

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

PRINTED: 12/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2020
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306		
(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 000	An unannounced COVID-19 Focused Survey was conducted on 11/23/2020 to 11/24/2020. 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# BJOH11.	F 000			
F 880 SS=D	<p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 11/23/2020 to 11/24/2020.. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations. Please see Event #BJOH11.</p> <p>1 of the 1 complaint allegations were substantiated.</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,</p>	F 880		12/11/20	

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

TITLE

(X6) DATE

Electronically Signed

12/11/2020

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>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> <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>	F 880			

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F 880	<p>Continued From page 2</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 Centers for Disease Control and Prevention (CDC) guidelines on Universal Source Control Measures and the facility Infection Prevention and Control Policies (IPCP) for Personal Protection Equipment (PPE) the facility failed to implement their PPE policy when 2 staff members (Dietary Aide #1 and Nursing Assistant #1) failed to wear a mask that covered their mouth and nose while walking in the hallway of the facility. These failures occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>The CDC guidelines updated November 4, 2020 read: Implement Universal Source Control Measures. Source Control refers to use of well-fitting cloth face masks or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Healthcare Personnel (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.</p> <p>The facility IPCP dated 07/2020 included: Employees will wear a facemask while at work,</p>	F 880	<p>F880</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice. The facility removed the NA #1 and DA# 1 from the center after being discovered not wearing their mask over their nose on 11/23/2020. Their employment was terminated on 11/26/2020.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by the alleged deficient practice.</p> <p>The measures put into place or systemic changes made to ensure that the deficient practice will not recur. The infection preventionist or DON will educate all staff on the video "Using personal protective equipment correctly during COVID-19" published by the CDC. Any staff member who did not receive the training was removed from the schedule until it was completed. All new staff reviewed the video during the orientation process. This</p>		

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F 880	<p>Continued From page 3</p> <p>review with all employees that the most important precaution is wearing a facemask while at work and review the appropriate use of Personal Protective Equipment (PPE) with employees.</p> <p>The PPE competency in-service dated 07/2020 had signatures of the Dietary Aide #1 (DA#1) and the Nursing Assistant #1 (NA#1) that read: The mask should fit the flexible band to nose bridge and fit snug to face and below the chin.</p> <p>An observation was conducted on 11/23/2020 at 11:00 AM of DA#1 and NA#1 walking down the 300 Hall with their facemask covering only their mouths.</p> <p>During an interview with the DA#1 on 11/23/2020 at 11:57 AM, he stated he usually wears his facemasks over his nose and was trained to wear it over his nose and mouth.</p> <p>During an interview with the NA#1 on 11/23/2020 at 12:04 PM, she stated she did not have her facemask over her nose because she was hot and couldn't breath and she usually wears her facemask over her nose and was trained to wear her mask over her nose and mouth.</p> <p>During an interview with the Dietary Manager (DM) on 11/23/2020 at 12:27 PM, the DM stated she monitored her employees daily for proper PPE use and DA#1 knew he is was supposed to wear his facemask over his nose and mouth and that was what was expected.</p> <p>During an interview with the Charge Nurse (CN) on 11/23/2020 at 2:46 PM, she stated she was NA#1's charge nurse and she was given a choice of different N95 masks to use and she never</p>	F 880	<p>will be completed by 12/11/2020. The infection preventionist added signage by the CDC on Face mask dos and don'ts throughout the facility on 12/8/2020. The DON or infection preventionist will audit 5 staff members daily Monday-Friday x 2 weeks, twice weekly x 2 weeks, weekly x 4 weeks and monthly x 1.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The results of the audits will be reported to the QAPI committee quarterly x 1 for analysis of patterns, trends, or need for further systemic changes. Any staff found to be non-compliant with the procedure will receive progressive discipline.</p> <p>Date of compliance for all plan of corrections is December 11th, 2020</p>		

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F 880	<p>Continued From page 4</p> <p>stated she could not breath with her mask on or expressed any other difficulties wearing it. The CN also stated NA#1 and all of the staff where trained on PPE donning and doffing of facemask and they were supposed to follow the policies.</p> <p>During an interview with the Infection Preventionist (IP) on 11/24/2020 at 10:19 AM, the IP stated all staff were trained on how to donn and doff PPE, including placing the facemask over their noses. She reported staff were monitored every day to assure they were following facility policies and procedures.</p> <p>During an interview with the Administrator on 11/24/2020 at 12:25 PM, the Administrator stated they take this pandemic very seriously and there was no reason staff were not complying with policies because they were trained and knew the importance of wearing PPE properly.</p>	F 880			