

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: 345500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/18/2020
NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526	
(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=F	<p>An unannounced COVID-19 focused survey was conducted on 6/18/20. 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. Event ID SZSA11</p> <p>Infection Prevention & 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 infections before they can spread to other</p>	F 880		7/2/20

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

TITLE

(X6) DATE

Electronically Signed

07/02/2020

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>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 staff interviews and observations, the facility failed to protect residents from COVID-19 when they did not restrict visitors and follow</p>	F 880	<p>This Plan of Correction constitutes Windsor Point's written allegation of compliance for the deficiency cited.</p>		

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F 880	<p>Continued From page 2</p> <p>guidance issued by the Centers for Medicare and Medicaid Services (CMS). This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>The Center for Medicare and Medicaid Services issued a memorandum on Guidance for Infection Control and Prevention of Coronavirus Disease 2019 on March 13, 2020 (Reference QSO-20-14-NH). The memorandum stated facilities should restrict visitation of all visitors and non-essential health care personnel except for certain compassionate care situations, such as an end-of-life situation.</p> <p>A tour of the skilled nursing side of the facility was conducted on 6/17/20 at 11:00 AM. A wall was observed which consisted of dry wall on the lower portion of the wall, plexiglass in the center of the wall and plastic reaching to the ceiling. The wall was sectioned off by wood beams to create a 3-section sitting area. A table and chair were placed at 2 of the sections. Chairs had been placed on the other side of the wall. Baby monitors were placed on both sides which were used for communication between visitor and resident.</p> <p>An interview was conducted with the Director of Nursing on 6/17/20 at 11:30 AM, and she stated staff could take a resident to the constructed wall, place the resident facing the visitor, and they are instructed on how to use the baby monitor.</p> <p>An interview was conducted with the owner of the facility on 6/17/19 at 12:43, and she stated she had the wall erected for the main purpose of facilitating visitations. She also stated she had it built late April early May and it had been used in the last week for visitation.</p> <p>An interview was conducted with the administrator on 6/19/20 at 10:00 AM, and she stated the owner wanted the wall up, and it was</p>	F 880	<p>However, submission of this Plan of Correction is not an admission that a violation exists or that it was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law.</p> <p>(F 880) Infection Prevention and Control</p> <p>On June 13, 2020, the area described in the survey findings, which had previously been inspected on May 20, 2020 as part of a COVID-19 survey and determined to be in compliance with all applicable State and Federal guidelines, was closed. This area consisted of a closed, secure room which included a wall with the lower portion being dry wall, the middle portion of which was plexiglass and with 5 mm plastic reaching the ceiling of (the "area"). Residents did not access the area as of June 13, 2020.</p> <p>The residents who had utilized the secure area were tested for COVID-19 on June 14, 2020.</p> <p>Completed 6/14/2020</p> <p>The area will remain closed until specific authorization is provided by the North Department of Health and Human Services and the Centers for Medicare & Medicaid Services that would permit the utilization of such a secured area.</p> <p>From June 13, 2020 through June 19, 2020, all residents and staff members in</p>		

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F 880	Continued From page 3 used for visitation.	F 880	<p>this community were tested for COVID-19. Contact tracing for the test results indicated that 4 employees who cared for our residents tested positive for COVID-19 and were determined to be the source of COVID-19 through the community in mid June 2020.</p> <p>Completed June 19, 2020</p> <p>The Administrator and the Director of Nursing have reviewed the North Carolina Executive Orders along with CMS guidance and directives related to visitation at the nursing home and have established that Windsor Point current standards of practice and procedures are consistent with the same.</p> <p>Random inspections of the physical community will be performed by the Administrator or designee to establish that the N.C. Executive Orders and the CMS directives are adhered to until specific authorization is provided by the N.C. DHHS and the CMS that would permit utilization of the area. The Administrator or designee monitoring reports will be discussed at the scheduled Quality Assurance and Process Improvement meeting.</p> <p>Completed June 13, 2020</p> <p>This plan of correction will be reviewed in the next Quality Assurance and Process Improvement meeting and the dates to determine the continuation of monitoring</p>		

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F 880	Continued From page 4	F 880	reports are subject to the vote of this interdisciplinary committee.		