

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345570	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Huntersville Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13835 Boren Street Huntersville, NC 28078	

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>40476</p> <p>Based on observations, record reviews, and staff interviews, the facility failed to implement their 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 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>

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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