

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

PRINTED: 01/19/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345466</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILLOWBROOK REHABILITATION AND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>333 EAST LEE STREET</b> <b>YADKINVILLE, NC 27055</b>
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F 000	INITIAL COMMENTS  An onsite complaint investigation was conducted on 12/20/20 - 12/21/20. Event ID# 2GQU11. Fifteen (15) of 15 complaint allegations were not substantiated.	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 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;	F 880		1/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>01/15/2021</b>
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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>(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. 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, record review and staff interviews, the facility failed to implement Centers for Disease Control and Prevention (CDC) guidelines by not posting precautionary signage</p>	F 880	<p>1) No residents were affected related to this citation. The Director of Nursing was educated on 12/21/2020 on precautionary signage that includes</p>		

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F 880	<p>Continued From page 2</p> <p>at the entrance of the facility's COVID-19 quarantine unit that instructed Health Care Providers (HCP) they must wear Personal Protective Equipment (PPE) while working on the unit and while caring for residents, who were on enhanced droplet isolation precautions, for five of five residents who resided on the quarantine unit (Residents #9, #10, #11, #12 and #13). This failure occurred during the COVID-19 pandemic.</p> <p>Findings included: OVID</p> <p>The CDC guideline titled "Responding to Coronavirus (COVID-19) in Nursing Homes" dated 04/30/20 read in part: Place signage at the entrance to the COVID-19 care unit that instructs HCP they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms.</p> <p>On 12/20/2020 at 11:45 AM Nurse #1 stated the COVID-19 quarantine unit was located on the 100-hall behind the closed fire doors.</p> <p>On 12/20/2020 at 12:50 PM an observation of the 100-hall revealed closed fire doors. Resident rooms 105 through 114 were located behind the closed doors. No signs indicating COVID-19 quarantine or enhanced droplet precautions was observed posted outside of the facility's COVID-19 quarantine unit.</p> <p>On 12/20/2020 at 1:30 PM Nurse #1 clarified the COVID-19 quarantine rooms were resident rooms 109 through 114. She explained the residents, who resided in these rooms, were either newly admitted or being readmitted into the facility. She</p>	F 880	<p>enhanced droplet precautions and proper donning and doffing of PPE by the Executive Director for new admit and readmit residents. A root cause analysis was completed by the Executive Director and Director of Nursing on 12/22/2020 and based on the findings the facility failed to implement Centers for Disease Control and Prevention (CDC) guidelines by not posting precautionary signage on the doors of resident rooms 109, 110, 111, 112 and 113 to identify these residents/rooms were as being on quarantine due to readmission/admission due to constant room changes (bed management), as well as there was no staff member assigned or a system in place to check to ensure the proper signage posted on the door at the time of admission and daily. Enhance Droplet Precautions and Proper PPE donning and doffing was placed on the door of currently affected resident rooms by 12/22/2020.</p> <p>2) Observation of the quarantine unit was conducted by the Director of Nursing and Enhanced Droplet Precaution signage and proper PPE Donning and Doffing was posted on the doors of residents that were identified as being a new admission or readmission.</p> <p>3) The Regional Vice President of Operations and Regional Director of Clinical Services educated the Executive Director and Director of Nursing on 12/22/2020 on Placing signage on the doors and isolation carts for residents</p>		

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F 880	<p>Continued From page 3</p> <p>further explained the residents on COVID-19 quarantine required staff to wear masks, eye protection, gowns and gloves while providing care. Nurse #1 also explained that the Director of Nursing (DON) held frequent staff meetings to keep all staff updated on the facility's COVID-19 status. The nurse stated all staff knew which rooms were the facility's quarantine beds.</p> <p>On 12/20/2020 at 2:00 PM an observation was made of rooms 109 to 114. No COVID-19 quarantine or enhanced droplet precaution signage were observed posted in the hallway or on the doors of the identified quarantine rooms which included rooms #109, #110, #111, #112 and #113.</p> <p>Review of the facility's census indicated the following:</p> <p>Resident #9 resided in Room #110B and was admitted to the facility on 12/10/2020. Resident #10 resided in Room #111A and was admitted to the facility on 12/10/2020. Resident #11 resided in Room #109A and was admitted to the facility on 12/15/2020. Resident #12 resided in Room #112 and was admitted to the facility on 12/15/2020. Resident #13 resided in Room #113 and was admitted to the facility on 12/18/2020.</p> <p>On 12/20/2020 at 2:05 PM an interview was conducted with Nurse Aide (NA) #1. She stated she regularly worked on the 100-hall. She stated rooms 109 to 114 were designated for COVID-19 quarantine residents. She explained that masks, goggles, gloves and gowns were necessary to enter the quarantine rooms. She stated the DON and unit managers had frequent updates for the</p>	F 880	<p>placed on the COVID-19 quarantine unit for new admissions and readmissions to identify residents/ rooms that require Healthcare Personnel to wear PPE prior to entering room per CDC guidance Responding to Coronavirus in Nursing Home. A review of the facilities Infection Control Policies and Procedures and COVID-19 Pandemic Plan was conducted on 12/22/2020 by the Executive and Director of Nursing. The Executive Director and Director of Nursing re-educated licensed nurses, certified nursing assistants, non-direct care staff on posting of proper signage on the door of rooms that are identified as quarantine for new and readmissions per CDC guidelines titled Responding to Coronavirus (COVID-19) in Nursing Homes by 01/08/2020. Enhanced Droplet Signage and PPE Donning and Doffing has been added to the Morning Meeting Worksheet, Admission Notification, room rounds, and Admission checklist for Nursing form to ensure proper signage is placed on the door at the time of admission by 12/31/2020.</p> <p>4) On 01/14/2020, the Executive Director presented the Plan of Correction to Quality Assurance Performance Improvement Committee and oversee the Quality Improvement Monitoring as observed by the Executive Director or Director of Clinical Services and or Nursing Supervisor. The Executive Director, Director of Nursing, or Nursing Supervisor to perform Quality Improvement Monitoring through</p>		

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F 880	<p>Continued From page 4</p> <p>staff regarding the facility's COVID-19 status.</p> <p>An observation of the 100-hall was made on 12/20/2020 at 4:00 PM. No COVID-19 quarantine or enhanced droplet precaution signage was observed posted in the hallway or on the doors of the identified quarantine rooms.</p> <p>An observation of the 100-hall was made on 12/21/2020 at 8:58 AM. The fire doors were propped open. No COVID-19 quarantine or enhanced droplet precaution signs were observed posted in the hallway or on the doors of the identified quarantine rooms.</p> <p>An interview was conducted on 12/21/2020 at 9:36 AM with NA #2. She stated the COVID-19 quarantine hall was for residents who had been admitted or had returned from the hospital. She stated Room #106 was not a quarantine room, but the other rooms on the 100-hall were designated for COVID-19 quarantine use. She explained that a mask, goggles, gloves and a gown were necessary when entering those residents' rooms. She stated the DON and unit managers frequently updated the staff with COVID-19 information.</p> <p>An interview with Nurse #2 was conducted on 12/21/2020 at 9:56 AM. She stated everyone knew the end of 100-hall was the COVID-19 quarantine unit. She explained the residents on quarantine had been admitted or readmitted from the hospital and had tested COVID-19 negative. She explained that rooms 105-106 were not quarantine rooms, rooms 107-108 had been but were not currently used as quarantine rooms, and rooms 109-113 were currently being used as quarantine rooms. She explained that masks,</p>	F 880	<p>observation ensuring proper signage is placed on the door of resident rooms on the quarantine unit at the time of admission 5 times per week for 2 month, 3 times per week for 1 month, 1 times per week for 1 month. The results of the Quality Improvement Monitoring will be reported to the Quality Assurance Performance Improvement Committee by the Executive Director and or Director of Clinical Services to ensure compliance is achieved and maintained, monthly for three months and then quarterly for two quarters. Quality Monitoring schedule may be modified based on quality monitoring findings. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Nursing Supervisor, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse and at least one direct care staff.</p>		

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F 880	Continued From page 5 goggles, gloves and gowns were necessary to enter the quarantine rooms. Staff were aware of what was necessary through staff meetings with updates and education provided by the DON and managers.  An interview was conducted on 12/21/2020 at 11:08 AM with the Administrator and the DON. The Administrator explained the COVID-19 quarantine unit was the end of the 100 hall, rooms 109 through 113 with room 114 to be used as the nurses' station should there be an event of active COVID-19. The Administrator explained Personal Protective Equipment (PPE) carts were available on the quarantine unit and staff were aware of what PPE was necessary through training sessions. She stated all staff knew which rooms were designated as COVID quarantine rooms, but precaution signs should be posted.	F 880			