STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345179	A. BUILDING _____ B. WING _____	C 08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT MOORESVILLE	752 E CENTER AVENUE MOORESVILLE, NC 28115

(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 An unannounced COVID-19 Focused Survey was conducted on 08/18/2020. 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: UNV811.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was conducted on 08/18/2020. There was 1 allegation investigated and it was substantiated. Event ID: UNV811.	F 000		
F 880 SS=D	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;	F 880		9/16/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/03/2020

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F 880	Continued From page 1 §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; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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 resident interviews the facility failed to implement the facility's policy on enhanced droplet precautions when staff failed to wear required personal protective equipment (PPE) when entering a resident's room and failed to perform hand hygiene when entering and exiting a resident's room for 1 of 3 (Resident #1) residents that were on enhanced droplet precautions. This failure occurred during a COVID-19 pandemic. The findings included: Review of a facility policy titled, "COVID-19 Policy/Plan for Facilities" updated 05/06/20 read in part, any resident placed in isolation for positive COVID-19 or as a person under investigation will be kept in Enhanced Droplet precautions or Airborne precautions modified for available PPE until such time as the physician determines such isolation is no longer clinically appropriate. This isolation utilizes private room or cohort with approved roommate situation with surgical mask or N95 (respirator mask) if available, eye protection, gloves, gown at all times when in the presence of the resident. Resident #1 was admitted to the facility on 02/20/20 with diagnoses that included: kidney transplant status. The quarterly Minimum Data Set (MDS) dated 06/30/20 indicated Resident #1 was cognitively intact and required one person set up assistance	F 880	F880 F 880 Staff failed to implement the facility□s policy on enhanced droplet precautions when staff failed to wear required PPE when entering a resident□s room and failed to perform hand hygiene when entering and exiting a resident□s room. 1. Address how corrective action will be accomplished for resident (s) found to have been affected: Employee taking care of resident #1 was immediately re-educated on facility□s enhanced droplet precautions. Employee taking care of resident #1 was given a disciplinary action for not following facility policy on enhanced droplet precautions. Results from resident #1 COVID test from 8/14/20 and 8/21 both came back negative. 2. Address how corrective action will be accomplished for resident(s) having potential to be affected by the same issue needing to be addressed: All staff, including Full Time, Part Time, and Agency will be retrained by 9/16/2020 on Donning and Doffing appropriate Personal Protective Equipment (PPE) and Hand Hygiene by Director Of Nursing	

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F 880	Continued From page 3 with eating. Resident #1's physician order dated 08/14/20 read, Contact Precautions. An interview with the Administrator on 08/18/20 at 9:28 AM revealed Resident #1 had been placed on isolation because she had spiked a temperature. The Administrator further indicated that results of Resident #1's COVID-19 test from 08/14/20 were still pending. An observation was made of Resident #1 on 08/18/20 at 10:30 AM. There was a sign on Resident #1's door that read Enhanced Droplet Precautions: Perform Hand Hygiene, N95 (respirator mask) when entering room, Eye protection when entering room, gown when entering room, gloves when entering room, and private room and keep door closed. Resident #1's door was open, and she was resting in bed with her eyes open. She indicated she needed to eat so she could take her medications. A continuous observation was made on 08/18/20 from 10:34 AM to 10:41 AM. Nurse Aide (NA) #1 was observed passing out breakfast trays on the unit where Resident #1 resided. She was observed to have on a N95 mask on but no other person protective equipment (PPE). NA #1 was observed to remove Resident #1's breakfast tray from the meal delivery cart and enter Resident #1's room without performing hand hygiene, or donning a gown, gloves or eye protection. Once NA #1 was in Resident #1's room she was observed to place the resident's breakfast tray on the bedside table and touch the end of Resident #1's bed and bedside table. Resident #1 requested a cup of coffee. NA #1 exited Resident	F 880	(DON), and Infection Preventionist. All PRN staff will be retrained prior to working on Donning and Doffing appropriate Personal Protective Equipment (PPE) and Hand Hygiene by Director Of Nursing (DON), and Infection Preventionist. A Root Cause Analysis (RCA) was conducted on 9/4/2020 with the assistance of the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee and Governing Body. 3. Address what measures will be put in place or systemic changes made to ensure that the identified issue does not occur in the future: PPE audits using the PPE Audit Sheet will be completed on each shift 1x daily x 2 weeks, then 3x weekly x 2 weeks, then 1x weekly x 4 weeks by the DON, Unit Manager, or Nursing Supervisor. Audits will ensure staff are correctly Donning and Doffing appropriate PPE as well as demonstrating appropriate Hand Hygiene. 4. Indicate how the facility plan to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness: Administrator or designee to audit PPE Audit sheets weekly for 30 days and randomly thereafter to ensure audits are being completed. Results of these audits	

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F 880	Continued From page 4 #1's room without performing hand hygiene, NA #1 went to the meal cart and picked up a pitcher of coffee with her bare hands and poured a cup of coffee. NA #1 carried the cup of coffee from the meal cart and re-entered Resident #1's room again without performing hand hygiene or donning gown, gloves, or eye protection. Once NA #1 delivered Resident #1's coffee she exited the room and walked to a dispenser of hand sanitizer that was on a wall in the hallway and applied hand sanitizer to her hands. An interview was conducted with NA #1 on 08/18/20 at 11:31 AM. NA #1 confirmed that she usually worked on the unit where Resident #1 resided but did not generally take care of her. NA #1 confirmed that she took Resident #1's breakfast tray into the resident's room and forgot to put on her PPE, she added that she got busy and just forgot about "the gear." NA #1 stated that she was expected to follow the instructions posted on the door when entering a resident's room, but she did not know why Resident #1 was on precautions. She further stated she would obtain the PPE needed from the cart that was located outside of the resident's room. NA #1 stated that she did not wear goggles when she entered Resident #1's room because she did not see many on the cart. She also stated she should have put on a gown, gloves, and a mask, but she also forgot to apply them when she delivered Resident #1's breakfast tray earlier in the shift. An interview was conducted with the Infection Control Preventionist (ICP) on 08/18/20 at 12:01 PM. The ICP confirmed that she ensures the residents who were on precautions had the appropriate PPE supplies available and she would randomly observe the staff donning and	F 880	will be brought before the Quality Assurance and Performance Improvement Committee monthly by DON or designee with the QAPI Committee responsible for ongoing compliance.	

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F 880	Continued From page 5	F 880		

doffing the PPE to ensure proper usage. The ICP stated that the staff only wear PPE for residents that were on precautions and they were directed by the sign on the door as to what PPE they wear when they enter that room. The ICP stated that Resident #1 was on enhanced droplet precautions and the staff should follow the sign on her door and apply all the appropriate PPE when they enter her room and perform hand hygiene when they entered and exited the resident's room. She added that Resident #1 had a fever but was on 2 different antibiotics and her temperature had come down, but they were continuing to monitor her until her COVID-19 test came back.

An interview was conducted with the Director of Nursing (DON) on 08/18/20 at 1:31 PM. The DON stated she had only been at the facility for 5 days and had discovered that the infection control program was "lacking in some areas" and was good in other areas. She stated that the staff needed some education in some areas. The DON confirmed that Resident #1 was a "person under investigation" for COVID-19 and was placed on precautions until her test results were back. She added that Resident #1 was on enhanced droplet precautions and before delivering Resident #1's breakfast tray NA #1 should have performed hand hygiene and applied the appropriate PPE that was listed on the sign on the door. Once in the room if she forgot something and needed to exit, she should have then removed the PPE performed hand hygiene or hollered for another staff member to obtain the needed item. The DON specified that before NA #1 re-entered Resident #1's room she should have put on the appropriate PPE and performed hand hygiene.