

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

PRINTED: 07/21/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NC STATE VETERANS HOME - SALISBURY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>	
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E 000	Initial Comments	E 000		
F 880 SS=E	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</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 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: (i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880		7/9/20

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

TITLE

(X6) DATE

Electronically Signed

07/06/2020

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>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 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, record review, staff and family interview, the facility failed to follow the</p>	F 880	<p>This plan of correction constitutes a written allegation of compliance.</p>		

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F 880	<p>Continued From page 2</p> <p>facility policy, the North Carolina Department of Health and Human Services (NC DHHS), The Centers for Medicare and Medicaid Services (CMS) and the Center for Disease Control and Prevention (CDC) guidelines for no visitation by allowing drive-up car visits from June 8, 2020 until June 17, 2020. The facility scheduled 4-6 of the 61 residents daily for visitation with family members Monday through Friday. This occurred during the COVID-19 pandemic.</p> <p>Findings included: The facility's April 2020 policy for Communication of Emergency Events and Infection Control Status Updates stated all visitors ... are prohibited from entering the location.</p> <p>The memo dated March 13, 2020 from The North Carolina Department of Health and Human Services (NC DHHS) regarding Visitation in Long Term Care (LTC) Facilities recommended that all LTC Facilities restrict visitors.</p> <p>The CMS memo dated March 13, 2020 stated facilities should restrict visitation of all visitors and non-essential health care personnel.</p> <p>The CDC guidelines dated June 12, 2020 recommended restriction of all visitors except for compassionate care situations.</p> <p>An interview with the Infection Control (IC) nurse was done on June 16, 2020 at 12:58 PM. The Infection Control nurse stated no visitors were permitted and they were on a code red status due to positive COVID-19 residents in the building.</p> <p>A building tour was done with the Infection Control nurse on June 16, 2020 at 1:15 PM. During the tour, Resident #1 was in the hall in a wheelchair. An observation was completed of</p>	F 880	<p>Preparation and submission of the plan of correction does not constitute an admission or agreement by the provider of the truths of the conclusions alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>As visits were only permitted by Non-COVID-19 Veterans, no further outside visitations were permitted between COVID-19 negative Veteran and their family. All families and Veterans with scheduled visits were notified immediately by the Activity Department of our intention to cease all visits, following the CMS, CDC, guidance for visits with long term care facilities. All other Non Covid-19 Veterans and families were notified by end of day 7-3-20. Audits will be done to monitor for compliance of non-visitation effective 7-1-20, with completion no earlier than 8-14-20. Frequency of audits; Monday thru Friday X 3 weeks, then 3X week for 3weeks, Monthly X3, or until such time that the QAPI Committee deems compliance has been met. The audit will be completed by the Receptionist/Unit Manager/Supervisor, reviewed weekly by the DHS. Any violations of this audit to be reported immediately to the DHS/Administrator. Attestation to be attached. DHS/Infection Preventionist/Staff Educator to complete in servicing on guidance from the North Carolina Department of Health and Human Services, North Carolina</p>		

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F 880	<p>Continued From page 3</p> <p>Resident #1 on June 16, 2020 at 1:20 PM, of a conversation between the Resident and the IC Nurse regarding his family visit that occurred that day. When questioned by the IC nurse he stated he had a family visit today and he was excited to have seen his family.</p> <p>An interview was completed on June 17, 2020 at 4:34 PM with Resident #1's family member regarding the drive-up car visit. He stated he visited with his father for a few minutes on June 16, 2020 and when his father said he was cold the staff took him back inside.</p> <p>An observation was completed on June 16, 2020 at 2:00 PM of the daily family visit schedule, which was located at the 1st Floor Nursing Station. It listed 6 residents scheduled for visits from 10:00 AM through 2:00 PM on June 16, 2020. Resident #1 was scheduled at 12:00 PM.</p> <p>An interview was done with the family member of Resident #2 on June 17, 2020 at 3:34 PM. He stated he had a visit with his father on June 9, 2020 at the front entrance for about 20 minutes. He said his Father was in the wheelchair and he remained in his car with a mask on.</p> <p>An interview with the Activity Director was conducted on June 16, 2020 at 1:54 PM. She stated that the facility had started family visits last week. She said the family and the resident had to have a mask on, the family was not allowed to get out of the car and that the Activity Therapy staff went with the resident outside. The Activity Director stated family visitation was started upon the direction of the Director of Nursing (DON) and administration.</p>	F 880	<p>Executive order 147, 10.5, CMS CDC guidance on visitation in Long term Care, and Pruitt Health Policy on no-visitation to include video Keep COVID-19 OUT!. This training to be documented and signed, targeted Nursing staff, Activities, ADM staff, and Medical Team. This education to be completed by 7-8-20. Attestation to be attached.</p> <p>Nurse Consultant to review DPOC and Audits weekly X4 weeks, then monthly until deemed compliance is met.</p> <p>RCA completed with findings; Recommendation from the above sources brought to the QAPI Committee for review. Return of visitation will be based on new guidance/recommendation from the NCDHHS, CDC CMS.</p> <p>Who - Non COVID-19 positive Veteran visiting outside of building, with mask on and 6ft social distancing from family member in car has who mask donned.</p> <p>What - <input type="checkbox"/> Questionable spread of COVID-19 by allowing outside visitations.</p> <p>Where - <input type="checkbox"/> Outside of facility.</p> <p>When - <input type="checkbox"/> June 8, 2020 thru June 17, 2020.</p> <p>Why - <input type="checkbox"/> Medical team had determined these visits to be safe and compassionate care based on all veterans to be COVID-19 negative yet frail with declining physical and psychological health.</p>		

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F 880	<p>Continued From page 4</p> <p>An interview was done on June 16, 2020 with the DON at 2:02 PM. She stated the drive-up car process started on June 8, 2020. The DON noted that there was no touching, social distancing of 6 feet was done and the resident and the family wore masks.</p> <p>An interview was done with Nurse #2 on June 16, 2020 at 3:44 PM regarding family visitation. She stated that recently they set it up where families would come up to the front entrance at a certain time and staff would take the resident outside. The nurse said the process allowed the resident and family to converse back and forth.</p> <p>An interview was conducted with Nurse #3 on June 16, 2020 at 3:59 PM. When asked about visitors she stated that they could have no visitors when they were on a code red status. The nurse noted that code red was active when they had residents that were COVID-19 positive. She said they had started drive-up visitation on first shift, and visitors stayed in their car with masks on. The resident had to have a mask on and the resident stayed on the sidewalk with the staff member.</p> <p>An interview was done with the front lobby receptionist #1 on June 16, 2020 at 4:27 PM. She stated family visitation was done during the day and she had not seen it done on the weekend.</p> <p>An interview with Rehabilitation Director was conducted on June 17, 2020 at 9:55 AM. She said the Activity Department had been coordinating the visitation and families stayed in their car.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>An interview was done with Activity Assistant #1 on June 17, 2020 at 10:12 AM regarding the drive-up visitation process. She stated the visits were done Monday through Friday from 10 AM-12 PM and 1-2 PM. She noted the visits were done at the main entrance. She said they would roll the resident outside almost to the car door so they could see their family and speak with them from a distance. The Activity Assistant indicated they have had some of the same residents participate, and that they had 3 family visits on June 15, 2020.</p> <p>An interview with the Activity Director was conducted on June 17, 2020 at 10:03 AM. She stated there were 2 activity assistants and herself that coordinated the visitation process. The Activity Director indicated that she had notified all the family members of the process and the guidelines, and then the families would call the department and schedule an appointment. She said the visits started June 8, 2020 and they scheduled 4-5 residents per day Monday through Friday. She noted the visits lasted about 20 minutes. The activity staff took the patient outside and ensured masks were worn by the resident and family members and social distancing was followed.</p> <p>An interview with the front lobby receptionist #2 was conducted on June 17, 2020 at 10:24 AM regarding the visitation process. The receptionist would observe the visitation process from her desk in the lobby. She stated the family pulled up to the front door, and the resident would sit in the wheelchair under the breezeway more than 6 feet from the vehicle for about 30 minutes.</p> <p>An interview was done with Activity Assistant #2</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>on June 17, 2020 at 10:29 AM. She stated the drive-up visitation was started by her administrator, the DON and the medical team. The Activity Department scheduled a time, prepared the resident with the guidelines, and visits were for 15-20 minutes. She noted that they did 5 visits each day on Monday, June 15 and June 16, 2020 and on June 17, 2020 5 visits were scheduled.</p> <p>An interview with the Administrator on June 16, 2020 at 3:10 PM was done. When asked about the visitation process, the administrator said she knew the facility had started the drive-by visitation process on June 8, 2020. She stated there was no resident contact and they followed the 6 feet social distance guideline that was required.</p> <p>A follow-up interview was conducted with the DON and the Administrator on June 16, 2020 at 4:20 PM. The administrator said the visitation started on June 8, 2020 with the Physician, Nurse Practitioner and DON in agreement. The DON joined the interview at 4:25 PM and stated visitation was started as it was the only way to bring peace to the residents and they had not broken any codes.</p> <p>A follow up phone interview was done on 06/18/20 at 4:34 PM with the Administrator and the DON regarding the drive-up visitation and the CDC and CMS guidelines. The administrator noted that they had stopped the family visitation effective 06/18/20.</p>	F 880			