

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

PRINTED: 06/30/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345479	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/20/2025
NAME OF PROVIDER OR SUPPLIER SALEMTOWNE			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 BABCOCK DRIVE WINSTON SALEM, NC 27106		
(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 5/19/25 through 5/20/25. Event ID# CMQZ11. The following intakes were investigated: NC00222970, NC00230279, and NC00230330.	F 000			
F 880 SS=D	1 of the 8 complaint allegations resulted in deficiency. 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:	F 880			6/27/25

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

TITLE

(X6) DATE

Electronically Signed

06/13/2025

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>(i) A system of surveillance designed to identify 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:</p>			F 880			

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F 880	<p>Continued From page 2</p> <p>Based on record review and interviews with staff and family member, the facility failed to follow their infection control policy regarding Clostridium difficile infection (C. difficile) [bacteria that can cause diarrhea and inflammation in the colon, can cause serious complications, and is highly contagious] for hand hygiene after resident care. Two nursing assistants used alcohol-based hand sanitizer and had not washed their hands with soap and water after caring for a resident with C. difficile. The deficient practice affected 3 of 5 staff members (Nursing Assistant (NA) #1, NA #2, and Medication Aide #1) interviewed for hand hygiene specific to C. difficile management (Resident #1).</p> <p>Findings included:</p> <p>The Infection Control Protocol for C. Difficile Policy dated 1/20/25 documented, in part, 1.c. "Wash hands with soap and water. Do not use alcohol gels since it does not kill spores" (bacteria of C. difficile).</p> <p>Resident #1 was admitted to the facility on 3/31/25 with diagnoses of C. difficile and dehydration.</p> <p>Resident #1 had the following orders: Enteric precautions for C. Difficile dated 3/31/25. Vancomycin (antibiotic for C. difficile infection) 125 milligram capsule every 6 hours for 4 days starting 3/31/25 and ending 4/4/25.</p> <p>An interview was conducted on 5/19/25 at 12:05 pm with Resident #1's family member. The family member stated she observed nursing staff had used the hand sanitizer from the wall dispenser after providing care when the resident had C.</p>	F 880	<p>1. Staff failed to follow the infection control policy for washing hands for patient with enteric precaution (C. difficile).</p> <p>2. No resident/patient has c. difficile (Clostridium difficile infection) or are on enteric precautions in the facility at this time.</p> <p>3. Staff (clinical and non-clinical) were re-educated by the Director of Nursing or designee on enteric precautions including the requirement of hand washing with soap and water to kill C. difficile spores.</p> <p>4. Residents with C. difficile will be placed on enteric precautions and proper hand hygiene will be performed. When C. difficile and enteric precautions are present in the facility random daily audits will be conducted for use of proper hand hygiene by the Infection Preventionist or designee until the resident is removed from enteric precautions for the next 6 months. Infection Control rounds will be performed daily to ensure proper hand hygiene is occurring by the Infection Preventionist or designee for the next 4 weeks. The findings will be reported monthly to the QAPI Committee by the Infection Preventionist for review and approval.</p>		

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F 880	<p>Continued From page 3</p> <p>difficile. There were gloves, gowns, and masks available and an enteric precaution sign on the door. She never observed staff washing their hands with soap and water. The family member commented she was aware that hand sanitizer was not effective to kill the C. difficile and had not informed anyone of her concern. The family member stated the resident's C. difficile infection resolved and he was transferred to an adult living facility.</p> <p>An interview was conducted with NA #1 on 5/19/25 at 1:10 pm. NA #1 stated she was assigned to Resident #1 when staff was required to follow enteric precautions for C. difficile. NA #1 stated she used personal protective equipment (PPE) for all care. NA #1 further stated she used alcohol hand sanitizer after care if there was no cleaning of stool when C. difficile was active. NA #1 commented she was not aware that alcohol hand sanitizer does not kill C. difficile. NA #1 stated there was a contact precaution sign on the resident's door to wear a gown, gloves, and mask when providing care. The NA did not recall parameters for hand washing with soap and water on the sign.</p> <p>An interview was conducted with Medication Aid (MA) #1 on 5/19/25 at 1:20 pm. MA #1 stated she was assigned to Resident #1 when he had the C. difficile infection and frequent diarrhea. MA #1 stated "you could use hand sanitizer after care when a resident had C. difficile" but she preferred to wash her hands with soap and water if there was stool. MA #1 stated she washed her hands with soap and water after incontinence care and always wore the mask, gown, and gloves for all care. MA #1 further stated she was not aware that alcohol hand sanitizer does not kill</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>C. difficile. There was a contact precaution sign on the resident's door, but MA #1 did not recall parameters for hand washing with soap and water on the sign.</p> <p>An interview was conducted with NA #2 on 5/19/25 at 1:55 pm. NA #2 stated she remembered Resident #1 and that he had C. difficile infection in his stool, diarrhea, and was on enteric precautions. NA #2 stated she used a mask, gown, and gloves upon entry into the room and discarded upon leaving. Hand hygiene was hand sanitizer on the wall dispenser which was alcohol. NA #2 stated she was not aware that alcohol hand sanitizer does not kill C. difficile. She had not washed her hands with soap and water after care; she used the hand sanitizer as usual.</p> <p>An interview was conducted with the Director of Nursing (DON) on 5/19/25 at 3:35 pm. The DON stated the Infection Preventionist was not available, and she was covering. The DON stated all nursing staff were educated to wash their hands with soap and water when a resident had C. difficile after all care and this requirement was a facility policy. The DON also stated that Resident #1 had an enteric precaution sign on his door which included the requirement to hand wash with soap and water. The hand sanitizer was alcohol based which was not effective to kill C. difficile spores. There was no spread of C. difficile that she was aware of. The DON further commented that NA #1 and NA #2 were agency staff and were expected to have received education from the agency before working at the facility.</p>	F 880			