

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

PRINTED: 12/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/12/2020
NAME OF PROVIDER OR SUPPLIER ASHTON HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MCLEANSVILLE, NC 27301	
(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	<p>An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted on November 10-12, 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# YRWE11</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 11/10/20-11/12/20. The facility was found not 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.</p> <p>1 of the 1 complaint allegation was substantiated resulting in a deficiency.</p> <p>Event ID# YRWE11</p>	F 000		
F 880 SS=D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>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.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p>	F 880		12/10/20

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

TITLE

(X6) DATE

Electronically Signed

11/27/2020

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	Continued From page 1 §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: (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.	F 880			

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F 880	<p>Continued From page 2</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, record review, and review of the facility's policy titled, "Admissions and Re-Admits," the facility failed to implement infection control procedures for personal protective equipment (PPE) when 1 of 4 staff working on the quarantine isolation unit (new admissions/re-admissions) failed to wear a gown and gloves when entering a resident's room who was on enhanced droplet precautions. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included: The facility's policy titled, "Admissions and Re-Admits," updated 10/2020, was reviewed. The policy stated, in part, "The facility will follow all Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) recommendations related to admissions and re-admissions. This will include isolation with enhanced isolation precautions for a minimum of 14 days ...All occupied rooms on the isolation unit will have an 'Enhanced Droplet' isolation sign displayed outside the room, on the door or designated area for notification of</p>	F 880	<p>F880 Infection Prevention & Control CFR(S):483.80(a)(1)(2)(4)(e)(f)</p> <p>1. Restorative Aide #1 was in-serviced on November 2nd 2020 by Staff Development Coordinator on proper Donning and Doffing of PPE and Standard Precautions and Transmission based precautions that included education on correctly identifying the appropriate PPE for droplet and contact precautions. Restorative Aide # 1 on was re-educated on November 12th 2020 by the Director of Nursing on proper Donning and Doffing of PPE and Standard Precautions and Transmission based precautions that included education on correctly identifying the appropriate PPE for droplet and contact precautions.</p> <p>2. 100% audit of all staff was conducted over 3 days. This audit will include observations for appropriate use of face masks, protective gowns, face shields and gloves and the proper donning and doffing and correct usage of PPE in the</p>		

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F 880	<p>Continued From page 3</p> <p>precautions. This will be in effect for all residents on the designated unit, regardless of COVID-19 status."</p> <p>Resident #1 was admitted to the facility on 10/16/20.</p> <p>A continuous observation of room 802 (on the quarantine isolation hall) was completed on 11/10/20 from 10:35 AM-10:47 AM. An enhanced droplet isolation sign was posted on the door, along with a bin that contained PPE (gowns, gloves and faceshields). The enhanced droplet isolation sign had the following instructions: "Before entering this room, follow the instructions below- universal masking, perform hand hygiene, eye protection when entering the room, gown and gloves when entering the room." Restorative Aide (RA) #1 approached the room and wore a facemask. She donned a faceshield and entered the room. She did not put on gloves or a gown before she entered the room. RA #1 applied oxygen via nasal cannula to Resident #1 and placed a surgical facemask on her. She then placed her hands on Resident #1's wheelchair, pushed her out of the room, went down the hall and placed her on a scale. While Resident #1 was on the scale RA #1 walked to a PPE cart and donned a gown. She recorded the resident's weight and then pushed the resident back to her room. RA #1 removed and disposed of the gown, washed her hands and exited the room.</p> <p>RA #1 was interviewed on 11/10/20 at 10:47 AM. She explained the residents on the quarantine isolation unit were new admissions and all had tested negative for COVID-19. She said since Resident #1 was on enhanced droplet precautions staff were supposed to put on a</p>	F 880	<p>appropriate places. These audits will be conducted on 11/30/20, 12/1/20, and 12/2/20 by the Director of Nursing, Staff Development and the Administrator, any issues identified will be noted and corrected.</p> <p>3. The Director of Nursing, Staff Development, Nurse management and Administrator will conduct random daily audits of proper Donning and Doffing of PPE and Standard Precautions and Transmission based precautions that included correctly identifying the appropriate PPE for droplet and contact precautions on at least 10 staff members, 5 times a week x 4weeks. Then audits will be conducted 3 days a week x 8 weeks.</p> <p>4. The Director of Nursing will bring the random audit results to the Quality Assurance Committee monthly x 3 months.</p>		

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F 880	<p>Continued From page 4</p> <p>gown, gloves, facemask and faceshield when they entered the room. When asked why she didn't don a gown or gloves prior to when she entered the resident's room, RA stated, "I was just going in to get her, bring her out, get her weight and bring her back." She added she thought full PPE wasn't necessary when a weight was obtained since no other personal care was being done. RA #1 reported she decided to put a gown on once Resident #1 was on the scale because she wanted to "shield my clothes from her." She added she had been educated in the last week about PPE usage and what needed to be worn when entering a room with enhanced droplet precautions. RA #1 acknowledged she should have put on all PPE prior to entering Resident #1's room.</p> <p>On 11/10/20 at 10:51 AM, Nurse #1 was interviewed. She was the nurse on the quarantine isolation unit. She said all staff were required to put on full PPE before they entered any resident's room on the quarantine isolation unit, even though the residents on the unit had all tested negative for COVID-19.</p> <p>During an interview with the Regional Clinical Manager on 11/10/20 at 1:24 PM, she shared that all new admissions (which included Resident #1) were placed on 14 day isolation on the facility's designated quarantine isolation unit (800/900 hall). Residents were treated as if they were positive for COVID-19, which included being placed on enhanced droplet precautions. Staff were required to wear gloves, gown, mask and faceshield before they entered a resident's room and then staff removed the PPE inside the room before they exited. The Regional Clinical Manager stated RA #1 should have donned full</p>	F 880			

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F 880	Continued From page 5 PPE before she entered Resident #1's room. She added staff had been educated that it didn't matter what task was being completed, full PPE must be worn before staff entered a resident's room on the quarantine isolation unit. An interview was completed with the Administrator on 11/10/20 at 3:05 PM. He reported he had told staff they needed to wear full PPE prior to entering a resident's room on the quarantine isolation unit. He said full PPE included a gown, gloves, facemask and faceshield.	F 880			