STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345408	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHPOINT REHABILITATION AND HEALTHCARE CENTER	6000 FAYETTEVILLE ROAD DURHAM, NC 27713

(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 11/19/24 through 11/19/24. Event ID# F6FO11. The following intakes were investigated NC00223792. 1 of the 5 complaint allegations resulted 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 §483.71 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		11/29/24

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

Electronically Signed | 11/27/2024

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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, record review, and staff interviews, the facility failed to implement their infection control policy when Nurse #1 did not	F 880	F880 Infection Prevention & Control Corrective Action for the residents found	

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F 880	Continued From page 2 perform hand hygiene between the removal of soiled gloves and the application of clean gloves during wound care for 1 of 5 staff observed for infection control practices (Nurse #1). Findings included: A review of the facility policy titled "Handwashing/Hand hygiene" revised 2023 provided by the facility revealed in part: "This facility considers hand hygiene the primary means to prevent the spread of infection. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternately, soap (antimicrobial or non-antimicrobial) and water for the following situations: m. After removing gloves." During observation on 11/19/24 at 10:11 AM Treatment Nurse #1 and Treatment Nurse #2 were observed providing wound care to Resident #2. Treatment Nurse #1 was observed to perform hand hygiene and apply clean gloves. She then removed the soiled dressing from Resident #71's sacral wound using her gloved hands and discarded the soiled dressing. Treatment Nurse #1 removed her soiled gloves, discarded them, and applied clean gloves without performing hand hygiene and continued wound treatment. During an interview on 11/19/24 at 10:21 AM Treatment Nurse #1 stated for infection control reasons, she should have performed hand hygiene when changing her gloves during care but forgot. During an interview on 11/19/24 at 11:06 AM the Director of Nursing stated hand hygiene should always be performed after the removal of soiled gloves prior to the application of clean gloves to	F 880	to be affected by the deficient practice. Resident # 2 still resides in the facility. The wound MD was notified of the alleged deficient practice. Corrective Action for other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by this alleged deficient practice; no other residents were identified as being negatively impacted during observation on November 19, 2024. Systemic Changes made to ensure that the deficient practice will not recur. All licensed staff were educated on the requirements of F880; especially, the nursing staff on the importance of Hand Hygiene Competency and Wound Infection Control Competency. This in-service will be part of the orientation process for all newly hired licensed nursing staff and agency staff. Plans to monitor its performance to make sure that the solutions are sustained. The DON or designee will complete observation/monitoring and complete the hand hygiene and wound competency audit three times a week for two weeks and once a week for four weeks. All findings of concern will be immediately addressed and reported to the Quality Assurance Performance Improvement (QAPI) Committee by the DON for review monthly x 3 months or until substantial compliance is achieved then quarterly.	

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F 880	Continued From page 3 reduce the chance of spreading infections. During an interview on 11/19/24 at 1:20 PM the Wound Care Physician stated it was protocol for hand hygiene to be performed between glove changes for infection control purposes, though he felt it was overkill.	F 880	Date of compliance: 11/29/24	