

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

PRINTED: 03/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/27/2014
NAME OF PROVIDER OR SUPPLIER DANISH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10805 EL CAMINO REAL ATASCADERO, CA 93422		
(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	
F 441	Continued From page 1 (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that staff washed their hands after each direct resident contact, for which hand washing is indicated by accepted professional standards and as required by their own facility policy, thereby increasing the potential for the spread of infection in the facility. Licensed nurse (LN 1) gave medication to one of 15 sampled resident (Resident 4) and three unsampled residents (Residents 16, 17, and 18) without sanitizing her hands in between contact with each resident. Findings: Center for Disease Control (CDC) released "Guidelines for Hand Hygiene in Health Care Settings", dated 10/25/2002, as recommendations of the Health Care Infection Control Practices Advisory Committee and remain the most current source of recommendations for	F 441	An in-service for licensed nursing staff was conducted by nurse consultant and DSD on proper hand hygiene during medication administration. An in-service for all staff on proper hand hygiene in accordance with CDC "Guidelines for Hand Hygiene in Healthcare Settings" and facility's hand washing/hand hygiene policy revised 8/2012 was conducted by DSD and administrator. D) The facility shall monitor its performance to ensure compliance is maintained through: DON or designee shall perform random inspections on a weekly basis using the Hand Hygiene Skills check list monitoring tool to observe that proper hand hygiene is being demonstrated before and after resident contact.	3/21/14	3/18/14 3/21/14 3/24/14

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F 441	<p>Continued From page 2</p> <p>Health Care Workers today. Recommendations include, "decontaminate hands before having direct contact with patients", "decontaminate hands after contact with a patient's intact skin" and "decontaminate hands after contact with inanimate objects in the immediate vicinity of the patient".</p> <p>On 2/25/14, starting at 8:25 am, LN 1 was observed preparing and passing medications to four residents (Residents 4, 16, 17, and 18). During the period of observation, she interacted physically with each resident, handing them medications, retrieving medication cups and an inhaler back from them, patting one resident on the leg and handling the water pitcher of another resident. She was not observed during that time either sanitizing her hands before preparing medications or after leaving the residents rooms to return to the medication cart to prepare medications for other residents.</p> <p>In an interview with LN 1 at 9 a.m., that same morning, when asked what the facility policy was regarding hand sanitizing during med pass, LN 1 indicated that staff are allowed to sanitize their hands with wipes "every three residents, or, if soiled, we wash them right away with soap and water".</p> <p>During an interview with the Director of Nursing (DON) on 3/25/14 at 10 a.m., she indicated that "the nurse from the pharmacy who teaches handwashing to our staff says that" (ie: sanitize hands after every third resident).</p> <p>During an interview with the Director of Staff Development (DSD) on 3/25/14 at 10:25 a.m., she confirmed that direct care staff had been</p>	F 441	<p>These random audits shall include but not be limited to observations of med pass, tray pass, activities and informal interactions with residents.</p> <p>Staff observed not to be following proper hand hygiene protocols will be corrected and re-instructed.</p> <p>A summary of the findings of these random audits shall be compiled by the Director of Nursing Services or designee and submitted to the QA committee for the next 3 months. The QA committee shall review the findings and make recommendations for process improvement as needed.</p>	4/04/14	

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F 441	<p>Continued From page 3</p> <p>instructed by her that they could, if no visible soiling, sanitize their hands between every 3 residents. She was unable, at the time, to explain the rationale for that instruction, saying "it's just common sense".</p> <p>During an interview with the DON at 11 am, same day, she acknowledged that the facility's handwashing policy indicated staff should sanitize hands each time and not every third time during resident direct care.</p> <p>Record review on 3/25/14 of facility Infection Control policy on "Handwashing/Hand Hygiene", revised 8/2012, on page 22 and 23, indicated the following:</p> <p>"Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infection."</p> <p>5. Employees must wash their hands . . . under the following conditions:</p> <p>c. before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice).</p> <p>If hands are not visibly soiled, use an alcohol based hand rub containing 60-95% ethanol or isopropanol(forms of alcohol) for . . . the following situations:</p> <p>d. Before preparing or handling medications; g. After contact with a resident's intact skin; i. After contact with objects in the immediate vicinity of the resident.</p> <p>Record review on 3/25/14 of facility "Nursing Care Center Pharmacy Policies and Procedures",</p>	F 441			

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F 441	Continued From page 4 undated, titled "Orals", on page 104, under "Procedures" (before preparing to administer medications) is the following: "Perform hand hygiene".	F 441		2014 MAR 24 PM 12:56 CLINICAL COMPLIANCE UNIT