STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345371	A. BUILDING _____ B. WING _____	C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-TRENT	**836 HOSPITAL DRIVE NEW BERN, NC 28560**

(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 A complaint investigation survey was conducted from 03/26/24 through 03/27/24. Event ID# ZE2N11. The following intakes were investigated NC00214556 and NC00212926. 3 of the 3 complaint allegations did not result in deficiency.	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	F 880		4/16/24

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

Electronically Signed | 04/12/2024

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F 880	Continued From page 1 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: (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 of pressure ulcer care, staff interviews and record reviews, the facility failed to perform hand hygiene after removing	F 880	Employee who performed wound care was in-serviced on 3/26/2024 by the Clinical Competency Coordinator, on	

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F 880	Continued From page 2 wound dressings, before cleaning the wound, applying the new treatments and when moving from one wound to another for 2 of 2 residents (Residents #1 and #3). Additionally, the facility failed to clean scissors before and after use for 1 of 2 residents (Residents #3) reviewed for pressure ulcer care. The findings included: The facility's policy titled, "Guidelines for Cleansing and Observing a Wound," last reviewed on 07/28/2023, revealed as soon as you have finished removing the soiled dressing and cleansing the wound, remove and discard your gloves. Otherwise, everything you touch, including the faucet and handles, will be contaminated by microorganisms on your gloves. Your bandage scissors may transfer pathogens from one resident to th next, as well as to your own hands and pockets. To prevent this, wash your scissors with an alcohol product or soap and water before and after each use. Wash your hands (or use an alcohol cleanser) after removing and discarding the existing dressing. Put on clean (or sterile) gloves before applying new dressing. Be sure the soiled supplies do not come into contact with clean supplies. 1a. A pressure ulcer wound care treatment of Resident #3 was observed on 3/26/24 at 2:05 PM. Treatment Nurse #1 placed a paper barrier with clean supplies on the bedside table, donned gloves, and removed the dressing from the left and then right buttocks. The soiled dressing was placed on the bedside table next to the clean barrier. Treatment Nurse #1 proceeded to clean the left buttock with cleaner on gauze, obtained	F 880	proper infection control to include handwashing, changing of gloves, barriers to protect clean versus soiled bandages, and utilizing clean scissors when cutting bandages. Employee was required to perform a return demonstration on wound care prior to him returning treatments. The Clinical Competency Coordinator completed a checkoff list during the observation of wound care to ensure all areas were compliant. All residents have the potential to be affected by this deficient practice. Nursing staff were in-serviced by the Clinical Competency Coordinator on 3/26/2024, on proper infection control procedures when treating wounds to include, handwashing, changing of gloves, barriers to protect clean versus soiled bandages, and utilizing clean scissors when cutting bandages. This education will be completed by the Clinical Competency Coordinator. Any nurse that has not received in-service training by 4/16/2024 will be in-serviced prior to their next scheduled shift. Audits will be conducted on wound care observation for infection control by the Director of Nurses, Clinical Competency Coordination, and Infection Preventionist, five times per week for one week, two times per week for two weeks and one time per week for two weeks then monthly thereafter. Any identified areas of concern will be corrected.	

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F 880	Continued From page 3 another wound cleaner saturated gauze and continued to the right buttock. Treatment Nurse #1 completed these tasks without changing gloves and performing hand hygiene. The used gauze was placed on the bedside table. Treatment Nurse #1 removed scissors from his pocket and cut the silver alginate package in half. The scissors were returned uncleaned into the pocket. The silver alginate was applied to the left buttock and covered with a clear transparent dressing. Treatment Nurse #1 then scratched his face with his left gloved hand, removed the glove, and put it on the bedside table. With the gloved right hand, Treatment Nurse #1 lifted the right buttock and with the ungloved left hand pressed the clean transparent film dressing in place with the back of his hand. Treatment Nurse #1 removed the right glove and gathered the soiled dressing and gloves in the paper barrier with his bare hands and walked out of Resident #3's room and discarded it into the trash bin on the side of the wound care treatment cart. He used hand sanitizer then pushed the cart to the next room. 1b. An observation of pressure ulcer wound care treatment for Resident #1 was conducted on 3/26/2024 at 2:14 PM. Treatment Nurse #1 placed a paper barrier on the bedside table. He placed acetic acid moistened gauze, dressing supplies, clean gloves, and a crushed metronidazole tablet in a medicine cup on the barrier. He cleansed his hands with antimicrobial foam and donned a pair of clean gloves. A new skin tear was noted on Resident #1 right shoulder. Treatment Nurse #1 removed the soiled dressing from the pressure ulcer on the sacrum and put it in the trash. Treatment Nurse #1 cleansed the right shoulder wound and applied petroleum gauze with a foam dressing to the right	F 880	The Director of Health Services will present the analysis of the wound care infection prevention audit to the Quality Assurance and Performance Improvement Committee monthly until three months of sustained compliance is maintained then quarterly. 4/16/2024	

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F 880	Continued From page 4	F 880		

shoulder. Without changing gloves, Treatment Nurse #1 cleansed the wound on the buttocks with wound cleanser. The crushed metronidazole tablet was sprinkled in the wound, and the acetic acid moistened gauze was placed in the center of the wound and covered with a foam dressing.

An interview on 3/26/24 at 3:10PM was conducted with Treatment Nurse #1. He stated that he was nervous, and he forgot to wash his hands and change his gloves. He indicated that he had been trained in wound care and hand hygiene. He stated that he didn't recall touching Resident #3 without gloves. He stated that he didn't think to clean his scissors from his pocket before using them to cut the calcium alginate. He stated he used scissors to cut the dressing packaging and not for patient care. He stated he was not sure why he didn't change his gloves and use hand hygiene between wounds or between the dirty dressing removal or before the clean dressing was applied. He forgot to clean his scissors.

An interview on 3/26/24 at 4:00 PM with the Director of Nursing revealed that Treatment Nurse #1 was a competent nurse. She stated that all staff were trained in handwashing. She indicated nursing staff were to follow infection control procedures for wound care.