

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Southpoint Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 Fayetteville Road Durham, NC 27713	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37468</p> <p>Based on observation, record review, and staff interviews, the facility failed to implement their infection control policy when Nurse #1 did not perform hand hygiene between the removal of soiled gloves and the application of clean gloves during wound care for 1 of 5 staff observed for infection control practices (Nurse #1).</p> <p>Findings included:</p> <p>A review of the facility policy titled Handwashing/Hand hygiene revised 2023 provided by the facility revealed in part: This facility considers hand hygiene the primary means to prevent the spread of infection. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternately, soap (antimicrobial or non-antimicrobial) and water for the following situations: m. After removing gloves.</p> <p>During observation on 11/19/24 at 10:11 AM Treatment Nurse #1 and Treatment Nurse #2 were observed providing wound care to Resident #2. Treatment Nurse #1 was observed to perform hand hygiene and apply clean gloves. She then removed the soiled dressing from Resident #71's sacral wound using her gloved hands and discarded the soiled dressing. Treatment Nurse #1 removed her soiled gloves, discarded them, and applied clean gloves without performing hand hygiene and continued wound treatment.</p> <p>During an interview on 11/19/24 at 10:21 AM Treatment Nurse #1 stated for infection control reasons, she should have performed hand hygiene when changing her gloves during care but forgot.</p> <p>During an interview on 11/19/24 at 11:06 AM the Director of Nursing stated hand hygiene should always be performed after the removal of soiled gloves prior to the application of clean gloves to reduce the chance of spreading infections.</p> <p>During an interview on 11/19/24 at 1:20 PM the Wound Care Physician stated it was protocol for hand hygiene to be performed between glove changes for infection control purposes, though he felt it was overkill.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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