

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2020
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NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 515 BARBOUR ROAD SMITHFIELD, NC 27577
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(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
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/7-10/2020. 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# W8BV11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/7-10/2020. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000		
F 880 SS=E	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	F 880		12/29/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/22/2020
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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>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> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 observation, interview and record review the facility failed to properly contain COVID-19 when 1) 2 of 6 staff observed in the smoking area were not at least 6 feet apart while not wearing a facemask, 1 of 1 staff member was not wearing her facemask while in the building and within 6 feet of another staff member and 2) enhanced contact droplet precaution signs were not posted at 1 of 5 quarantine rooms on the 200 hall.</p> <p>The findings included:</p> <p>1) A review of the Centers for Disease Control and Prevention (CDC) Preparing for COVID-19 in Nursing homes dated 11/20/20 stated "HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility."</p> <p>A review of the education titled "Mask Use" revealed staff received education documented as "All staff must wear a KN95 mask at all times while in the facility. At no time should staff remove mask or pull mask below the nose or mouth. Do not pull mask down when talking to or in close contact with residents or other staff. Staff may remove mask during break or mealtime in designated area and only if able to maintain social distancing."</p>	F 880	<p>Barbour Court 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 Correction is submitted as a written allegation of compliance.</p> <p>Barbour Court 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, Barbour Court Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F880 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4);z(f) On 12/7/20, Dietary Aide #1 was re-educated by the Dietary Manager on Mask Use with emphasis on facility requirement to wear appropriate face mask at all times within the facility to</p>		

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F 880	<p>Continued From page 3</p> <p>a) The education signature sheet for "Mask Use" was signed by Nurse #1 and Nurse #2 on 10/16/20.</p> <p>On 12/07/20 at 9:55 AM 6 people were observed in the covered smoking area located through a glass door and window near the 200-hall nursing station. Nurse #1 and Nurse #2 were standing with their backs toward the glass door. They were approximately 2 feet apart and were not wearing masks.</p> <p>On 12/07/20 at 10:00 AM Nurse #1 exited the smoking area and entered the hall.</p> <p>On 12/07/20 at 10:00 AM Nurse #1 was interviewed and stated she was in the smoking area and was not wearing her mask. She also said no one in the smoking area had their mask on.</p> <p>On 12/10/20 at 9:10 AM Nurse #2 was interviewed and reported she was one of the staff members in the smoking area and Nurse #1 was standing next to her. Nurse #2 reported she and Nurse #1 were not wearing mask because they were smoking. She stated they were less than 6 feet apart.</p> <p>On 12/08/20 at 3:40 PM the Infection Control nurse reported staff were educated on wearing mask in the building and staying at least 6 feet apart if their masks are removed for any reason.</p> <p>b) The education signature sheet for "Mask Use" was signed by Dietary Worker #1 on 10/14/20.</p> <p>On 12/07/20 at 2:00 PM Dietary Worker #1 was observed standing in front of the employee time clock. Her mask was below her chin. Dietary</p>	F 880	<p>include when at the time clock.</p> <p>On 12/18/20, Nurse #1 and Nurse #2 were re-educated by the Director of Nursing on Mask Use with emphasis on use of mask when social distancing cannot be maintained to include meal/break/smoke times.</p> <p>On 12/18/20, the Director of Nursing and Facility Consultant completed an audit of all areas of the facility to include break rooms, time clock and smoking area to ensure all staff were practicing social distancing and facemask was worn appropriately. No other concerns were identified.</p> <p>On 12/18/20, the Maintenance Department marked all staff break rooms, nursing stations, time clock, screening station and designated smoke areas to distinguish 6 foot spacing as a reminder to staff to maintain social distancing.</p> <p>On 12/18/20, the Administrator posted brightly colored signs at all break rooms, nurses stations, time clocks, screening station and smoke areas to alert staff to maintain social distancing and remind staff that face masks are required at all times when in the facility or during breaks when social distancing cannot be maintained.</p> <p>On 12/7/20, the Director of Nursing placed appropriate precaution signage on room # 215 and the area designated as quarantine adjusted to include room #215.</p> <p>On 12/18/20, 100% audit of all residents requiring isolation precautions was completed by the Director of Nursing and Facility Consultant to ensure appropriate signage is in place for the type of isolation</p>		

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F 880	<p>Continued From page 4</p> <p>Worker #2 was observed to walk up to Dietary Worker #1 and whisper something. Dietary Worker #1 then pulled her facemask up over her mouth and nose.</p> <p>On 12/07/20 at 2:02 PM Dietary Worker #1 was interviewed and said she should not have her mask off while she was in the building.</p> <p>On 12/07/20 at 2:05 pm the Dietary assistant manager was interviewed and stated all staff should keep their mask on while in the building.</p> <p>On 12/09/20 at 11:15 AM the infection control nurse stated staff received education on wearing mask while in the building and not removing mask unless greater than 6 feet from anyone. She added staff were required to adhere to this training.</p> <p>2) Resident #1 was admitted to the facility on 11/25/20. Resident #1 was housed in room 215.</p> <p>A nursing note dated 11/30/20 stated the 10-14-day quarantine COVID test was performed.</p> <p>On 12/07/20 at 3:20 PM a piece of 3-inch-wide orange tape was observed to extend from room 217 all the way across the hall to room 216. Room 215 was not included in the taped area. No signs were posted on the door of room 215 to indicate it was a quarantine room.</p> <p>A review of the map which identified the quarantine rooms revealed rooms 215, 216, 217, 218 and 219 were part of the quarantine rooms.</p> <p>On 12/7/20 at 4:40 PM the Director of Nursing stated Resident #1 was on quarantine status</p>	F 880	<p>indicated. The assigned nurse will address all areas of concern identified during the audit.</p> <p>On 12/7/20, a respiratory assessment was completed on all residents as a precautionary measure. The assigned nurse, Unit Manager and/or DON addressed all concerns identified during the audit. Nursing staff will continue to proactively monitor resident respiratory status daily or more frequently if indicated.</p> <p>On 12/18/20, the Human Resource Coordinator (HRC) initiated (1) CDC Keep COVID 19 Out and (2) CDC Use of Personal Protective Equipment (PPE) correctly for COVID -19 videos with all staff to include nurse #1, nurse #2, dietary aide #1, and agency staff. Emphasis of videos included proper use of masks and social distancing.</p> <p>On 12/18/20, the HRC initiated in-services with all staff to include nurse #1, nurse #2, dietary aid #1 and agency in regards to (1) Social distancing and (2) Mask Use. Emphasis placed on facility requirement to wear an appropriate mask at all times within the facility and to maintain social distancing of at least 6ft unless providing direct resident care or emergency aid. Staff may only remove mask during meal/break time in a designated area where social distancing can be maintained.</p> <p>In-services and videos will be completed by 12/29/20. After 12/29/20, no staff will be allowed to work until in-service and video training is completed. All newly hired staff to include agency will complete in-service/videos during orientation.</p>		

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F 880	Continued From page 5 because he was a new admission to the facility. She stated there should be signs on the door to his room designating he was on enhanced droplet contact precautions.	F 880	On 12/18/20, the HRC initiated an in-service with all Department Managers, nurses and housekeeping staff in regards to monitoring and maintaining isolation to include signage on resident room door indicating type of isolation precautions to ensure that the correct precautions are followed. In-service will be completed by 12/29/20. After 12/29/20, no Department Manager, nurses or housekeeping staff will be allowed to work until in-service training is completed. All newly hired Department Manager, nurses or housekeeping staff to include agency will complete in-service during orientation. The Department Managers will complete fifteen (15) staff observations to include Nurse #1, Nurse #2 and Dietary Aid #1 and will include but not limited to observations of the screening station, time clock, break rooms and smoke areas three x a week x 4 weeks then weekly x 4 weeks then monthly x 1 month utilizing the Social Distancing/Mask Audit Tool. Observations will include all three shifts and weekends. This audit is to ensure staff are wearing required mask at all times when in the facility unless on break in a designated area where social distancing is maintained and that all staff are practicing social distancing of at least 6ft apart unless providing direct resident or emergency care. The Unit Managers, Nurse Supervisor and/or HRC will address all areas of concern identified during the audit to include re-training of staff. The Administrator and/or DON will review the Social Distancing/Mask Audit Tool three x a week x 4 weeks then		

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F 880	Continued From page 6	F 880	<p>weekly x 4 weeks then monthly x 1 month to ensure all areas of concern were addressed.</p> <p>The Department Managers will complete audit of the Quarantine area twice a week x 4 weeks then weekly x 4 weeks then monthly x 1 month utilizing the Quarantine Audit Tool to ensure all rooms requiring isolation are identified with appropriate signage indicating the precautions in place and that quarantine area is properly marked and identified. The Department Managers and/or assigned nurse will address all areas concern identified during the audit to include providing each room with the appropriate isolation signage. The DON and/or Administrator will review the Quarantine Audit Tool twice a week x 4 weeks, weekly x 4 weeks, then monthly x 1 month to ensure all areas of concern were addressed.</p> <p>The DON will present the findings of the Social Distancing/Mask Audit Tool and the Quarantine Audit Tool to the Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee will meet monthly for 3 months and review the Social Distancing/Mask Audit Tool and the Quarantine Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p> <p>Barbour Court Nursing & Rehabilitation</p>		

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F 880	Continued From page 7	F 880	<p>Directed Plan of Correction Including Root Cause Analysis Date of Compliance: December 29, 2020</p> <p>Completed in Collaboration with Principle LTC <input type="checkbox"/> Governing Body for</p> <p>Barbour Court Nursing & Rehabilitation Center</p> <p>DIRECTED PLAN OF CORRECTION Background Barbour Court Nursing and Rehabilitation is a 165-bed licensed skilled nursing facility in Smithfield, North Carolina with an average daily census of 140 for the past year. The facility provides skilled nursing and rehabilitative services to short-term, long-term, and residents seeking respite. The facility also received citations related to infection control in March 2020 (linen), September 2020 (handwashing), and October 2020 (mask). In addition, the 2019 on our annual survey we did not receive any</p>		

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F 880	Continued From page 8	F 880	<p>citations as it relates to our infection control program. The facility had an infection control survey in May 2020 in which no citations were received.</p> <p>Methodology</p> <p>The root cause analysis was completed using a multi-faceted approach.</p> <p>∩ Survey History-Facility infection control surveys for 2019-2020 were reviewed and analyzed for trends in pattern to include causes of infection control deficiency and assigned scope/severity.</p> <p>∩ Facility Practice <input type="checkbox"/> Foundational systems for support of sustained compliance and provision of infection prevention during a pandemic were evaluated. These reviews consisted of analysis of the facility <input type="checkbox"/>s structure and processes related to:</p> <ul style="list-style-type: none"> o Interview with staff that was cited in the 2567 o Review of use of PPE in the facility o Roxanne Barnes assumed role of Infection Preventionist July 2020 o Roxanne Barnes completed online Spice training on September 28-30, 2020 o Report Covid 19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) Covid 19 weekly. o Education of Residents, Healthcare Personnel, and Visitors about Covid 19, current precautions being taken in the facility and actions they should take to protect themselves o Review of all education done with related entities of providers as it relates to 		

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F 880	Continued From page 9	F 880	<p>Covid 19</p> <ul style="list-style-type: none"> o Review of all education done with related entities of providers as it relates to Covid-19 o Review of sick leave policies o Review of handwashing o Review of use of PPE to include Mask Use o Review of system monitoring for infection control practices o Review of social distancing and communal areas o Review of source control measures to include visitors and staff while in the facility and providing care o Review of source control measures for residents use of face mask o Review of Visitor Restrictions and communications and updates to families o Review of testing plan for residents and staff o Review screening process of visitors and staff logs o Review of illness tracking logs for both residents and staff o Review of staffing schedules to include validation of dedicated staff o Review of delivery of food to Covid Unit as well as Quarantine unit o Review medication administration on Covid and Quarantine unit o Sufficient Hand Hygiene supplies o Respiratory Hygiene and Cough Etiquette o Personal Protective Equipment inventory and availability o Observation of donning and doffing PPE o Review environmental cleaning and 		

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F 880	Continued From page 10	F 880	<p>disinfection observation</p> <ul style="list-style-type: none"> o Review areas identified for Covid-19 suspected or confirmed patients o Review areas identified for new admissions or readmissions o Quality Assurance / Performance Improvement plans and implementation as it relates to Covid19 implementation plan <p>Analysis Facility Leadership / Corporate Support Corporate Structure / Oversight Corporate initiated a comprehensive Covid-19 plan, which started March 9, 2020. The administrative team received extensive training, as the guidance were developed to coincide with CDC, CMS, and state requirements. In addition, center participated in live weekly check-ins with clinical and operational team to assess need to include not limited to PPE, medical supplies, staffing etc. Clinical quality components are reviewed as well on a weekly basis. RVP does routine visits at a minimum monthly as well as clinical services.</p> <p>Staff Competency In-service Education / Orientation Orientation is completed upon hire and in services are reviewed with staff annually. Covid-19 in services were initiated on March 9, 2020 and have continued to present. Corporate updates guidance as CDC, CMS and State offices update guidance as it relates to managing Covid-19 Pandemic.</p> <p>Observations " Observations during review by surveyor noted an alleged failure of staff</p>		

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

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F 880	Continued From page 11	F 880	<p>to properly wear mask when in close contact of another staff member. Two of six staff observed in the smoking area were not at least 6 ft. apart and were not wearing a mask. One staff member was observed at the time clock with mask below chin and in close contact to another staff member.</p> <p>Root Cause Analysis Review The root cause analysis was completed for failure to wear a mask during a Covid pandemic when not practicing social distancing utilizing tools recommended by CMS for root cause analysis. Nurse #1, Nurse #2 and Dietary Aide #1 were interviewed to ascertain the root cause of not wearing mask per facility guidelines during COVID pandemic. Interview with Nurse #1, Nurse #2 and Dietary Aide #1 revealed staff had been educated prior to the citation and understood the process and requirements for mask use within the facility and for social distancing but failed to follow facility guidelines.</p> <p>The interviews determined the facility needs need to amend staff education in regards to prevention of Covid 19 to include use mask and social distancing, and to increase monitoring to ensure staff maintain compliance with mask use and social distancing within the facility. The following plan below will address the deficient practice and root cause analysis. (The group of people that reviewed the data were as follows: DON, Infection Preventionist, and the Administrator determined root cause from data reviewed)</p>		

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F 880	Continued From page 12	F 880	<p>Causal Factors Paths Through Root Cause Map</p> <p>QAPI Program implementation " QAPI meetings</p> <ul style="list-style-type: none"> " Cardinal IDT daily meetings " Investigation and validation " On-going monitoring / auditing " Staff competency " Staff knowledge of QAPI " Medical Director Involvement <p>Leadership /Corporate Support ¿ Development and implementation of new protocols</p> <p>¿ Corporate oversight and support Staff Competency ¿ Implementation of new protocols / practices</p> <p>¿ Response to survey findings</p> <p>¿ Monitoring, validation, and accountability with nursing staff performance</p> <p>¿ Staff competency with infection control following CDC, CMS, and State guidance as it relates to Covid-19 pandemic</p> <p>Communication ¿ Leadership</p> <ul style="list-style-type: none"> ¿ Corporate Support ¿ Facility Meetings ¿ Family and Resident updates on initiatives 		

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F 880	Continued From page 13	F 880	<p>QAPI</p> <p>System Change</p> <ul style="list-style-type: none"> ¿ Train staff on requirements of (1) Correct mask use while in the facility to include break/smoke times and (2) Social Distancing while in the facility to include during break times. Training will be completed by the Director of Nursing, Human Resource Coordinator, Nurse Consultant and Facility Nursing management. Training will be completed for all staff by 12/29/ 2020. After 12/29/20, no staff will be allowed to work until training is completed. ¿ Supplement staff training with the use of CDC videos Keep Covid 19 Out and Use of Personal Protective Equipment (PPE) Correctly. Video training will be completed by the Human Resource Coordinator, Director of Nursing, Nurse Consultant and Facility Nursing management. Training will be completed by 12/29/20. After 12/29/20, no staff will be allowed to work until training is completed. ¿ The facility will continue to have Cardinal IDT meetings daily and will schedule monthly QAPI meetings with the Administrator, DON, Medical Director Participation in addition to other key stakeholders monthly. The Administrator will be responsible for ensuring that meetings are conducted per facility protocol. The next QAPI meeting will be held no later than 12/31/2020. <p>Monitoring</p> <ul style="list-style-type: none"> ¿ The administrator will send a copy of the Monthly QAPI Minutes to the RVP and corporate Clinical Consultant for 3 months 		

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F 880	Continued From page 14	F 880	<p>for review / feedback. To start no later than December 31, 2020 and continue through March 2021.</p> <ul style="list-style-type: none"> ¿ The QAPI team and Corporate Consultants will review facility findings and evaluate to ensure compliance is sustained; recommendations will be provided accordingly. <p>Leadership / Corporate Support System Change</p> <ul style="list-style-type: none"> ¿ Principle LTC [Corporate Clinical Director] will dedicate a Nurse Consultant for Barbour Court to be present in the facility at least weekly x 8 weeks then monthly x 1 month beginning 12/21/2020. ¿ Principle LTC will continue to provide additional corporate support as needed though the use of corporate registered dietitian, Corporate Clinical Director, Regional Vice President, AVP of Clinical Quality and Reimbursement, etc. as indicated. Support will be provided though on-site visits and remote access ¿ The Director of Nursing/Administrator will be responsible for monitoring and completion of this DPOC with oversight of the Facility Nurse Consultant. <p>Monitoring</p> <ul style="list-style-type: none"> ¿ The Nurse Consultant initiated a weekly focus call specific for Barbour Court with the facility administrator, DON, and corporate representatives, which started 12/21/2020. Weekly calls will continue x 8 weeks then monthly x 1 month. ¿ A corporate representative [i.e. Corporate Clinical Director or Regional 		

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F 880	Continued From page 15	F 880	<p>Vice President] will conduct monthly on-site visits beginning January 1, 2021 and will continue for 3 months.</p> <p>Staff Competency System Change</p> <p>ι On 12/7/20, Dietary Aide #1 was re-educated by the Dietary Manager on Mask Use with emphasis on facility requirement to wear appropriate face mask at all times within the facility to include when at the time clock.</p> <p>ι On 12/18/20, Nurse #1 and Nurse #2 were re-educated by the Director of Nursing on Mask Use with emphasis on use of mask when social distancing cannot be maintained to include meal/break/smoke times.</p> <p>ι On 12/18/20, the Director of Nursing and Facility Consultant completed an audit of all areas of the facility to include break rooms, time clock and smoking areas of all staff working. This audit was to ensure proper use of masks with emphasis on not pulling mask below nose/mouth when in close contact of residents and/or staff and to ensure staff maintained social distancing of at least 6ft unless providing direct or emergency care. There were no concerns identified during the audit.</p> <p>ι On 12/18/20, the Maintenance Department marked all staff break rooms, nursing stations, time clock, screening station and designated smoke areas to distinguish 6 foot spacing as a reminder to staff to maintain social distancing.</p> <p>ι On 12/18/20, the Administrator posted</p>		

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F 880	Continued From page 16	F 880	<p>brightly colored signs at all break rooms, nurses stations, time clocks, screening station and smoke areas to alert staff to maintain social distancing and remind staff that face masks are required at all times when in the facility or during breaks when social distancing cannot be maintained.</p> <p>∩ On 12/18/20, the Director of Nursing and Human Resource Coordinator (HRC) initiated (1) CDC Keep COVID 19 Out and (2) CDC Use of Personal Protective Equipment (PPE) correctly for COVID -19 videos with all staff to include nurse #1, nurse #2, dietary aide #1 , and agency staff. Emphasis of videos included proper use of masks and social distancing. Videos will be completed by 12/29/20. After 12/29/20, no staff will be allowed to work until in-service and video training is completed. All newly hired staff to include agency will complete in-service/videos during orientation.</p> <p>∩ On 12/18/20, the Director of Nursing and HRC initiated in-services with all staff to include nurse #1, nurse #2, dietary aid #1 and agency in regards to (1) Social distancing and (2) Mask Use. Emphasis placed on facility requirement to wear an appropriate mask at all times within the facility and to maintain social distancing of at least 6ft unless providing direct resident care or emergency aid. Staff may only remove mask during meal/break time in a designated area where social distancing can be maintained. In-services will be completed by 12/29/20. After 12/29/20, no staff will be allowed to work until in-service and video training is completed.</p>		

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F 880	Continued From page 17	F 880	<p>¿ All newly hired staff to include agency will complete in-service/videos during orientation.</p> <p>Monitoring</p> <p>¿ Beginning 12/28/20/20, the Department Managers will complete fifteen (15) staff observations to include Nurse #1, Nurse #2 and Dietary Aid #1 and will include but not limited to observations of the screening station, time clock, break rooms and smoke areas three x a week x 4 weeks then weekly x 4 weeks, then monthly x 1 month utilizing the Social Distancing/Mask Audit Tool. Observations will include all three shifts and weekends. This audit is to ensure staff are wearing required mask at all times when in the facility unless on break in a designated area where social distancing is maintained and that all staff are practicing social distancing of at least 6ft apart unless providing direct resident or emergency care. The Unit Managers, Nurse Supervisor and/or HRC will address all areas of concern identified during the audit to include re-training of staff. The Administrator and/or DON will review the Social Distancing/Mask Audit Tool three x a week x 4 weeks then weekly x 4 weeks, then monthly x 1 month to ensure all areas of concern were addressed.</p> <p>¿ The Facility consultant will complete five (5) additional staff observations utilizing the Social Distancing/ Mask Audit Tool weekly x 8 weeks then monthly x 1 month to monitor facilities knowledge and compliance with guidelines on Mask Use and Social Distancing.</p>	

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F 880	Continued From page 18	F 880	<p>¿ The Facility Nurse Consultant will conduct focused on-site visits quarterly for 6 months to monitor on-going compliance. The visit format will include observing staff for competency and validation that the infection control program is being followed in all areas and being implemented as changes occur. A written report of the visit findings along with additional recommendations will be provided to the facility QAPI committee and the corporation.</p> <p>¿ The Facility Nurse Consultant initiated a weekly focus call specific for Barbour Court on 12/21/20 with the Facility Administrator, DON and Corporate Representative (Corporate Clinical Director or Regional Vice President) to review facility compliance with plan of corrections and compliance with infection control policies. Focus calls will continue x 8 weeks then monthly x 1 month.</p> <p>¿ Communication System Change</p> <p>¿ On 12/18/20, the Director of Nursing and Human Resource Coordinator (HRC) initiated (1) CDC Keep COVID 19 Out and (2) CDC Use of Personal Protective Equipment (PPE) correctly for COVID -19 videos with all staff to include nurse #1, nurse #2, dietary aide #1 , and agency staff. Emphasis of videos included proper use of masks and social distancing. Videos will be completed by 12/29/20. After 12/29/20, no staff will be allowed to work until in-service and video training is completed. All newly hired staff to include agency will complete in-service/videos</p>		

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F 880	Continued From page 19	F 880	<p>during orientation.</p> <p>¿ On 12/18/20, the Director of Nursing and HRC initiated in-services with all staff to include nurse #1, nurse #2, dietary aid #1 and agency in regards to (1) Social distancing and (2) Mask Use. Emphasis placed on facility requirement to wear an appropriate mask at all times within the facility and to maintain social distancing of at least 6ft unless providing direct resident care or emergency aid. Staff may only remove mask during meal/break time in a designated area where social distancing can be maintained. In-services will be completed by 12/29/20. After 12/29/20, no staff will be allowed to work until in-service and video training is completed.</p> <p>¿ All newly hired staff to include agency will complete in-service/videos during orientation.</p> <p>Infection Control Program System Change</p> <p>¿ The QAPI team, Medical Director, and Infection Preventionist reviewed the infection control program, including updated material in relation to COVID-19. Program was determined to be consistent with regulatory requirements.</p> <p>¿ On 12/7/20, the assigned hall nurses completed a respiratory assessment on all current residents (including those affected and those with potential to be affected. All abnormal findings were immediately reported to the resident's physician/nurse practitioner and the Director of Nursing.</p>		

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F 880	Continued From page 20	F 880	<p>Monitoring</p> <ul style="list-style-type: none"> ¿ Facility residents (including those affected and those with the potential to be affected) will have a Respiratory Assessment completed at least daily. Any abnormal findings will be immediately reported to the resident's physician/nurse practitioner and the Director of Nursing. ¿ All facility residents (including those affected and those with the potential to be affected) will have their vital signs to include temperature checked by the Certified Nursing Assistant responsible for their care at least daily. Any abnormal findings will be reported to the resident's charge nurse on duty who will then report to the resident's physician/nurse practitioner and/or the Director of Nursing. ¿ Beginning 12/28/2020, the Department Managers will complete fifteen (15) staff observations to include Nurse #1, Nurse #2 and Dietary Aid #1 and will include but not limited to observations of the screening station, time clock, break rooms and smoke areas three x a week x 4 weeks then weekly x 4 weeks, then monthly x 1 month utilizing the Social Distancing/Mask Audit Tool. Observations will include all three shifts and weekends. This audit is to ensure staff are wearing required mask at all times when in the facility unless on break in a designated area where social distancing is maintained and that all staff are practicing social distancing of at least 6ft apart unless providing direct resident or emergency care. The Unit Managers, Nurse Supervisor and/or HRC will 		

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F 880	Continued From page 21	F 880	<p>address all areas of concern identified during the audit to include re-training of staff. The Administrator and/or DON will review the Social Distancing/Mask Audit Tool three x a week x 4 weeks then weekly x 4 weeks, then monthly x 1 month to ensure all areas of concern were addressed.</p> <p>↳ The monthly QAPI committee will review the results of the Social Distancing/Mask Audit Tool monthly for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The Administrator and/or DON will present the findings and recommendations of the monthly QAPI committee to the Quarterly Executive QA committee for further recommendations and oversight.</p>		