

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

PRINTED: 05/20/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345551</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEALTH-CAROLINA POINT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5935 MOUNT SINAI ROAD</b> <b>DURHAM, NC 27705</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 880 SS=E	<p>A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on April 7-8, 2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. The census was 89.</p> <p>A COVID-19 Focused Survey was conducted from April 9 - 16, 2020. Event ID D2LS11 Four of the five complaint allegations were substantiated resulting in a deficiency.</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment</p>	F 880	5/4/20		

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

TITLE

(X6) DATE

Electronically Signed

04/28/2020

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.

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F 880	<p>Continued From page 1</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which 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; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure staff performed hand hygiene after contact with objects and surfaces in the three residents' rooms (Residents #5, #6 &amp; #7); failed to restrict two residents to their room or place a mask on residents who were not in their room (Residents #3 &amp; #8); and place a mask on a resident who left the nursing home for dialysis treatment (Resident #10). These deficient practices affected 6 of 11 sampled residents reviewed for infection control and occurred during a COVID-19 pandemic (Residents #3, #5, #6, #7, #8 and #10). Findings included:</p> <p>1. According to the Standard Precaution policy dated 3/5/19 under the topic of Hand Hygiene, it included two bullets that said: Hand hygiene is the single, most important activity for preventing the spread of infection and must be performed before and after patient care contact; and all healthcare center partners who come into contact either directly with patients or indirectly through equipment or environment are required to understand the importance of good hand hygiene practices and adhere to them.</p> <p>Resident #5 was readmitted to the facility on 1/29/19. The Minimum Data Set (MDS) Quarterly Review dated 4/1/20 indicated he had moderate impairment of his cognition and he was totally dependent for eating assistance. According to</p>	F 880	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents.</p> <p>Corrective action will be accomplished for those residents found to have been affected</p> <p>All residents have the potential to be affected. The transportation aide was educated on handwashing after touching objects by the Charge Nurse on 4/9/2020.</p> <p>Resident # 3, # 8 was requested to wear a face mask when out in the hallway. Resident # 10 no longer resides in the facility.</p> <p>Identify other residents having the potential to be affected by the same</p>		

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F 880	<p>Continued From page 3</p> <p>the problem list for Resident #5 he had been diagnosed as COVID positive on 4/6/20.</p> <p>Resident #6 was readmitted on 4/9/20. The MDS Quarterly Review dated 3/3/20 indicated she had moderate impairment in cognition and required extensive assistance with eating. According to the problem list for Resident #6, she had not been diagnosed as COVID positive, but did have fever on 3/31/20 and lobar pneumonia on 4/3/20.</p> <p>Resident #7 was admitted on 3/24/20. The admission MDS dated 3/30/20 indicated the resident was cognitively intact and needed set up assistance with eating. According to the problem list for Resident #7 she was diagnosed as COVID positive on 4/6/20.</p> <p>On 4/9/20 at 12:15 PM, Transportation Aide #1 was observed distributing lunch to Resident #5 on the facility's isolation hall (100 hallway) that was designated to care for residents who tested positive for the COVID-19 virus. He entered the resident's room and with gloved hands placed the Styrofoam food container on the over-the-bed table. He moved the table and adjusted its height for Resident #5. He exited the room without removing his gloves, washing hands or using hand sanitizer. At 12:17 PM, while wearing the same gloves he went into Resident #6's room with a Styrofoam food container, set it down on the over bed table and exited the room without removing his gloves, washing his hands or using hand sanitizer. Transportation Aide #1 then went into Resident #7's room with a Styrofoam food container and set it down on the overbed table and exited the room without removing his gloves or performing any hand hygiene. At 12:17 PM Transportation Aide #1 was asked about</p>	F 880	<p>deficient practice</p> <p>All Residents who enter the hallway have the potential to be affected.</p> <p>"Systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Clinical Competency Coordinator and/or Nurse Management began Education related to hand washing on 4/9/2020 for nursing staff, environmental staff and ancillary staff providing services to the residents. Staff that have not been educated by 5/3/2020 will be removed from the schedule until education is completed. This education has been added to the general orientation of new employees.</p> <p>The Director of Health Services, Nurse Management, Administrator and/or Department Managers are monitoring hand washing daily for one week, then weekly for four weeks, then monthly thereafter to ensure continued compliance.</p> <p>The Clinical Competency Coordinator and/or Nurse Management began educating the staff on 4/9/2020, regarding residents' requirement to wear a mask in the hallways at all times, and that a face mask must be worn when going out of facility to appointments. Staff that have not been educated by 5/3/2020 will be removed from the schedule until education is completed. This education has been added to the general orientation</p>		

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F 880	<p>Continued From page 4</p> <p>performing hand hygiene after contacts with objects and surfaces in the resident's room environment. He said, "I am not sure about when I should wash hands. I'm just helping out." After he was questioned, he asked Nurse #1 and Nurse Aide #1 about when he should use hand sanitizer. Nurse #1 was heard saying when you go inside of the room, you need to change gloves and sanitize hands.</p> <p>Transportation Aide #1 was interviewed on 4/15/20 at 1:23 PM. He said he normally did not distribute meals to residents, but on that day, he jumped in without being asked to help. He said that it was a learning experience and his coworker educated him about changing gloves and using hand sanitizer. He added that he had received training about COVID 19 through online computer sessions offered by the facility. Training required passing a test and electronic signatures.</p> <p>On 4/9/20 at 11:55 AM, during an interview Nurse #1 stated she had one nurse aide for the day for 21 residents. The transportation aide had volunteered to come in to do housekeeping. Nurse #1 further stated Transportation Aide #1 had been working with the residents for a long time. She indicated Transportation Aide #1 had been oriented and could assist with passing out meal trays, but he cannot feed residents.</p> <p>On 4/9/20 at 10:32 AM, the corporate nurse consultant stated the residents on halls 100, 500, 600 and some of 300 halls had been affected by COVID-19 virus. She stated the nursing home was in the process of cohorting residents affected by the virus. On 4/15/20 at 4:24 PM she stated it was her expectation that the staff member washed his hands before going to the next</p>	F 880	<p>for staff members.</p> <p>The Administrator, Director of Health Services and Department Managers are observing the residents in the hallways to ensure their face mask are in place daily for 7 days, then weekly thereafter, until the Covid 19 pandemic is over.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>The Administrator and/or Director of Health Services are correlating the data from the handwashing and mask usage reviews. They are presenting the analysis of the data to the Quality Assurance and Performance Improvement Committee monthly until three consecutive months of negative findings are sustained, then quarterly thereafter.</p> <p>Compliance date: 5/4/2020</p>		

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F 880	<p>Continued From page 5 resident's room.</p> <p>2. The Transmission Based Isolation Policy dated 3/6/2019, under the subheading "Resident Transport" read in part- "Limit the movement of the resident from the room for essential purposes only and If transport is necessary, place a disposable mask on the resident during transport."</p> <p>a. Resident #3 was admitted to the facility on 08/31/2018. She had diagnoses including dementia and cerebral infarction.</p> <p>Resident #3's Quarterly MDS assessment dated 3/18/20 review indicated the resident's cognition was moderately impaired and wandering behavior was not exhibited. She was independent with locomotion on the unit with set up assistance. Resident # 3 was assessed as unsteady on her feet and used a wheelchair for ambulation.</p> <p>Resident #3's care plan updated on 3/23/20 indicated the resident was at risk for COVID-19. The goal was the resident will not develop signs and symptoms of COVID-19. The interventions were educating resident, family, staff, and visitors of changes.</p> <p>The Daily Census Report dated 4/9/20 indicated residents who were COVID 19 positive and who were negative, Resident #3 resided on a hall with seven other residents who had been diagnosed as COVID positive.</p> <p>On 4/9/20 at 1:09 PM, Resident #3 was observed sitting alone in the middle of the junction of the 600 and 300 halls. She was not wearing a mask. At that time, the Regional Vice President was on</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>the hall helping to distribute meals to residents. He stated he would prefer Resident #3 wore a mask.</p> <p>On 4/9/2020 at 2:00 PM, the Corporate Clinical Nurse who was filling in for the Director of Nurses said, "We want residents to wear masks outside of their room." On 4/15/20 at 4:19 PM the Corporate Clinical Nurse said Resident #3 had refused the COVID test and therefore was placed on the COVID unit because her status was unknown. She said all residents should wear a mask, if they were out of the room.</p> <p>On 4/15/20 at 9:55 AM the Nurse Practitioner (NP) confirmed Resident #3 refused testing. She said the resident liked to be with other residents or would wheel self to the nursing station and was alert and oriented to self, but in her own world. The NP stated that the nursing staff were making sure the residents did not leave their room and requesting them to stay in their rooms and were not taking no for an answer.</p> <p>b. Resident #8 was admitted to the facility on 10/20/16 with diagnoses that included hemiplegia, aphasia, pain, muscle weakness and gait abnormalities.</p> <p>Resident #8's MDS quarterly assessment dated 1/2/20 review indicated the resident was assessed as cognitively impaired, with no behaviors, needed supervision to limited assistance with activities of daily living, and was occasionally incontinent of bowel and bladder. On 3/20/20, he was care planned to be at risk for his psychosocial well-being related to restriction in visitation and for risk of developing COVID-19. The goal was he would not develop signs and</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>symptoms of COVID-19. Interventions included educate resident, family, staff, and visitors of changes. Document and inform social services and medical doctor as needed.</p> <p>On 4/9/20 at 11:15 AM, Resident #8 was observed alone on the 200 hall in the TV common area. He was not wearing a mask. According to the Area Vice President on 4/9/20 at 10:32 AM, this hall did not have any COVID positive residents residing on it.</p> <p>On 4/15/20 at 2:02 PM, the Activity Director who was working as a nurse aide said Resident #8 had been directed many times to go back to his room. We try to direct him to wear a mask and stay in room.</p> <p>On 4/9/20 at 11:34 AM, Nurse #2 said Resident #8 was allowed to be out of the because there was no COVID on the 200 hall. On 4/15/20 at 2:53 PM, she said I'm thinking he was in the "clean" unit, it was fine. He had masks in his room. He likes to go to the TV room.</p> <p>On 4/9/2020 at 2:00 PM, the Corporate Clinical Nurse stated, the resident should wear a mask even though he was on the COVID negative side of the building. She indicated when residents were out their room, they should wear a mask. On 4/15/20 at 4:19 the Corporate Clinical Nurse confirmed all residents should wear a mask, if they were out of the room.</p> <p>3. The Transmission Based Isolation Policy dated 3/6/2019, under the subheading "Resident Transport" read in part- "Limit the movement of the resident from the room for essential purposes only and If transport is necessary, place a</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>disposable mask on the resident during transport."</p> <p>Resident #10 was admitted to the facility on 10/3/13 with diagnoses that included end stage renal disease, cerebrovascular accident and dementia.</p> <p>A significant change MDS assessment dated 2/9/20 indicated the resident had memory problems. The resident was coded as on dialysis and used oxygen. The care plan revised on 2/10/20 included a problem for potential for complications related to hemodialysis for diagnosis of renal failure. The goal was resident will not develop complications related to hemodialysis. Interventions included to make transportation arrangements for dialysis.</p> <p>Interview with the staff at the dialysis center on 4/15/20 at 3:51 PM revealed on April 6, 2020, at approximately what time? Resident #10 was not wearing a mask when she arrived for dialysis and the center placed a facemask on the resident. According to a lab report, Resident #10 was tested for COVID 19 on 4/6/20 at 4:30 PM and was determined to be COVID 19 positive on 4/7/20 at 5:16 AM.</p> <p>Interview with the Corporate Clinical Nurse on 4/15/20 at 4:24 PM revealed Resident #10 was not showing any signs or symptoms of the virus prior to dialysis on 4/6/20. She was swabbed in the afternoon and there was no reason to mask the resident. She stated the dialysis center was notified of the result on 4/7/20.</p>	F 880			