

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

PRINTED: 11/05/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENDALE FOREST NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1304 SE SECOND STREET</b> <b>SNOW HILL, NC 28580</b>	
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E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Survey was conducted on 10/15/20 to 10/16/20. 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 # 1ZFS11.	F 000		
F 583 SS=D	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/15/20 to 10/16/20. The facility was not found to be in compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Two of the 6 compliant allegations were substantiated and cited for F-880. Event ID # 1ZFS11.  Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including	F 583		11/13/20

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

TITLE

(X6) DATE

Electronically Signed

10/29/2020

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 583	<p>Continued From page 1</p> <p>the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation, and staff interviews the facility failed to provide privacy to Resident #1 during a sacral pressure ulcer dressing change by leaving the resident's hallway door open when the resident was exposed from the waist down and not covered for 1 of 1 residents observed during care.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 06/30/20 with diagnoses that included, in part: Stage 3 pressure ulcer of the sacral region and dementia.</p> <p>Review of a quarterly Minimum Data Set Assessment (MDS) dated 10/02/20 revealed Resident #1 had intact cognition. She required extensive to total care for all activities of daily living except eating which required supervision</p>	F 583	<p>Greendale Forest Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as a written allegation of compliance.</p> <p>Greendale Forest Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greendale Forest Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement</p>		

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F 583	<p>Continued From page 2</p> <p>only. She had one Stage 3 pressure ulcer present on admission.</p> <p>On 10/15/20 at 11:25 AM a sacral pressure ulcer wound dressing change for Resident #1 was observed as conducted by the wound care nurse, Nurse #1. At the conclusion of the dressing change, while the resident was being cleansed by the nurse aide and remained uncovered with her lower body exposed, Nurse #1 opened the door to the hallway to exit the room to dispose of garbage and left the door open. Resident #1 was positioned on her left side with her face toward the wall. After Nurse Aide # 1 performed part of the cleansing of the resident, she turned around, realized the door had been left open to the hallway while she had been providing care, and she closed the door.</p> <p>In an interview with Nurse #1 on 10/15/20 at 12:20 PM she stated she had not realized she had left the door to the hallway open when she had exited to dispose of garbage. She stated the door should have remained closed while the resident was exposed.</p> <p>In an interview with the Director of Nursing (DON) on 10/15/20 at 4:20 PM she stated she had not been aware Nurse #1 left the door to the hallway open when she left the room to discard garbage. She commented it was very important to keep a resident's door closed during care.</p>	F 583	<p>of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>On 10/26/2020 an in-service was initiated by the Staff Facilitator with all nurses, agency nurses, nursing assistants and agency nursing assistants to include Nurse # 1 regarding to providing resident privacy during resident care.</p> <p>On 11/2/2020 an education to be initiated by the Social Worker (SW) with all alert and oriented residents to include resident # 1 regarding resident's rights. Education to be completed by 11/13/2020.</p> <p>On 10/26/2020 a 100% audit was initiated by the Staff Facilitator, Unit Manager, Minimum Data Set (MDS) Nurse and Quality Assurance (QA) Nurse with all nurses, agency nurses, nursing assistants and agency nursing assistants to include Nurse # 1 utilizing a Resident Care audit tool to ensure that privacy was provided by staff during resident care. Any identified areas of concerns will be corrected during the audit. Audit to be completed by 11/13/20.</p> <p>On 10/26/2020 an in-service was initiated by the Staff Facilitator with all nurses, agency nurses, nursing assistants and agency nursing assistants to include Nurse # 1 regarding to providing resident privacy during resident care. In-services to be completed by 11/13/2020. All newly</p>		

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F 583	Continued From page 3	F 583	<p>hired nurses and nursing assistants will be in-serviced by the Staff Facilitator during orientation on providing privacy during resident care.</p> <p>10% of all nurses, agency nurses, nursing assistants and agency nursing assistants to include Nurse # 1 will be monitored during resident care utilizing the Resident Care Audit Tool by the Staff Facilitator, Unit Manager, Minimum Data Set (MDS) Nurse and Quality Assurance (QA) Nurse to ensure that staff are providing privacy during resident care weekly x 8 weeks then monthly x 1 month. Any concerns during the audits will be addressed immediately by the Staff Facilitator, Unit Manager, Minimum Data Set (MDS) Nurse and Quality Assurance (QA) Nurse to include re-training staff. The Director of Nursing (DON) will review and initial the Resident Care Audit Tool for completion and to ensure all areas of concern were addressed weekly x 8 weeks then monthly x 1 month.</p> <p>The DON will forward the results of the Resident Care Audit Tools to the Executive QA Committee monthly x 3 months. The Executive QA Committee will review the Resident Care Audit Tools monthly x 3 months for to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		11/13/20	

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F 880	Continued From page 4  §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; (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:	F 880			

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F 880	<p>Continued From page 5</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 record review, observation and staff interviews the facility failed to prevent cross contamination when a nurse took a bottle of wound cleanser, (that was used during a resident's dressing change and placed on the resident's bed-not on the clean field barrier), off a resident's bed and did not clean the bottle prior to placing it in back into the treatment cart for 1 of 5 residents reviewed for infection control (Resident #1). This failure occurred during the COVID19 pandemic.</p>	F 880	<p>On 10/15/2020, Nurse # 1 removed the wound cleanser from the treatment cart and sanitized the cart and discarded the bottle of wound cleanser.</p> <p>On 10/27/20 the Administrator in-serviced Nurse # 1 in regards to infection control practices while completing dressing changes.</p> <p>On 10/26/2020 a 100% audit was initiated by the Staff facilitator, Unit Manager, Minimum Data Set (MDS) Nurse and</p>		

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F 880	<p>Continued From page 6</p> <p>The findings included:</p> <p>Review of the facility policy and procedure "Dressings-Clean", (Page Revision 10/31/18), revealed procedures #1 and #2 as: "1) Provide for clean field on overbed table by using wax paper, paper towel, etc ..., and 2) Place clean supplies on the clean field."</p> <p>On 10/15/20 at 11:25 AM a sacral pressure ulcer wound dressing change for Resident #1 was observed as conducted by the wound care nurse, Nurse #1. Resident #1 resided on the facility's 300 hallway, which was a general population hallway. Nurse #1 wiped down the overbed table, placed a barrier on the table and positioned her supplies on the barrier. During the dressing change, Nurse #1 laid a bottle of wound cleanser on the resident's bed after she had used it to cleanse the wound, not on the clean field barrier. At the conclusion of the dressing change, Nurse #1 picked up the bottle of wound cleanser off the resident's bed and placed it in the top drawer of the treatment cart with other treatment supplies to be used in the general resident population and closed the drawer. Nurse #1 made no attempt to clean the bottle of wound cleanser prior to placing it in the drawer of the treatment cart.</p> <p>In an interview conducted with Nurse #1 on 10/15/20 at 12:20 PM she stated when she took the wound cleanser off the resident's bed and placed it into the drawer of the cart she "wasn't thinking" and would immediately clean out the top drawer of the treatment cart and disinfect it. She would also discard the bottle of wound cleanser she had laid on the resident's bed during the dressing change. She concluded she normally</p>	F 880	<p>Quality Assurance (QA) Nurse with all nurses, agency nurses, nursing assistants and agency nursing assistants to include Nurse # 1 utilizing a Wound Care Audit Tool to ensure that if wound cleanser used during a dressing change that it is always placed back on the clean field to prevent cross contamination. Any identified areas of concerns will be corrected during the audit. Audit to be completed by 11/13/2020.</p> <p>On 10/26/2020 a 100% in-service was initiated by the Staff Facilitator with all nurses, agency nurses, nursing assistants and agency nursing assistants to include Nurse # 1 in regards to preventing cross contamination of treatment items to include wound cleanser by keeping multi use items on a clean barrier (wax paper) when in a resident room and cleaning multi-use items prior to placing back into cart. In-service to be completed by 11/13/20. All newly hired nurses and medication aides will be in-serviced by the Staff Facilitator during orientation in regards to preventing cross contamination of treatment items to include wound cleanser by keeping multi use items on a clean barrier (wax paper) when in a resident room.</p> <p>10% of all nurses, agency nurses, nursing assistants and agency nursing assistants to include Nurse # 1 will be audited during wound care utilizing the Wound Care Audit Tool by the Staff facilitator, Unit Manager, MDS Nurse and QA Nurse to ensure that staff are preventing cross contamination of multi-use items during wound care weekly x 8 weeks then</p>		

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F 880	Continued From page 7 would not place multiple use wound care supplies on a resident's bed during a dressing change.  In an interview conducted with the Director of Nursing (DON) on 10/15/20 at 4:20 PM she stated it was an infection control issue to return a partially used bottle of wound cleanser that had sat on a resident's bed during care to the treatment cart.	F 880	monthly x 1 month. Any concerns during the audits will be addressed immediately by the Staff Facilitator to include re-training staff. The Director of Nursing (DON) will review and initial the Resident Care Audit Tool for completion and to ensure all areas of concern were addressed weekly x 8 weeks then monthly x 1 month.  The DON will forward the results of the Wound Care Audit Tools to the Executive QA Committee monthly x 3 months. The Executive QA Committee will review the Resident Care Audit Tools monthly x 3 months for to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.	