STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345305	A. BUILDING _____ B. WING _____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMOKY RIDGE HEALTH & REHABILITATION	310 PENSACOLA ROAD BURNSVILLE, NC 28714

(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 An unannounced COVID-19 Focused Survey was conducted 12/02/20 with exit from the facility 12/02/20. Additional information was obtained through 12/04/20. Therefore the exit date was changed to 12/04/20. 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 #QC2311.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted 12/02/20 with exit from the facility 12/02/20. Additional information was obtained through 12/04/20. Therefore the exit date was changed to 12/04/20. The facility was found out of compliance with 42 CFR 483.80 infection control regulations resulting in Federal Citation F-880. Event ID# QC2311.	F 000		
F 880 SS=D	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	F 880		12/17/20

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

Electronically Signed | 12/22/2020

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F 880	Continued From page 1	F 880		

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.

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

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F 880	Continued From page 2 §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 and staff interviews the facility failed to implement their Infection Control COVID-19 policy for employees who became sick while working by allowing one of one employees (Nurse Aide #1) to continue to work and complete her shift after she reported that she had a fever and was not feeling well to a nurse and Unit Manager. This failure occurred during the COVID-19 pandemic. The findings included: A review was completed of the facility's policy titled "Infection Control: Interim Policy for Suspected or Confirmed Coronavirus-(COVID-19)" implemented 04/01/20. The policy read in part, "Employees who develop symptoms on the job will be: 1. Instructed to immediately stop work, provide with a facemask and immediately leave the facility, 2. Instructed on self-isolation at home." An interview with nurse aide (NA) #1 on 12/04/20 at 10:15 AM revealed she was scheduled to work on the 300 and 400 hallways, which were general population hallways, on the 7:00 AM to 7:00 PM shift on November 21, 2020. NA #1 stated she	F 880	1. The facility failed to update Infection Control: Interim Policy For Suspected Or Confirmed Coronavirus-(COVID-19) policy established on 04/01/2020. An employee was allowed to work with a temperature greater than 100 degrees which was not in congruence with existing policy. When employee presented to work, the initial pre-screen shift evaluation revealed no fever or symptoms that limited employee from working assigned shift. Unit Manager did not assess employee with screening tool and document temperature when employee presented mid-shift with self reported symptoms. Employee was allowed to work based on her self report. Employee followed current PPE guidelines of wearing surgical mask in all areas of facility. The facility updated it's IC Covid-19 policy on 12/15/2020 with the following changes: If the employee presents with fever over 100, they will be evaluated by Nurse Supervisor for report to DON/Infection Control Preventionist for further assessment without proceeding past screen check in. Employees who develop symptoms to COVID-19 off of the job	

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F 880	Continued From page 3 felt fine during the morning of 11/21/20, passed the screening requirements to be allowed to work, and began her shift as usual. She stated around 11:00 AM she felt dizzy and her heart rate was 155 beats per minute. NA #1 stated she checked her temperature orally and it was 101.4 degrees Fahrenheit. She stated she informed a nurse that she had a fever and did not feel well. The NA stated she could not recall which nurse she told she had a fever but the nurse told her to sit down for a few minutes and she did. NA #1 stated after she sat down for a few minutes she still felt bad and she told Unit Manager #1 she was not feeling well and had a fever. NA #1 stated Unit Manager #1 notified the Administrator of NA #1's fever and the Administrator told the Unit Manager to test NA #1 for COVID-19 and if the test was negative to have NA #1 finish out her shift. NA #1 stated the COVID-19 test was negative and she worked until 7:00 PM on 11/21/20. She explained she called out of work on 11/22/20 and came to the facility parking lot the afternoon of 11/22/20 to have a COVID-19 test performed which was positive. NA #1 stated she was out of work for 10 days after testing positive for COVID-19. An interview with Unit Manager #1 on 12/04/20 at 10:42 AM revealed NA #1 told her on 11/21/20 she had a fever but the Unit Manager did not check NA #1's temperature. Unit Manager #1 stated she notified the Director of Nursing (DON) of NA #1 having a temperature and the DON told her to test NA #1 for COVID-19 and if the test was negative NA #1 could finish her shift. She stated NA #1 tested negative for COVID-19. The Unit Manager stated NA #1 told her she was okay and wanted to finish her shift. Unit Manager #1 stated employees that had a fever would not normally be allowed to remain at work but she did	F 880	(e.g.,fever over 100, cough, shortness of breath or sore throat and other criteria as identified by State and Federal guidance) will be instructed to contact their Supervisor/DON/Infection Control Preventionist immediately for further assessment and instruction prior to returning to work in accordance with Federal and State Guidelines. Employees who develop symptoms on the job will be report immediately to their Supervisor, isolate from other staff and residents until they are evaluated by Nurse Supervisor for report to DON/Infection Control Preventionist for further assessment before returning to work. Based on DON/Infection Control Preventionist further evaluation, determination will be made for testing or provide other direction for employee on case-by-case basis following current Federal and State guidelines. The staff screening tool has been updated to include a post shift temp prior to employee leaving facility as well as Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC on 12/11/2020. To determine safest and most efficient return to work for health care professionals who are symptomatic and/or confirmed positive with COVID-19 using current options as published by CDC and summarized below. Each case will be reviewed to make a determination using these standards to mitigate staffing shortages within the facility:	

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F 880	Continued From page 4 not send NA #1 home due to the guidance provided to her by the DON. An interview with the DON on 12/04/20 at 10:51 AM revealed she was notified NA #1, who was working the 300 and 400 hallways, had a fever of around 100.4 degrees Fahrenheit on 11/21/20 by Unit Manager #1. She stated she was told by Unit Manager #1 that NA #1 tested negative for COVID-19 and said she felt "fine". The DON stated the Medical Director had told her he was comfortable with staff working with a temperature of up to 100.6 degrees Fahrenheit if they tested negative for COVID-19 so she felt it was fine to allow NA #1 to complete her shift. A follow up interview with NA #1 on 12/04/20 at 11:18 AM revealed she started feeling bad at work on 11/21/20 and checked her temperature and it was 101.4 degrees Fahrenheit. She stated a nurse told her to go sit down for a few minutes and she did. NA #1 stated she re-checked her temperature and it was still 101.4 degrees Fahrenheit, so she notified Unit Manager #1 of having a fever. She stated Unit Manager #1 checked her temperature orally and it was 101.4 degrees Fahrenheit. NA #1 stated the Unit Manager notified the Administrator of NA #1's fever and the Administrator told the Unit Manager to test NA #1 for COVID-19 and if it was negative to allow NA #1 to complete her shift. She stated the Unit Manager gave her 2 acetaminophen tablets, asked her if she was able to work, NA #1 stated "I guess", and went back to work. NA #1 stated no administrative staff offered to send her home after she tested negative for COVID-19. An interview with the Administrator on 12/04/20 at 11:24 AM revealed she was told by the DON that	F 880	Test-Based Strategy Symptomatic - Using date of symptoms or positive test, whichever is earliest, begin retesting on day 5. When there are two negative tests within 24 hours of each other (or greater than 24 hours), the employee may return. Symptoms do not have to be entirely gone, but must be improved and have not used fever reducing medications within 24 hours. Asymptomatic Positive□ Can be placed to work in dedicated COVID Unit. Begin retesting on day 5 of first positive test. Can return to non-COVID units after 2 negative tests within 24 hours or greater than 24 hours. Symptom-Based Strategy Symptomatic - Using date of COVID-19 symptoms or positive test, whichever is earlier, and if continue to test positive on day 5 up to day 10, employee can return on day 11 as long as, 10 days have passed since symptoms first began, symptoms have improved, and it has been at least 24 hours since us of fever reducing medications. Symptoms do not have to be entirely gone, but must be improved and must have not used fever reducing medications within 24 hours. Asymptomatic Positive □ Can be placed to work in dedicated COVID Unit while confirmed positive. Can return to Non-COVID unit after day 10 of positive test date without further testing being required. If an employee is presenting symptoms that may or not be COVID-related, and no fever, an assessment will be performed by Medical	

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F 880	Continued From page 5 NA #1's temperature was around 100.0 degrees on 11/21/20. The Administrator stated since the Medical Director said it was okay for staff to work with a fever of up to 100.6 with a COVID-19 negative test she felt it was okay for NA #1 to remain at work. A follow up interview with the Administrator on 12/04/20 at 11:50 AM revealed she reviewed the screening sheet for NA #1 on 11/21/20 and her temperature the morning of 11/21/20 was 97.3 degrees Fahrenheit. The Administrator stated since NA #1 tested negative for COVID-19, was wearing an N-95 mask and either a face shield or goggles, and had a temperature of less than 100.6 she felt it was okay to allow NA #1 to complete her shift on 11/21/20. The Administrator confirmed the facility did not follow their policy of sending employees with a fever home. The Administrator further stated the policy of sending staff home if they developed a fever while at work was written in April 2020 and should have been updated to reflect guidance from the Medical Director regarding employees being able to work if their temperature was less than 100.6 degrees Fahrenheit and they tested negative for COVID-19.	F 880	Director or facility RN under supervision of Medical Director with intention of returning them to work status as deemed appropriate with guidance. Return-to-Work Criteria for Healthcare Workers | CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC All staff have been educated about policy update and screening tool update. 2. All residents the employee was assigned to have the potential to be adversely affected. The facility completed routine staff testing, which was twice weekly during this time frame due to county positivity rate of 12.3% on 11/19/2020-12/02/2020 timeframe. Being in outbreak status at this point all residents have continued to be tested weekly and all staff have been tested twice weekly. 3. A Root Cause Analysis was completed, as well as all staff education on infection control topics: Policy/Procedures for Suspected or Confirmed Corona Virus. Infection Control: Interim Policy For Suspected Or Confirmed Coronavirus-(COVID-19) has been updated and in-serviced to all on 12/05/2020. All employees have been educated that if they develop symptoms on the job they will report immediately and be assessed by Nurse Supervisor for report to DON/Infection Control Preventionist immediately before returning to work. The revised Staff Screening tool will be utilized for this purpose in addition to before pre shift screening and post shift temperatures. Decision to allow an	

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F 880	Continued From page 6	F 880	employee to remain at work will be based on screening tool results and implemented by supervisor/DON/Infection Control Preventionist. Staff have been reeducated to report the following symptoms of Covid-19: cough, fever, sore throat, headache, chills, muscle pain, diarrhea, repeated shakes with chills, and new loss of taste or smell. Supervisors have been educated on updated policy and screening tool to be initiated if a staff members reports any covid symptom/and or not feeling well during a shift then to consult with IP/DON to decide work status. 4. The facility has reviewed the updated policy and revised screening tool through the QAPI Committee on 12/17/2020.DON/Designee will audit screening tools 7 days a week ongoing. Results of these reviews will be taken to the QAPI committee meeting by DON/Designee monthly to ensure ongoing substantial compliance. The results of compliance will be reviewed every month for 3 months at the monthly QAPI meeting, then quarterly at QAPI meeting until resolved. 5. Completion date 12/17/2020.	