutive surveys of record show a pattern of the facility's inability to sustain an effective QA program.</p> <p>The findings included:</p> <p>This tag is cross referred to:</p> <p>F677: Based on observations, record reviews, resident and staff interviews, the facility failed to provide nail care and trim fingernails for 1 of 3</p>	{F 867}			

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{F 867}	<p>Continued From page 12 residents (Resident #1) reviewed for activities of daily living.</p> <p>During the recertification and complaint investigation survey completed on 02/01/24, the facility failed to provide showers to a dependent resident reviewed for activities of daily living.</p> <p>During the complaint investigation survey completed on 06/26/23, the facility failed to provide incontinent care on dependent residents that would prevent residents from soaking through their briefs, turn sheets and fitted sheets for 2 of 4 residents reviewed for activities of daily living (ADL).</p> <p>During the recertification and complaint investigation survey completed on 10/03/22, the facility failed to provide a dependent resident with their preferred method of bathing and the number of showers per week.</p> <p>F761: Based on observations, record review, resident and staff interviews, the facility failed to secure medications stored at the bedside for 1 of 2 residents reviewed for medication storage (Resident #15).</p> <p>During the recertification and complaint investigation survey completed on 02/01/24, the facility failed to date opened multi-dose vials of medications in 1 of 3 medication administration carts.</p> <p>During the recertification and complaint investigation survey completed on 04/15/21 the facility failed to remove 14 blister cards (contained 265 tablets) and 1 bottle (contained 500 tablets) of expired medications.</p>	{F 867}			

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{F 867}	Continued From page 13 F804: Based on observations, record review, resident, and staff interviews, and test tray, the facility failed to provide palatable food that was appetizing in temperature for 6 of 6 residents (Resident #9, Resident #10, Resident #11, Resident #12, Resident #13, and Resident #14) reviewed for food palatability. This practice had the potential to affect other residents on all halls. During the recertification and complaint investigation survey completed on 04/15/21, the facility failed to serve food that was appetizing temperature for residents reviewed for food palatability. F842: Based on record review and staff interviews the facility failed to maintain complete and accurate medical records related to wound treatments for 1 of 3 residents (Resident #5) reviewed for wounds. During the recertification and complaint investigation survey completed on 02/01/24, the facility failed to maintain complete and accurate medical records related to a resident's blood sugar. During the recertification and complaint investigation survey completed on 10/03/22, the facility failed to document in the medical record a resident's death. F880: Based on record review, observations, and staff interviews, the facility failed to implement their hand hygiene/handwashing policy as part of their infection control policy, when the Treatment Nurse did not perform hand hygiene according to the facility ' s policy and procedure when	{F 867}			

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{F 867}	<p>Continued From page 14</p> <p>providing wound care to 1 of 3 residents (Resident #1) reviewed for wound care.</p> <p>During the recertification and complaint investigation survey completed on 02/01/24, the facility failed to implement their infection control policies for the safe handling of soiled laundry when 1 of 5 staff members (Laundry Staff) failed to follow standard precautions during the infection control observation.</p> <p>During the complaint investigation survey completed on 12/08/21, the facility failed to follow CDC guidelines when staff failed to wear eye protection while performing direct care during a COVID-19 pandemic.</p> <p>During the recertification and complaint investigation survey completed on 04/15/21, the facility failed to follow infection control policies and procedures by not sanitizing the injection site with antiseptic pad.</p> <p>During a telephone interview with the Administrator on 03/28/24 at 4:34 PM, she revealed they had been discussing everything associated with the recertification plan of correction following their survey of 02/01/24 and were working closely with corporate consultants on the plans. She stated they had initiated using agency staff for nurses and nurse aides to help fill shifts related to their vacancies and the agency staff had been educated just as their staff had on the plan of correction. Additionally, she reported they were trying to schedule staff consistently on halls to care for residents. The Administrator further stated they would need to provide additional education on documentation to be sure they took credit for the work they were doing for</p>	{F 867}			

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{F 867}	Continued From page 15 each resident.	{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:</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</p>	{F 880}			

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{F 880}	<p>Continued From page 16</p> <p>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> <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 record review, observation, and staff interviews, the facility failed to implement their hand hygiene/handwashing policy as part of their infection control policy, when the Treatment Nurse did not perform hand hygiene according to the facility ' s policy and procedure when providing wound care to 1 of 3 residents (Resident #1) reviewed for wound care.</p>	{F 880}			

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{F 880}	Continued From page 17 The findings included: The facility ' s policy entitled Handwashing/Hand Hygiene which is part of their Infection Control Policies and Procedures last revised 08/2019 under Policy Interpretation and Implementation read in part: 7. Use an alcohol-based hand rub (ABHR) containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: b. Before and after direct contact with residents; g. Before handling clean or soiled dressings, gauze pads, etc.,; k. After handling used dressings, contaminated equipment, etc.,; m. After removing gloves; 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. An observation of wound care by the Treatment Nurse was made on 03/26/24 at 3:30 PM. The Treatment Nurse sanitized her hands, donned clean gloves and removed the old dressing from Resident #1 ' s sacral wound which had a small amount of serous drainage on the dressing. With	{F 880}			

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{F 880}	<p>Continued From page 18</p> <p>the same gloves on she proceeded to cleanse the wound with wound cleanser-soaked gauze, doffed her gloves, sanitized her hands, and donned new gloves and patted the wound dry. With the same gloves on, she proceeded to apply ointment around the wound bed and then applied medicated gel to the wound bed and then covered with normal saline moistened gauze and petroleum jelly-treated gauze was applied over the saline gauze and then an ABD (abdominal) pad applied and taped. With the same gloves on the Treatment Nurse adjusted the resident up in bed and positioned him with pillows and placed his covers over him. She doffed her gloves, sanitized her hands and donned clean gloves and collected her supplies and left the room.</p> <p>An interview was conducted with the Treatment Nurse on 03/27/24 at 12:12 PM. When asked the Treatment Nurse stated she should have doffed her gloves, sanitized her hands and donned new gloves after removing the old dressing and before cleansing the wound and said she should have sanitized her hands and changed her gloves before adjusting the resident in bed and touching his pillows and linens on his bed. The Treatment Nurse further stated it was an oversight on her part.</p> <p>An interview with the Infection Preventionist on 03/27/24 at 4:37 PM revealed she agreed the Treatment nurse should have doffed her gloves, sanitized her hands and donned new gloves after removing the old dressing and before cleansing the wound. She also agreed the Treatment Nurse should have doffed her gloves, sanitized her hands and donned new gloves before positioning the resident in bed and touching the resident ' s bed linens.</p>	{F 880}			

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{F 880}	Continued From page 19 An interview with the Director of Nursing (DON) revealed she would have expected the Treatment Nurse to follow the policy and procedure for Hand Hygiene while performing wound care and said she felt like the Treatment Nurse was probably nervous about being watched.	{F 880}		