

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

PRINTED: 09/28/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA VILLAGE INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792</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  An unannounced COVID-19 Focused Survey was conducted on 09/01/2020. Additional record review and interviews occurred on 09/02/2020. Therefore the exit date was changed to 09/02/2020. 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# FHS211.	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:</p>	F 880		10/5/20	

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

TITLE

(X6) DATE

Electronically Signed

09/18/2020

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>(i) A system of surveillance designed to identify possible communicable diseases or 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:</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Based on observations, staff interviews, and review of the facility policy entitled "Novel Coronavirus Prevention and Response," and "Hand Hygiene" policy the facility failed to implement these policies when a Housekeeper did not wear a gown as part of the personal protective equipment (PPE) and failed to perform hand hygiene between glove use when cleaning 3 of 3 resident rooms (rooms 117, 127 and 128) that were located on 1 of the facility's quarantine units. The facility also failed to implement their Infection Control Assessment and Response Plan and "Hand Hygiene" policy when a Dietary Aide failed to wear a face mask that covered her nose and mouth and failed to perform hand hygiene after touching the mask for 1 of 6 dietary staff (Dietary Aide #1) observed working in the kitchen. These failures occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>A review of the facility policy titled, "Hand Hygiene Policy and Procedure," revealed the purpose of effective hand hygiene was to reduce the risk of transmission of infection and incidence of healthcare associated infections. Indications for handwashing included for routinely decontaminating hands in the following clinical situations: after contact with inanimate objects in the immediate vicinity of the patient and after removing gloves.</p> <p>A review of the facility policy titled, "Novel Coronavirus Prevention and Response," revised on March 2020 under the section titled, "Policy Explanation and Compliance Guidelines," discussed interventions to prevent the spread of respiratory germs within the facility. Those</p>	F 880	<p>A root cause analysis was completed to correct deficient practices related to the facilities infection control survey. Specifically, this root cause analysis was focused on corrective actions related to staff hand hygiene compliance and practices, staff adherence to transmission-based precautions related to donning of required personal protective equipment (PPE), and staff compliance with universal mask use. Members of the facilities quality assurance performance improvement (QAPI) committee, in conjunction with the Infection Preventionist reviewed facility practices, to develop compliance and monitoring tools to help correct deficient practices. The root cause analysis was completed on 9/24/2020.</p> <p>As part of the facilities directed plan of correction (DPOC) all staff will watch three suggested educational training videos from CMS. Those videos are: Clean hands, keep covid-19 out, and lessons. This will be completed by 10/5/2020.</p> <p>All staff will complete competency validation related to hand hygiene. This will be documented on the form entitled "hand hygiene competency validation". This will be overseen by the facilities Infection Preventionist. This will be completed by 10/5/2020</p> <p>All staff will complete competency validation related to personal protective equipment (PPE) donning/ doffing. This</p>		

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F 880	<p>Continued From page 3</p> <p>interventions included support hand hygiene by employees, to educate staff on proper use of PPE and make PPE, including face mask, eye protection, gowns and gloves available outside the resident's room. Also included in the policy under the section titled, "Environmental Infection Control," housekeeping staff were to adhere to transmission-based precautions.</p> <p>1. A continuous observation from 10:18 AM through 10:58 AM of the designated quarantine unit identified as B hall was made on 09/01/2020. The entrance doors to rooms 117, 127, and 128 revealed enhanced droplet-contact precautions signs were posted and highly visible. The signs were placed to inform anyone entering the room to follow the instructions that read in part: to perform hand hygiene and wear a protective gown and gloves when entering the room. Those rooms were also supplied with a dispenser of alcohol-based hand rub (ABHR) attached to wall by the entry door and a sink with soap and water available for use. Reusable protective gowns were hung on the entry doors of room 117, 127, and 128 and extras were placed in bins between different rooms throughout B hall. At 10:18 AM Housekeeper (HK) #1 was seen in room 117 that was occupied by a resident and was not wearing a protective gown. While in the room HK #1 mopped the floor. She then removed and discarded the dirty mop head and the gloves she was wearing in a housekeeping cart located outside the room door. HK #1 then began to vacuum the hallway between rooms 116 and 129. When done vacuuming she put on a new pair of gloves without performing hand hygiene. HK #1 then entered room 128 that was occupied by a resident and without a wearing a protective gown began to wipe down the resident's tray table, the</p>	F 880	<p>will be documented on the form entitled "Personal Protective Equipment (PPE) competency validation". This will be overseen by the facilities Infection Preventionist. This will be completed by 10/5/2020</p> <p>The facility will monitor staff for continual compliance with mask use. The facility will utilize the form entitled "Carolina Village Mask Use Monitoring Form" as a tool to monitor staff for mask use compliance. Each facility department head and/or designee will monitor staff for continual proper mask use and compliance. Monitoring will be conducted daily for four weeks, then three times weekly for four weeks, then weekly times four weeks, and then will be reassessed as needed. Point of contact education will be provided to staff if violations are noted during monitoring. When point of contact education is provided, it will be documented on the form entitled "Carolina Village Mask Use Monitoring Form" under the section labeled "Education needed". Department heads will submit the form entitled "Carolina Village Mask Use Monitoring Form" to the infection Preventionist and/ or designee.</p> <p>The Infection Preventionist and/or designee will review mask use compliance and/or issues noted during compliance monitoring during (business days) departmental meetings. Review will be conducted daily for four weeks, then three times weekly for four weeks, then weekly for four weeks, and then as</p>		

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F 880	<p>Continued From page 4</p> <p>dresser, a chair and the window ledge. She removed the gloves she was wearing and discarded them in the housekeeping cart. Without performing hand hygiene, she put on a new pair and returned to the room and began to clean the toilet and wipe down the top of the toilet lid, the water tank and the top and bottom of the toilet seat. HK #1 exited room 128 and put away her cleaning supplies and removed the gloves she was wearing. She began to vacuum the hallway between rooms 128 and 117 and when finished wrapped the electric cord on a hook on the back of the vacuum cleaner. HK #1 did not have gloves on during the time she used the vacuum cleaner. She pushed her cart to room 127 and put on a new pair of gloves without performing hand hygiene and for the first time put on the protective gown hanging on the hook on the door and entered room 127 that was occupied by a resident. She began the same cleaning routine. At 10:58 AM HK #1 removed the protective gown and the gloves she was wearing and performed hand hygiene using the ABHR located in room 127.</p> <p>During an interview on 09/01/2020 at 11:02 AM HK #1 explained she received hand hygiene and PPE training since the coronavirus pandemic and should have performed hand hygiene after gloves were removed. HK #1 explained she puts on a new pair of gloves before she enters a resident's room and after she cleaned the bathrooms. When asked about enhanced droplet-contact precautions signs on the doors with instructions to perform hand hygiene and wear a gown and gloves when entering, HK #1 did see the signs on the door and realized she forgot to put on the gown and perform hand hygiene. HK #1 indicated she was unsure about performing hand hygiene</p>	F 880	<p>needed. Mask use compliance will be reviewed by the facilities quality assurance performance improvement (QAPI) committee. The QAPI committee will assess the facilities mask use compliance, determine if further education of staff is warranted, and if changes or implementation of additional monitoring tools are needed. New hire staff will be educated on mask use during new hire orientation.</p> <p>The facility will monitor staff for continual compliance with hand-hygiene and for staff adherence to the utilization of personal protective equipment (PPE). The facility will utilize the form entitled " Carolina Village Hand Hygiene, Glove Use and Transmission based precautions monitoring form " as a tool to monitor staff for hand-hygiene and PPE use compliance. Each facility department head and/or designee will monitor staff for continual hand-hygiene and PPE use compliance. Monitoring will be conducted daily for four weeks, then three times weekly for four weeks, then weekly times four weeks, and then will be reassessed as needed. Point of contact education will be provided to staff if violations are noted during monitoring. When point of contact education is provided, it will be documented on the form entitled " Carolina Village Hand Hygiene, Glove Use and Transmission based precautions monitoring form " under the section labeled "Education needed". Department heads will submit the form entitled " Carolina Village Hand Hygiene, Glove Use</p>		

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F 880	<p>Continued From page 5</p> <p>before putting on a new pair of gloves.</p> <p>An interview was conducted on 09/02/2020 at 11:38 AM with the Director of Housekeeping (DOH) who explained the staff received a significant amount of infection prevention training from him and the Infection Prevention and Control Nurse since the coronavirus pandemic. The training included donning and doffing of PPE and hand hygiene instructions. He did random observations on the quarantine units to ensure Housekeeping staff practiced infection prevention procedures when entering a room with enhanced droplet-contact precautions. The DOH expected HK #1 to perform hand hygiene before and after the use of PPE which included gloves. The DOH revealed hand hygiene and gowns were used to prevent the spread of infections and PPE instructions guided staff perform hand hygiene and to wear gowns and gloves when entering a resident's room with enhanced droplet-contact precautions.</p> <p>During an interview on 09/01/2020 at 5:15 PM the Director of Nursing (DON) and Infection Prevention and Control Nurse explained the Housekeeping staff were trained the correct steps and use of PPE and to perform hand hygiene when putting on and after removing gloves and indicated there had been a break in infection control.</p> <p>2. A review of the Infection Control Assessment and Response Plan dated 08/28/2020 revealed the facility had implemented universal mask would be worn by all staff.</p> <p>An observation of kitchen was made on 09/01/2020 at 4:38 PM which revealed Dietary</p>	F 880	<p>and Transmission based precautions monitoring form " to the infection Preventionist and/or designee.</p> <p>The infection Preventionist and/or designee will review hand-hygiene and PPE use compliance and/or issues noted during compliance monitoring during (business days) departmental meetings. Review will be conducted daily for four weeks, then three times weekly for four weeks, then weekly for four weeks, and then as needed. Hand-hygiene and PPE use compliance will be reviewed by the facilities quality assurance performance improvement (QAPI) committee. The QAPI committee will assess the facilities hand-hygiene and PPE use compliance, determine if the further education of staff is warranted, and if changes or implementation of additional monitoring tools are needed. New hire staff will be educated on hand-hygiene and PPE use during new hire orientation.</p> <p>All staff education, competencies, and monitoring tools will be implemented and/or completed by 10/5/20, with ongoing integration and monitoring by the facilities quality assurance performance improvement (QAPI) committee and Infection Preventionist.</p>		

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F 880	<p>Continued From page 6</p> <p>Aide (DA) #1 was wearing a face mask below her nose and not completely covering her mouth. DA #1 was standing at the end of a long metal table with her back to the table. There were no food items at the end of the table where she stood. DA #1 placed her mask over her nose and mouth but did not perform hand hygiene.</p> <p>An interview conducted on 09/01/2020 at 4:43 PM with the Dietary Manager (DM) revealed the expectation of the kitchen employees was to wear a face mask when in the kitchen and if a staff member needed to remove their mask he would expect them to step outside and away from others. Kitchen staff have received multiple trainings related to the proper use of PPE including face mask and hand hygiene techniques. The DM stated he monitored kitchen staff for proper wearing of face mask and directed them to cover their nose and mouth and perform hand hygiene after they touched their mask.</p> <p>A second observation on 09/01/2020 at 4:48 PM revealed while in the kitchen with other staff present DA #1 was wearing her mask below her nose. DA #1 quickly placed her mask to cover her nose but did not perform hand hygiene.</p> <p>During an interview on 09/01/2020 at 5:02 PM Dietary Aide (DA) #1 explained she had received PPE and hand hygiene training since the coronavirus pandemic. She was told to keep her face mask over her nose and mouth and frequently wash her hands. Her reason for removing the mask was because she gets hot. After she had replaced her mask she just forgot to perform hand hygiene. DA #1 was aware she should wear her mask and keep her nose and</p>	F 880			

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F 880	Continued From page 7 mouth covered and if she touched it to perform hand hygiene.  During an interview on 09/01/2020 at 5:15 PM the DON and Infection Prevention and Control Nurse explained all employees who worked at the healthcare facility which included dietary aides were trained the correct use of PPE and to perform hand hygiene. The DON did not know why DA #1 did not correctly wear her face mask or perform hand hygiene after she touched it and acknowledged there had been a break in infection control.	F 880			