

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER BRIAN CENTER HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 2501 DOWNING STREET SW WILSON, NC 27895	
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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interviews, the facility failed to follow infection control procedures when a staff member entered the room of a resident who was on contact precautions for [MEDICAL CONDITIONS] without wearing Personal Protective Equipment (PPE) and failed to wash their hands prior to entering and exiting the resident 's room after contact with the resident 's television remote control for 1 of 2 residents. This failure occurred during a COVID-19 pandemic. Resident #1 The findings Included: An unannounced onsite COVID-19 focused Infection Prevention survey was conducted on May 19, 2020. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #1 was cognitively intact and required extensive assistance with personal hygiene, toilet use, dressing and bed mobility. Resident #1 also required set-up only for eating and needed limited assistance with transfer. A record review revealed Resident #1 was ordered oral antibiotics on 5/14/2020, [MEDICATION NAME] 125mg every 6 hours for 10 days, for positive [MEDICAL CONDITION] and ordered to be placed on contact precautions. A review of the facility 's policy entitled Infection Prevention & Control Policies & Procedures, last revised on 02/2018, revealed Contact Precautions: It is the intent of this facility to use contact precautions in addition to standard precautions for residents known or suspected to have serious illnesses easily transmitted by direct resident contact or by contact with items in the resident 's environment. Facility policy also indicated for [MEDICAL CONDITION] infection, hands were to be washed with warm soap and water due to alcohol-based rubs were ineffective for [MEDICAL CONDITION] infection. A review of Resident #1 's care plan dated 4/16/2020 revealed Resident #1 was at risk for complications of current [MEDICAL CONDITION] infection and would be minimized with interventions. Interventions included staff would wear appropriate PPE for Resident #1 's contact precautions. Appropriate PPE per policy for contact precautions were defined as a mask, gown and gloves. Facility policy also indicated for [MEDICAL CONDITION] infection, hands were to be washed with warm soap and water due to alcohol-based rubs were ineffective for [MEDICAL CONDITION] infection. An observation was made at 9:22 AM on 5/19/2020 of maintenance worker #1 (MW #1) entering the resident hall from an outside entrance leading into the hallway. He then entered Resident #1 's room without sanitizing or washing his hands, did not don PPE, and did not put on gloves. The resident 's door was marked with a contact isolation sign and PPE was hanging on the outside of the door. MW#1 began using the resident 's television remote control to program the television and handed it to the resident when he was finished. There was no observation of the television remote being sanitized after MW#1 's handling of it. He exited the room without washing his hands and did not use any type of hand sanitizer upon exiting into the hallway. An interview with MW#1 at 10:05 AM on 5/19/2020 revealed he stated he did not see the contact isolation sign on the outside of Resident #1 's door. When asked why he entered the resident 's room, he stated he needed to program the television remote control for Resident #1. He also stated when he finished programming it, he handed it back to the resident. He continued to say if he had noticed the contact isolation sign on the outside of Resident #1 's door, he would have put on PPE before entering. When asked why he didn 't sanitize or wash his hands prior to entering or exiting the resident 's room, he stated he just didn 't do it. An interview with the Infection Prevention Nurse at 9:50 AM on 5/19/2020 revealed education was provided to all staff regarding infection control practices, policies and procedures including contact isolation requirements. She also stated for contact isolation for [MEDICAL CONDITION] infections, staff are required to don the proper PPE prior to entering and wash hands with warm soap and water before exiting all [MEDICAL CONDITION] contact isolation rooms. An interview with the Director of Nursing (DON) at 10:35 AM on 5/19/2020 revealed staff are required to don the proper PPE when entering a contact isolation room to provide direct patient care or handle a resident 's personal items. An interview with the Administrator at 9:40 AM on 5/19/2020 revealed all staff are required to sanitize hands, and don PPE prior to entering a contact isolation room and must remove PPE and wash hands prior to exiting the room. She also added if the contact isolation room is for [MEDICAL CONDITION] infection, staff must wash hands with warm soap and water prior to exiting the room.</p>		

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

TITLE

(X6) DATE

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.