

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/31/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARGATE HEALTH AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>540 WAUGH STREET</b> <b>JEFFERSON, NC 28640</b>		
(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 12/31/2024. Tags F561, F565, F658, F686, F695, F726, F842, F945 and F947 were corrected as of 12/31/24. Repeat tag was cited. The facility is still out of compliance.	{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}			

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.

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

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OMB NO. 0938-0391

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{F 880}	<p>Continued From page 1</p> <p>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 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 observations, record reviews, and staff interviews, the facility failed to implement infection control policies and procedures when 1</p>	{F 880}			

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{F 880}	<p>Continued From page 2</p> <p>of 6 staff (Nurse Aide (NA) #1) failed to remove soiled gloves and perform hand hygiene after incontinence care and before she touched the resident, resident's tube of cream and clean brief for 1 of 3 residents reviewed for infection control practices (Resident #1).</p> <p>The findings included:</p> <p>Review of the facility's policy on Handwashing revised on 03/2019, indicated all personnel were to follow established hand washing procedures to prevent the spread of infection and disease. Appropriate hand washing was performed under the following conditions:</p> <ul style="list-style-type: none"> <li>- Before and after resident contact</li> <li>- After contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin</li> <li>- After handling items potentially contaminated with blood, body fluids, excretions or secretions</li> <li>- After removing gloves</li> </ul> <p>The use of gloves does not replace hand washing.</p> <p>Alcohol based sanitizers may be used in lieu of soap and water if hands are not visibly soiled.</p> <p>An observation of incontinence care was made on 12/31/24 at 11:13 AM and revealed Nurse Aide (NA) #1 wearing gloves while performing incontinence care to Resident #1. NA #1 cleaned Resident #1 on the front and placed her washcloth in the soiled linen bag. She and NA #2 turned Resident #1 on his right side, and he had smears of stool between his buttock, so NA #1 reached into the soiled linen bag and retrieved the washcloth and proceeded to clean the stool from the resident's buttocks and placed the washcloth back into the soiled linen bag. With</p>	{F 880}			

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{F 880}	<p>Continued From page 3</p> <p>the same gloves on she reached on the bedside table and retrieved his tube of cream for his buttock and proceeded to rub the cream on his buttock. After rubbing the cream on the resident, she got his brief and put next to him and then doffed her gloves and without sanitizing her hands reached into her scrub top pocket and got another pair of gloves and donned them and continued with putting the resident's brief on him. Once his brief was fastened, she and NA #2 adjusted him up in the bed, covered him and handed him his bed control and call light. NA #2 collected the soiled linen bag and the trash bag and proceeded out of the room and discarded them in the cart outside the room in the hall. After discarding the soiled linen and trash she sanitized her hands in the hallway.</p> <p>An interview on 12/31/24 at 11:35 AM with Nurse Aide (NA) #1 revealed she had been recently educated on infection control policies and procedures and had participated in skills check with the Infection Preventionist regarding infection control. NA #1 admitted she should not have taken the washcloth out of the soiled linen bag to clean Resident #1's buttock and said she should have used the wipes to clean the stool from his buttock. NA #1 stated she should have doffed her gloves after cleaning the resident's buttock, sanitized her hands and donned new gloves prior to reaching for his cream on the bedside table. She stated she knew better but just had not followed the proper procedure. NA #1 further stated after rubbing the cream on his buttock she should have doffed her gloves, sanitized her hands and donned new gloves prior to continuing with putting a new brief on the resident and adjusting him in the bed. She said she was just not thinking but said she knew the proper</p>	{F 880}			

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{F 880}	<p>Continued From page 4</p> <p>procedure for incontinence care but admitted she had not followed the procedure.</p> <p>The Infection Preventionist who is also the Staff Development Coordinator was unavailable for interview.</p> <p>An interview on 12/31/24 at 3:15 PM with the Director of Nursing (DON) revealed they had provided all staff with education regarding infection control procedures and even specifically on hand washing and all the Nurse Aides had participated in skills training. She stated she could not understand why NA #1 had not followed the proper procedures unless she was just nervous about being watched because NA #1 had been through all the trainings. The DON further stated it was her expectation that the Nurse Aides follow the procedures for hand washing while providing resident care.</p>	{F 880}			