

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

PRINTED: 06/05/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKRIDGE RETIREMENT COMMUNITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106</b>	
(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
E 000	Initial Comments	E 000		
F 880 SS=D	<p>An unannounced COVID-19 Focused Survey was conducted on 5/28/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# Y6H211</p> <p><b>Infection Prevention &amp; Control</b> CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> 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><b>§483.80(a) Infection prevention and control program.</b> The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p><b>§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 conducted according to §483.70(e) and following accepted national standards;</b></p> <p><b>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</b> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 880		

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

TITLE

(X6) DATE

Electronically Signed

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>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 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 observations, staff interviews and review of the facility's COVID-19 Infection Control Assessment and Response Tool, the facility failed</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>to implement infection control procedures for wearing face masks when 2 of 2 facility staff failed to wear a facemask or face covering that covered their nose and/or mouth when they worked inside the facility. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>A review of the COVID-19 Long-Term Care Infection Control Assessment and Response Tool dated 5/2020, that was utilized by the facility specified there would be universal face mask use by all staff.</p> <p>1. Observations on 5/28/20 at 10:45 am of the facility's front entrance revealed the front door receptionist, was not wearing a mask, while seated at a desk with other staff members nearby. On 5/28/20 at 11:02 am the receptionist was observed at the front desk wearing her mask, but it was not covering her nose. There were several staff members walking out of a room behind her. No residents were nearby.</p> <p>Interview with the receptionist on 05/28/20 at 11:02 am revealed that all staff checked in at the front desk when they came to work in the morning. She stated that she was responsible for taking their temperatures when they entered the facility and stopping any visitors that may try to enter the facility during this pandemic.</p> <p>During an interview with the Administrator on 5/28/20 at 12:02 pm, she explained she was fully aware of the CMS COVID-19 guidelines and the facility was using the COVID-19 Long-Term Infection Control Assessment and Response Tool for policy during the pandemic. She stated that</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>the staff had three in-services discussing the need to wear a mask at all times while in the facility. She stated that, the receptionist, was a part of each in-service and had been trained on the need to wear a mask while in the facility at all times and the proper application of the mask.</p> <p>2. Observations on 5/28/20 at 11:34 am, revealed Staff member #2, was wearing a mask that was positioned underneath her chin. Staff member #2, who did not have her mouth or nose covered, was observed to deliver meal trays to residents who were in rooms; #618, #620 and #622. She then proceeded to deliver meal trays to residents who were in four more rooms; #606, #608, #610, and #612 with her mouth and nose uncovered.</p> <p>Interview with Staff member #2 on 5/28/20 at 11:45 am revealed that she was "just helping out" to deliver resident meal trays and that she usually worked in the beauty salon and activities.</p> <p>During an interview with the Administrator on 5/28/20 at 12:02 pm, she explained she was fully aware of the CMS COVID-19 guidelines and the facility was using the COVID-19 Long-Term Infection Control Assessment and Response Tool for policy during the pandemic. She stated that the staff had three in-services discussing the need to wear a mask at all times while in the facility. She stated that Staff member #2, worked in the beauty salon and activities department. She explained that Staff member #2 helped pass lunch meal trays to residents and had been trained on the need to wear a mask at all times while in the facility. The administrator, again, stated that she expected all staff to be wearing facemasks correctly while in the facility.</p>	F 880			