

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

PRINTED: 07/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/08/2020
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/YANCEYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1086 MAIN STREET NORTH YANCEYVILLE, NC 27379
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(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
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F 000	INITIAL COMMENTS A complaint investigation was conducted on 7/7/20 - 7/8/20. Event ID# 06M611. Seventeen (17) of 17 complaint allegations were not substantiated.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §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; §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 persons in the facility;	F 880		7/27/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/23/2020
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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>(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 Personal Protective Equipment (PPE) decision tree, the facility failed to implement measures specified by the infection</p>	F 880	Preparation, submission, and implementation of this plan of correction does not constitute an admission of our agreement with the facts and conclusions		

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F 880	<p>Continued From page 2</p> <p>control tool when 4 of 4 dietary staff members failed to wear a facemask or face covering while they worked in the facility. This failure occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>The facility ' s Personal Protective Equipment (PPE) decision tree for a "COVID Free Center" (undated) was reviewed. This tool indicated all facility staff members were required to wear either a surgical facemask (if working on a well/non-COVID unit and providing care) or a cloth mask (if not working on the unit and providing care).</p> <p>While approaching the Dietary Department, an observation was made on 7/7/20 at 10:59 AM as Dietary Aide #1 exited a door leading directly from the kitchen into an adjacent hallway of the facility. Dietary Aide #1 was not wearing a face mask or face covering at the time of the observation.</p> <p>An initial tour of the facility ' s kitchen was conducted on 7/7/20 at 11:00 AM. During the tour, three dietary staff members were observed to be working in the kitchen. The observation revealed Dietary Aide #2 had a face mask positioned around his neck. The face mask was not covering his mouth or nose. The Cook working in the kitchen also had a face mask positioned around her neck. Her facemask was not covering her mouth or nose at the time of the observation. The third dietary staff member working in the kitchen during this initial tour was Dietary Aide #3. Dietary Aide #3 was observed to have her face mask positioned in a manner where the face mask covered her mouth only, while leaving her nose uncovered.</p>	F 880	<p>set forth on the survey report. Our plan of correction is prepared and executed as a means to continuously improve quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>F880</p> <p>A Fish Bone Diagram: Root Cause Analysis was conducted on 7/21/2020 and completed 7/23/2020 to identify the root cause of the failure of the facility to ensure dietary staff were wearing a surgical or cloth mask correctly while in the building as 1) lack of oversight/ consequences, 2) potential for better fitting/ lighter masks (surgical), and 3) check AC for temperature effectiveness. The Root cause Analysis was led by the District QAPI representative with input by the Vice President of Clinical Services, Vice President of Operations, Nursing Home Administrator, Director of Nursing, Infection Prevnetionist, District Manager Account Manager and Dietary Manager. The results of the Root Cause Analysis were reviewed by the QAPI Committee on 7/22/2020 and were incooperated into the facility plan of correction.</p> <p>The facility uses Sava Covid Toolkits for PPE policies that address what type of mask dietary members are to wear (surgical mask started 7/22/2020). A copy of the Sava Covid Toolkits were printed and placed in the dietary department on 07/21/2020. The Sava Covid toolkit that specifies what masks dietary team members to utilized was reviewed with</p>		

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F 880	<p>Continued From page 3</p> <p>The Dietary Manager was in her office (located within the kitchen) at the time of initial entry into the Dietary Department. An interview was conducted on 7/7/20 at 11:01 AM with the Dietary Manager. During the interview, the Dietary Manager was asked about the use of face masks by dietary staff members. The Dietary Manager reported the dietary employees knew they were supposed to be wearing their masks at all times. She stated, "Sometimes they get hot and when they do, they are told to go outside and get some fresh air, then come back."</p> <p>The Dietary Manager was then accompanied as she entered the kitchen prep area on 7/7/20 at 11:02 AM where an observation was made of Dietary Aide #2 as he continued to have his face mask positioned around his neck. The face mask was not covering his mouth or his nose. The Dietary Manager called out to Dietary Aide #2 and motioned him to put his mask on. Dietary Aide #2 complied with the request. The Cook was observed to be wearing her face mask positioned over the mouth and nose at the time of this observation. A follow-up observation was not made of Dietary Aide #3 at this time.</p> <p>A follow-up observation of the kitchen was made on 7/7/20 at 11:40 AM. Upon reentry into the kitchen, Dietary Aide #3 was observed to be working near the steam table as staff were preparing for the trayline to begin. Dietary Aide #3 's face mask covered her mouth but did not cover her nose.</p> <p>Accompanied by the Dietary Manager, observations were made as trayline in the kitchen was in progress. On 7/7/20 at 12:05 PM, another</p>	F 880	<p>dietary staff along with consequences for not wearing a mask on 7/22/2020 (surgical masks started 7/22/2020). Additional dietary staff not present during the 7/22/2020 inservice will receive in-service education by the Infection Preventionist verifying completion of in-service training will be completed by 07/23/2020.</p> <p>A copy of the Sava Covid toolkits was printed and 7/21/2020 placed into the facility dietary department on 07/21/2020. A copy of the Sava Covid toolkits dated July 8th, 2020 was reviewed with the dietary staff on 07/22/2020 for proper mask wearing (surgical started 7/22/2020) and consequences for not wearing a mask with in-service education completed by the Infection Preventionist by 07/23/20. An attestation statement by the Infection Preventionist verifying completion of in-service training will be completed by 7/23/20.</p> <p>All Dietary staff will received in-service education and training on Sava Covid Toolkits pertaining proper mask (surgical mask started 7/22/2020) wearing and consequences if not worn required in dietary department upon hire and annually effective 7/22/2020.</p> <p>The facility will audit all dietary services in-service education and training weekly times four then monthly times two to ensure that all dietary staff have received in-service education and training annually</p>		

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F 880	<p>Continued From page 4</p> <p>observation was made as Dietary Aide #3 stood near the steam table with her face mask covering her mouth but not covering her nose. At that time, the Dietary Manager was asked how face masks should be positioned on a staff member ' s face. When she reported the face mask should cover both the mouth and nose, concern was expressed regarding the positioning of Dietary Aide #3 ' s face mask below her nose. The Dietary Manager was observed as she went over to Dietary Aide #3 and assisted her to position the face mask so it covered both her mouth and nose.</p> <p>An interview was conducted on 7/7/20 at 1:20 PM with Dietary Aide #1. Dietary Aide #1 had been observed exiting the kitchen into an adjacent hallway of the facility without wearing a face mask or face covering. The Dietary Aide reported she realized she had the mask off, but stated she had removed it so she could take off her apron without getting the mask dirty.</p> <p>An interview was conducted on 7/7/20 at 11:14 AM with Dietary Aide #2. Upon inquiry as to why he was not wearing his face mask during the initial tour of the kitchen, the dietary aide stated he usually had his mask on, but had bent down to clean something up. He reported he had a hard time breathing so he had taken the mask off.</p> <p>An interview was conducted on 7/7/20 at 11:26 AM with the facility ' s Cook. During the interview, the cook was asked why she was not wearing her face mask during the initial tour of the kitchen. The cook appeared hesitant to respond. When asked if she was taking a break from wearing the face mask, she replied, "Yes." Upon further inquiry, the cook was asked if she found it difficult</p>	F 880	<p>and upon hire of Sava Covid Toolkits pertaining to proper mask wearing (surgical masks started 7/22/20) and consequences for not wearing for the dietary department.</p> <p>On 7/22/2020 the Infection Control Nurse provided re-education to Dietary aide #1, dietary aide #2, and dietary aide #3 to wear proper masks and consequences for not properly wearing a mask which includes a surgical face mask over their nose and mouth (started surgical masks 7/22/2020). Dietary aide #4 was unable to be inserviced and no longer works for the facility.</p> <p>The kitchen's AC was determined effective on 7/22/2020 by our HVAC trained maintenance Director.</p> <p>All residents have the potential to be affected. On 7/21/2020, the Administrator, the Infection Preventionist Nurse, Dietary Manager, District Dietary Manager, Corporate QAPI representative, Division Vice President of Operations, Regional Clinical Nurse conducted a root cause analysis regarding facility processes for dietary staff not properly wearing masks in the kitchen (surgical masks started 7/22/2020) and consequences for not wearing a mask properly. Based on the results of this root cause analysis a QA plan was developed to include re-education of all current dietary staff members regarding usage of Sava Covid toolkit and proper mask wearing and the consequences for not</p>		

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F 880	Continued From page 5 to work in the kitchen while wearing a mask. The cook stated, "Sometimes, yes." An interview was conducted with the facility ' s Administrator on 7/7/20 at 12:28 PM. During the interview, the Administrator reported she was informed by the Dietary Manager of the observations of dietary staff members either not wearing their face masks or not wearing them correctly. The Administrator reported she has been doing daily observations throughout the facility and had just conducted an observation in the kitchen the day before (7/6/20). She reported in-services and on-going audits had been conducted since March to ensure face masks were used appropriately within the facility. When asked, the Administrator stated she would expect dietary staff to be wearing face masks in the kitchen.	F 880	wearing the mask properly (surgical masks started 7/22/2020). It was determined that dietary aide1,2,3,and 4 did not follow policy/ procedure on wearing masks appropriately for the dietary department. Issue was also identified that the policy and procedure was not in the dietary department. The Adhoc completion date was 07/22/2020. Opportunities were corrected as identified. On 7/22/2020 the Infection Control Nurse re-educated dietary aide 1,2, and 3 on SavaCovid Toolkit as it pertained to proper mask wearing and the consequences for not wearing a mask for dietary staff (surgical mask start 7/22/2020). Policies and procedures for proper mask wearing in the dietary department are located in the dietary department as of 07/21/2020. Additional dietary staff not present on 07/22/2020 will receive in-service education by the Infection Preventionist by 7/23/2020. No additional issues were identified. The infection Control Nurse/ designee will conduct weekly audits five times a week for four weeks, then audit three times a week times 4 four weeks then monthly times two months until compliance has been determined on wearing appropriate masks (surgical masks started 7/22/20) and consequences for not wearing the mask. The Dietary Manager/ Designee will observe one dietary aide five times a week times four weeks then monthly		

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F 880	Continued From page 6	F 880	<p>times two or until compliance has been determined on wearing mask correctly (surgical mask started 7/22/2020) and consequences for not wearing mask. Opportunities will be corrected daily as identified. The maintenance Director/designee will conduct weekly audits once per week for eight weeks, then monthly times two months to ensure the kitchen AC is properly working and effective.</p> <p>The infection Control Nurse/ Dietary Manager/ Maintenance Director will report results of the audits in the facility's monthly QAPI meetings. The committee will evaluate the effectiveness of the plan and make recommendations as required.</p> <p>Our completion date for the plan of correction is 07/27/2020.</p>		