

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

PRINTED: 02/10/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345578</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAR CREEK HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6041 PIEDMONT ROW DRIVE</b> <b>CHARLOTTE, NC 28210</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 unannounced complaint investigation survey were conducted from 01/21/25 through 01/22/25. Event ID# G06H11. The following intakes were investigated: NC00217697, NC00225295, NC00225386, NC00225497, and NC00225790. 14 of the 14 allegations did not result in a 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	F 880		2/6/25	

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

TITLE

(X6) DATE

Electronically Signed

02/05/2025

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 880	<p>Continued From page 1</p> <p>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 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 review, and staff</p>	F 880	The statements made on this Plan of		

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F 880	<p>Continued From page 2</p> <p>interviews, the facility failed to follow their infection control policies and procedures for Enhanced Barrier Precautions during high-contact care for a resident with a full-thickness wound and a suprapubic catheter (Resident #5) when Nurse #1 performed wound care without wearing a gown. Nurse #1 also failed to perform hand hygiene after removing a soiled dressing, cleaning a wound, and before applying a new wound dressing for a resident (Resident #5). The deficient practice occurred for 1 of 1 staff member (Nurse #1) observed during wound care.</p> <p>The findings included:</p> <p>The facility's Enhanced Barriers policy approved August of 2024 revealed "it is the policy of this facility to use enhanced barrier precautions (EBP) based on guidance from the Center for Disease Control (CDC). Enhanced barrier precautions expands use of personal protective equipment (PPE) beyond situations in which exposure to blood and body fluids is anticipated (standard precautions). Enhanced barrier precautions refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multi-resistant organisms (MDROs) to staff hands and clothing." The policy "applies to all residents with any of the following; infection or colonization with a MDRO when contract precautions do not apply and wounds and/or indwelling medical devices regardless of MDRO colonization."</p> <p>The "Hand Hygiene" policy last revised October of 2022 revealed staff were to perform hand hygiene "before performing dressing care or touching wounds of any kind, after handling</p>	F 880	<p>Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F880 483.80 Infection Control For Identified Residents affected: " Resident #5 was immediately placed on Enhanced Barrier Precautions. " Nurse #1 was educated by the Director of Nursing on the facilities policy and procedure for Enhanced Barrier Precautions (EPB) with an emphasis on wearing PPE during high-contact resident care, when a resident has a wound or suprapubic catheter. Furthermore, Nurse #1 was educated on the importance of handwashing and changing gloves after removing a soiled wound dressing, cleaning a wound, and before applying a new wound dressing for a resident.</p> <p>All Residents with the potential to be affected: " All residents have the potential to be affected that are admitted to the skilled unit with an MDRO, wound, and/ or invasive device. On 1/21/2025, the Director of Nursing initiated an audit of</p>		

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F 880	<p>Continued From page 3</p> <p>dressings, urinals, catheters, bedpans, contaminated tissues, linen, etc." The policy also stated hand hygiene should be performed after "removing gloves."</p> <p>The "Clean Dressing Change" policy effective December 2024 revealed staff were to "put on first pair of disposable gloves, remove soiled dressing and discard in plastic bag, dispose of gloves in plastic bag , put on second pair of disposable gloves, pour prescribed solution onto gauze to be used for cleaning, if required, cleanse wound with prescribed solution, apply prescribed medication if ordered, apply dressings and secure with tape, remove gloves and discard with all unused supplies in plastic bag."</p> <p>An observation was conducted on 1/21/2025 at 1:03 pm while Resident #5 received wound care. Nurse #1 was observed entering Resident #5's room, laying wound supplies on the nightstand, going to the bathroom to wash his hands, and put on clean gloves. Nurse #1 removed a soiled dressing from Resident #5's right lateral thigh, cleaned the wound on Resident #5's right lateral thigh, and place a clean dressing on the wound. Nurse #5 then removed his gloves and used hand sanitizer prior to exiting Resident #5's room. Resident #5 was observed to have a suprapubic catheter.</p> <p>An interview was conducted on 1/21/2025 at 1:08 pm with Nurse #1. Nurse #1 stated Resident #5 was not on Enhanced Barrier Precautions. Nurse #1 stated EBP were used when a resident had an indwelling medical device and was unsure if it was needed for wounds. Nurse #1 stated he did not change gloves or sanitize his hands between removing the old dressing, cleaning the wound,</p>	F 880	<p>100% of residents that are currently residing on the skilled unit for the need for Enhanced Barrier Precautions. No other residents were identified.</p> <p>" The Director of Nursing reeducated the Licensed Nurses regarding the criteria for placing a resident on Enhanced Barrier Precautions and the proper PPE and hand hygiene when performing wound care treatments. This education will be included in the new employee orientation program for Licensed Nurses. The education will be completed by 2/5/2025.</p> <p>Systemic changes implemented to ensure practice will not occur:</p> <p>" Effective 1/22/2025, during Clinical Meetings 5 x week orders and admissions will be reviewed by the Unit Manager and any resident identified as needing Enhanced Barrier Precautions because of an MDRO, wound, or invasive device will be placed on isolation per facility policy.</p> <p>" The Director of Nursing will ensure substantial compliance by ensuring identified residents are on Enhanced Barrier Precautions and any concerns will be immediately reported to the Administrator for immediate corrective action.</p> <p>Monitor corrective actions and performance:</p> <p>" The Director of Nursing and/or the Unit Manager will audit 3 residents medical records weekly x4 weeks then monthly x2 to ensure that any resident with an MDRO, wound or invasive device is placed on Enhanced Barrier</p>		

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F 880	<p>Continued From page 4</p> <p>and placing the new dressing on Resident #5's wound because he used continuous motions and did not get his gloves dirty.</p> <p>An interview was conducted on 1/21/2025 at 2:06 pm with the Director of Nursing (DON). The DON stated she had served as the Infection Control Nurse for the facility since June of 2024. The DON stated staff received education about infection control during orientation and annually. The DON stated when staff performed wound care, they should wash their hands and change gloves before removing the old dressing and then perform hand hygiene and glove changes in between steps. The DON stated Nurse #1 should have changed gloves and performed hand hygiene after he removed the dirty dressing, after cleaning, and before applying a new dressing. The DON stated residents with an indwelling medical device such as a catheter or a wound with a multi-drug-resistant organism, required EBP. The DON stated she was not sure why Resident #5 was not on EBP and stated that he should have been. The DON stated the process for EBP was still new. The DON stated that she was responsible for placing residents on EBP and was not sure why he was not placed on EBP.</p>	F 880	<p>Precautions per facility policy. The Director of Nursing and/ or the Unit Manager will observe 2 Licensed Nurses performing wound care weekly x4 weeks then monthly x2 to ensure that proper hand hygiene is performed.</p> <p>" Data results will be presented by the Director of Nursing, reviewed and analyzed at the communities' monthly Quality Assurance Performance Improvement (QAPI) meeting by the Intradisciplinary Team for three months with a subsequent plan of correction as needed.</p>		