

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

PRINTED: 03/13/2020
FORM APPROVED
OMB NO. 0938-0391

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|--------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/11/2020 |
|--------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|

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|-------------------------------------------------|-----------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER PENCE PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|

| (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 |
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| W 454 | <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home. The finding is:</p> <p>Precautions were not taken to prevent possible cross-contamination.</p> <p>During observations in the home on 3/11/20 at 6:18am, client #6 was observed sitting on the couch with his right hand down the front of his attends. He removed his hand and touched various surfaces on the couch to adjust his position. At 6:20am, client #6 was observed with his right hand down the front of his attends. At 6:22am, client #6 was observed with his right hand down the front of his attends. Staff A walked by client #6 and told him to "put his hands in the air." Client #6 was observed to remove his hands and touch various surfaces on the couch, adjusting his position and laying down.</p> <p>Review on 3/11/20 of the facility infection control policy for hand hygiene revealed that hand hygiene should be performed by using a alcohol-based hand rub or soap and water when moving from a dirty task to a clean task.</p> <p>Interview on 3/11/20 with Staff B revealed that if a client is observed with their hands down their pants, staff should immediately prompt the client</p> | W 454 | <p>Infection Control CFR (s): 483.470(l)(1)</p> <ol style="list-style-type: none"> By May 10, 2020 all staff will be in serviced on Monarch's Hand Hygiene policy. By May 10, 2020 staff will be in serviced on assisting all people supported with proper hand hygiene To prevent cross-contamination. By May 10, 2020 all staff will be In serviced on the Job duty checklist and the approved cleaning supplies to be used when cleaning toys, furniture, surfaces and adaptive equipment. Residential Team Leader or designee will complete Bi-weekly Residential Observations for 60 days, then monthly thereafter, to ensure proper hand hygiene is occurring to prevent cross-contamination. Residential Team Leader or designee will check the job duty checklist bi-weekly for 60 days, then monthly thereafter, to ensure required items are being cleaned. <p>Responsible person: Residential Team Leader or designee Target Date: May 10, 2020</p> | |
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DHSK-Mental Health

MAR 23 2020

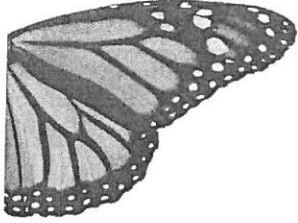
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beth Tyler RTLP, mPA TITLE: Residential Team Leader (X6) DATE: Lic. & Cert. Section

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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| W 454 | Continued From page 1 to wash their hands for at least 20 seconds and rinse them for at least 10 seconds and then use hand sanitizer. In addition, Staff B revealed that any areas or surfaces that the client had touched should be cleaned. Interview on 3/11/20 with the qualified intellectual disabilities professional (QIDP) confirmed that if a client puts their hands down their pants, staff should prompt them to wash their hands and sanitize any surfaces the client had touched. | W 454 | Page Intentionally Left Blank | | |



March 17, 2020

Eugina Barnes, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Recertification Survey – March 10-11, 2020 – Pence Place

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

