

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

PRINTED: 02/18/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345570</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUNTERSVILLE HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13835 BOREN STREET</b> <b>HUNTERSVILLE, NC 28078</b>
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F 000	INITIAL COMMENTS  An unannounced onsite complaint investigation was conducted 10/2/24. Intakes NC00221525, NC00222330, NC0022187 and NC00221973 were investigated. 1 of the 11 complaint allegations resulted in deficiency. Event ID# NU0811.	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	F 880		10/11/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>10/08/2024</b>
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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>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 reviews, and staff interviews, the facility failed to implement their</p>	F 880	The facility sets forth the following plan of correction to remain in compliance with all		

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F 880	<p>Continued From page 2</p> <p>policy for Enhanced Barrier Precautions (EBP) when the Wound Nurse failed to don a gown before entering residents' room to provide care for Resident #1 who was under transmission-based precautions. The deficient practice occurred for 1 of 2 staff members observed for infection control practices.</p> <p>The findings included:</p> <p>Review of the facility's policy for Enhanced Barrier Precautions (EBP) dated 03/26/2024 revealed the EBP will be implemented for the prevention of transmission of multidrug-resistant organisms. EBP employs gown and glove use during high resident care activities such as: Dressing Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, Device Care or use: central line, urinary catheter, feeding tube and tracheostomy, Wound Care: any skin opening requiring a dressing.</p> <p>On 10/02/24 at 11:28 AM an observation was made of Wound Nurse #1 entering Resident #1's room to provide wound care. Resident #1 was under EBP for a wound located on her sacrum. The EBP signage located on Resident #1's door instructed staff to wear a gown and gloves during high contact resident care activities such as changing briefs or assisting with toileting and wound care for chronic wounds. Gowns were available across the hall from the resident's room in a three-compartment container. She was observed entering the resident's room, performing hand hygiene and applying gloves. Wound Nurse #1 provided incontinence care for Resident #1 and completed Resident #1's wound care. Wound Nurse #1 was observed with gloves</p>	F 880	<p>federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F880</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. " Wound nurse #1 was re-educated by director of nursing on 10/2/2024 on facility policy for enhanced barrier precautions.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. " Current residents who are on enhanced barrier precautions are at risk.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. " On 10/2/2024 the director of nursing provided education to wound nurse #1 on enhanced barrier precautions. Wound nurse #1 demonstrated and verbalized understanding. " On 10/2/2024, the staff development coordinator (SDC) initiated education to all current nursing staff on the facility policy</p>		

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F 880	<p>Continued From page 3</p> <p>on and changed them according to their handwashing policy and procedure but did not wear a gown while providing wound care or changing Resident #1's brief.</p> <p>An interview was conducted on 10/02/24 at 11:50 AM with Wound Nurse #1. Wound Nurse #1 was asked if Resident #1 was under any kind of precautions and replied yes, Enhanced Barrier Precaution's which meant she needed to wear a gown and gloves before entering the resident's room. Wound Nurse #1 stated she would typically wear a gown while providing wound care however had just forgotten to put it on. She stated she would normally put on a gown while providing any wound care in the building.</p> <p>On 10/02/24 at 12:35 PM during an interview with the Director of Nursing (DON) she stated all the staff knew to abide by the different types of precautions posted on the residents' door and to follow the assigned PPE. The interview revealed Wound Nurse #1 should have worn a gown while providing incontinence care and wound care for Resident #1.</p>	F 880	<p>for enhanced barrier precautions. All education completed by 10/10/2024. Currently, the center does not have any agency staff members.</p> <p>"</p> <p>Employees not receiving education will receive education prior to shift by SDC or designee</p> <p>"</p> <p>New employees, including any agency staff will be educated by SDC or designee during the orientation process.</p> <p>4.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>" The director of nursing or designee, will monitor the wound nurse complete 5 treatment sessions 5x/wk x 4 weeks, then 3x/wk x4 weeks, then weekly x 4 weeks, then monthly x 2 months to ensure that enhanced precautions are followed.</p> <p>"</p> <p>The results will be reported to the Quality Committee (QAPI) for review and discussion to ensure substantial compliance. Once the QAPI Committee determines the problem no longer exists, then review will be completed on a random basis.</p> <p>5.</p> <p>Include date when corrective action will be completed.</p> <p>"</p> <p>Date of completion 10/11/2024</p>		