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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/22/2020. 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# G4R011.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control survey was conducted on 12/22/2020 through 1/5/2021. The survey was conducted onsite on 12/22/2020 and remotely 12/23/2020 through 12/31/2020. Immediate Jeopardy was identified at: CFR 483.80 at tag F 880 at a scope and severity J Immediate Jeopardy began on 12/20/2020 and was removed on 12/31/2020. The survey team returned to the facility on 1/5/2021 to validate removal of Immediate Jeopardy from tag F 880. The Immediate Jeopardy removal was validated on 1/5/2021 and the survey's exit date was changed to 1/5/2021.	F 000		
F 880 SS=J	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.	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

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) 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: (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	F 880		

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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.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§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, review of facility infection control policy and procedure, and interviews with staff, the facility failed to implement the facility's COVID-19 Preparation and Response policy when the facility failed to ensure 1 of 2 COVID-19 negative residents(#2) did not share a room with a COVID-19 positive resident (#1) which increased the risk of spreading COVID19 to another resident. On 12/22/2020 the facility reported 52 of its 54 residents had tested positive for COVID-19.

Immediate Jeopardy began on 12/20/2020 when the facility became aware a COVID-19 positive resident and a COVID-19 negative resident were residing in the same room. These two residents remained in the same room for two days after the positive result was reported to the facility. The Immediate Jeopardy was removed on 12/31/2020

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when the facility provided and implemented an acceptable credible allegation for Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity level of a "D" (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring systems put into place are effective.

Findings included:

The facility's policy titled COVID-19 Preparation and Response issued 3/10/2020 and last updated on 10/5/2020 stated residents with the same condition should be cohorted in an effort to minimize the interactions of infectious individuals with non-infectious individuals as much as possible. Additionally, the policy reads, if positive a resident should be moved into a COVID-19 area in a private room whenever possible.

Record review revealed Residents #1 and #2 were tested for COVID-19 via polymerase chain reaction (PCR) on 12/15/2020 and both were negative. On 12/18/2020 Resident #1 and Resident #2 were moved into a room together after both of their roommates tested positive for COVID-19. On that same day, 12/18/2020, Residents #1 and #2 were tested again for COVID-19 via PCR. On 12/20/2020 the results of the PCR test on 12/18/2020 revealed Resident #1 was positive for COVID-19 and Resident #2 was negative for COVID-19.

Resident #1 was admitted to the facility on 8/10/2020 with diagnosis that included Parkinson's disease and dementia. Resident #1's most recent quarterly Minimum Data Set (MDS) dated 12/8/2020 indicated the resident was coded

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as cognitively impaired and rarely understood. Resident #1 was also coded as requiring extensive assistance with activities of daily living, personal hygiene, and toileting. The resident used a wheelchair for ambulation.

Resident #2 was admitted to the facility on 4/26/2017 with diagnoses that included aphasia secondary to cerebral vascular accident. Resident #2's most recent quarterly Minimum Data Set (MDS) dated 11/12/2020 indicated the resident was severely cognitively impaired, required extensive assistance with all activities of daily living, personal hygiene, and toileting and was bedbound during the assessment period.

On 12/22/2020 at 12:00pm Resident #1 and Resident #2 were observed to be residing in the same room which was located outside of the COVID-19 positive designated area. Neither resident was observed wearing a mask and the privacy curtain was not pulled between them. An Enhanced Contact /Droplet precaution sign was observed on the door and staff was observed donning Personal Protective Equipment (PPE) prior to entering the room.

An interview was conducted with Nurse Assistant (NA) #1 on 12/22/2020 at 12:00pm. NA#1 stated she was aware one resident was negative for COVID-19 and one resident was positive for COVID-19. She further stated she was not sure why they were still in the same room, typically they would have been separated. She stated most of the administrative staff was out with COVID-19. She stated she was changing personal protective equipment (PPE) and washing hands between residents.

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F 880	Continued From page 5 On 12/29/2020 at 4:00pm an interview was conducted with the Director of Nursing (DON) in which she stated the Infection Preventionist position was currently being filled by herself and two other individuals. She stated she worked with the local health department, risk management, and corporate on how to best isolate the COVID-19 positive residents. She stated on 12/18/2020 the two residents were moved into a room together after both of their previous roommates tested positive for COVID-19. The decision was made to move the two residents off the 300 hall, that was then designated as a COVID-19 isolation area, and into a room at the top of the hall, outside the isolation area. She stated there was only two rooms at the top of the 300 hall and they had three negative residents at that time. Since both Resident #1 and Resident#2 met the criteria for having been exposed, they were placed in a room together and placed on enhanced contact/droplet precautions. When asked if they typically kept COVID-19 positive and COVID-19 negative residents in rooms together, she stated they would have been separated if there had been administrative staff in the facility who could have moved one of them and if there had been an empty room. When asked about the rooms at the end of the COVID-19 isolation hall (300 hall) with tape across them that indicated they had been deep cleaned on 12/18/2020, she stated those rooms are for residents to go back to once they are cleared of COVID-19. On 12/30/2020 at 8:47am an interview was conducted with the director of housekeeping in which she stated, once rooms were deep cleaned, the doors were taped and the date of the deep clean was written on the tape. She further stated if the tape was still intact, that would	F 880		

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indicate the rooms was empty and had been cleaned.

12/30/2020 at 1:15pm an interview was conducted with nurse #1 who took the call form the lab on 12/20/2020 that identified Resident #1 as positive for COVID-19. She stated she sent the information out to the management team which included the DON and then notified the resident's family. She stated she did not recall getting feedback from any of the management team that Residents #1 and #2 needed to be separated. She stated she was aware they should be separated per facility policy. The residents remained together until 12/22/2020 when Resident #1 was moved into the COVID-19 unit into a private room. When asked if a room in the COVID-19 unit was available on 12/20/2020, she stated there were empty rooms on the COVID-19 unit (300 hall) on 12/20/2020.

On 12/30/2020 at 1:25pm the DON stated she was made aware Resident #1 was positive for COVID-19 on 12/20/2020. She would have been the next in charge and the one who would have made the decision to separate Residents #1 and #2 once the results came back. She did not make that request and the residents remained in the same room together until 12/22/2020. The COVID-19 positive resident was moved onto the COVID-19 positive isolation hall on 12/22/2020 when she became aware the resident was positive and not on the COVID -19 isolation hall.

A phone interview was conducted on 12/31/2020 at 8:14am with the local health department nurse who stated she has been worked with the facility during the recent outbreak. The health department provided the facility with the most

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recent CDC guidelines regarding cohorting positive residents away from negative residents in a designated area. She further stated no one from the health department had physically been in the facility to observe how the guidelines were implemented. She stated she had not been asked about this specific situation or any similar scenario.

On 12/30/2020 at 2:15pm a phone interview was conducted with the facility's medical director. He stated he can give the facility his opinion but ultimately it is up to the facility how they cohort residents. He stated he would have suggested the resident not be roomed together on 12/18/2020 since it is likely they both had been exposed. However, once the facility was notified of one resident's positive status on 12/20/2020, he would have left them together for 14 days regardless.

The facility administrator was notified of the immediate jeopardy by phone on 12/31/2020 at 9:15am.

Allegation of immediate jeopardy removal F880

Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.

On 12.18.2020 residents #1 and #2 were cohorted as negative residents. Resident # 1 received a positive COVID test result on 12/20/2020. Resident # 1 was moved to a room on the COVID unit on 12/22/2020 per policy that positive patients are on isolation.
As of 12/31/2020, resident # 2 is the only resident who has had a recent negative COVID-19 test

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and is the only resident that is impacted by this practice.

Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.

On 12/31/2020, the Director of Nursing and Administrator were educated by the Chief Clinical Officer of the policy regarding not allowing a newly tested patients who have tested negative for COVID-19 to remain in the same room as a resident who has tested positive for COVID-19. Additionally, they were educated on the fact that on 12/20/2020 the results were called the nursing management team but the room change was not communicated to the nursing staff at the facility. It is important that as soon as positive COVID-19 results are received that the Director of Nursing and nurse management make the necessary arrangements for the room change to occur immediately. Nurses and Medication aides will be trained that if this does not occur to notify the Administrator as a backup. If the Administrator is notified, then it is the administrator's responsibility to ensure that the room changes occur. The Director of Nursing will be responsible for educating the other nurse managers on 12/31/2020.

On 12/31/2020, the Director of Nursing and Nurse Management Team began educating all licensed nurses and medication aides on the need to move roommates when one is positive for COVID-19 and the other is negative for COVID-19. They were also educated that anytime they receive a positive result for COVID-19 they should notify the nurse on call

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and the Director of Nursing using phone numbers posted at the nurse's station. Plans should be made to separate the residents immediately. If plans have not been identified, then they should call the Administrator immediately. If the Administrator is not available, then call Director of Nursing. All numbers are posted at the nurse's station. As of 12/31/2020 3 PM, any employee who has not received this training will not be allowed to work until the training has been completed. This includes full time, part time, and agency staff.

On 12/31/2020, the Director of Nursing and Nurse Management Team began educating all nursing assistants and housekeepers. They were educated that anytime there is a newly tested positive COVID-19 resident in the room with a negative COVID-19 resident that they should be separated. This is to ensure that there is not a positive COVID-19 resident in the same room as a negative COVID-19 resident. If they become aware that there are residents in the same room with one being positive for COVID-19 and one being negative for COVID-19 they should ask about plans to move one of the residents. If plans have not been identified, then they should call the administrator immediately. If the administrator is not available, then call Director of Nursing. All numbers are posted at the nurse's station. As of 12/31/2020 3 PM, any employee who has not received this training will not be allowed to work until the training has been completed. This includes full time, part time, and agency staff.

Date immediate jeopardy removed 12/31/2020

On 1/5/2021 the facility's credible allegation for

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F 880	Continued From page 10 Immediate Jeopardy removal was validated by the following: Review of in-service training records of administrative, nursing, agency, and housekeeping staff. The training received included identifying and reporting any COVID19 positive resident that was found to be residing with a COVID19 negative resident, what action was to be taken and who would take that action. The facility ensured 100% participation by all administrative, nursing, agency, and housekeeping staff. Interviews with facility staff revealed they received training and were able to describe the facility's policy on the cohort of residents with like conditions. Additionally, staff gave verbal understanding on identifying and reporting residents that were housed in a way that was not consistent with the facility policy and CDC guidelines. Observations on the quarantine unit revealed two residents under enhanced precautions and both were housed separate from the general population and both were in private rooms. Immediate jeopardy was removed on 12/31/2020.	F 880		