

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Briar Creek Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6041 Piedmont Row Drive Charlotte, NC 28210	

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>50045</p> <p>Based on observations, record review, and staff interviews, the facility failed to follow their infection control policies and procedures for Enhanced Barrier Precautions during high-contact care for a resident with a full-thickness wound and a suprapubic catheter (Resident #5) when Nurse #1 performed wound care without wearing a gown. Nurse #1 also failed to perform hand hygiene after removing a soiled dressing, cleaning a wound, and before applying a new wound dressing for a resident (Resident #5). The deficient practice occurred for 1 of 1 staff member (Nurse #1) observed during wound care.</p> <p>The findings included:</p> <p>The facility's Enhanced Barriers policy approved August of 2024 revealed it is the policy of this facility to use enhanced barrier precautions (EBP) based on guidance from the Center for Disease Control (CDC). Enhanced barrier precautions expands use of personal protective equipment (PPE) beyond situations in which exposure to blood and body fluids is anticipated (standard precautions). Enhanced barrier precautions refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multi-resistant organisms (MDROs) to staff hands and clothing. The policy applies to all residents with any of the following; infection or colonization with a MDRO when contract precautions do not apply and wounds and/or indwelling medical devices regardless of MDRO colonization.</p> <p>The Hand Hygiene policy last revised October of 2022 revealed staff were to perform hand hygiene before performing dressing care or touching wounds of any kind, after handling dressings, urinals, catheters, bedpans, contaminated tissues, linen, etc. The policy also stated hand hygiene should be performed after removing gloves.</p> <p>The Clean Dressing Change policy effective December 2024 revealed staff were to put on first pair of disposable gloves, remove soiled dressing and discard in plastic bag, dispose of gloves in plastic bag , put on second pair of disposable gloves, pour prescribed solution onto gauze to be used for cleaning, if required, cleanse wound with prescribed solution, apply prescribed medication if ordered, apply dressings and secure with tape, remove gloves and discard with all unused supplies in plastic bag.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Briar Creek Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6041 Piedmont Row Drive Charlotte, NC 28210	
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>An observation was conducted on 1/21/2025 at 1:03 pm while Resident #5 received wound care. Nurse #1 was observed entering Resident #5's room, laying wound supplies on the nightstand, going to the bathroom to wash his hands, and put on clean gloves. Nurse #1 removed a soiled dressing from Resident #5's right lateral thigh, cleaned the wound on Resident #5's right lateral thigh, and place a clean dressing on the wound. Nurse #5 then removed his gloves and used hand sanitizer prior to exiting Resident #5's room. Resident #5 was observed to have a suprapubic catheter.</p> <p>An interview was conducted on 1/21/2025 at 1:08 pm with Nurse #1. Nurse #1 stated Resident #5 was not on Enhanced Barrier Precautions. Nurse #1 stated EBP were used when a resident had an indwelling medical device and was unsure if it was needed for wounds. Nurse #1 stated he did not change gloves or sanitize his hands between removing the old dressing, cleaning the wound, and placing the new dressing on Resident #5's wound because he used continuous motions and did not get his gloves dirty.</p> <p>An interview was conducted on 1/21/2025 at 2:06 pm with the Director of Nursing (DON). The DON stated she had served as the Infection Control Nurse for the facility since June of 2024. The DON stated staff received education about infection control during orientation and annually. The DON stated when staff performed wound care, they should wash their hands and change gloves before removing the old dressing and then perform hand hygiene and glove changes in between steps. The DON stated Nurse #1 should have changed gloves and performed hand hygiene after he removed the dirty dressing, after cleaning, and before applying a new dressing. The DON stated residents with an indwelling medical device such as a catheter or a wound with a multi-drug-resistant organism, required EBP. The DON stated she was not sure why Resident #5 was not on EBP and stated that he should have been. The DON stated the process for EBP was still new. The DON stated that she was responsible for placing residents on EBP and was not sure why he was not placed on EBP.</p>		