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| E 000 | Initial Comments<br><br>An unannounced COVID-19 Focused Survey was conducted on 12-23-20 . 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: 7QZ611 | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>A focused infection control survey and complaint investigation was conducted on 12-23-20. Event ID #7QZ611<br><br>Immediate Jeopardy was identified at:<br><br>CFR 483.80 at tag F880 at a scope and severity J<br><br>Immediate Jeopardy began on 12-9-20 and was removed on 12/23/20.<br><br>4 of the 4 complaint allegations were substantiated resulting in deficiencies. (F880) | F 000 | | |
| F 880 SS=J | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: | F 880 | | 1/15/21 |

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

Electronically Signed | 01/11/2021

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| F 880 | Continued From page 1<br>§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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents | F 880 | | |

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| F 880 | Continued From page 2<br>identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, observations, staff and resident interviews, physician interview, the facility failed to implement infection control policies when (1) a nursing assistant (NA) #5 came to work on 12-9-20 and during the screening process reported to the screener that she had multiple symptoms of the COVID virus, but was not sent home to self-isolate, NA #5 was permitted to work her eight hour shift which involved providing direct resident care. This was for 1 of 43 sampled staff reviewed for COVID19 screening (nursing assistant #5).<br>(2) Staff working with residents who had tested positive for the COVID19 virus did not wear personal protective equipment (PPE) including gloves and/or a gown when entering resident's room and/or doff their PPE before exiting resident's room and/or did not perform hand hygiene when entering and exiting a resident's room for 3 of 10 staff members observed working on the facility's COVID positive unit (Nurse #1, environmental services staff #2 and nursing assistant #4). These failures occurred during the COVID19 pandemic. Nursing Assistant #5 tested positive for the COVID 19 virus after she worked 8 hours caring for residents on 12/09/20. As of | F 880 | 1. Residents #7 and #8 who were exposed to NA#5 and tested positive post exposure have since recovered from COVID-19 and are currently residing in the center are symptom free. Resident#6 expired at the center on 12/12/2020.<br><br>2. Other residents on NA#5 assignment on 12/9/2020 had potential to be affected. Seven out of 17 other residents on NA#5 assignment on 12/9/2020 have been diagnosed with COVID-19. All residents in the center had potential to be effected. Staff members that were observed to not wear appropriate PPE and/or did not don/doff appropriately were re-educated by Nurse Practice Educator (from a sister Genesis Center) and Nursing Supervisor on 12/22/2020. Residents that these staff had contact with have the potential to be affected.<br><br>3. On Tuesday December 22, 2020, all staff members that are assigned to be screeners received retraining and competency on the screening process to | |

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| F 880 | Continued From page 3<br>12-12-20 there have been 16 residents who have tested positive for the COVID virus since 12-9-20.<br><br>Immediate Jeopardy began on 12-9-20 when NA #5 came to work and during the screening process she reported that she was exhibiting signs and symptoms of the COVID virus but was permitted entry into the facility and worked her eight-hour shift providing direct resident care. After NA #5 completed her 8-hour shift on 12-9-20, she tested positive for the COVID virus on 12-10-20. Observations of the facility's COVID19 positive hall (hall 200) on 12-14-20 revealed an Environmental Service worker, who worked throughout the entire facility, was not wearing PPE including gloves and/or gown, and not performing hand hygiene when he entered and exited the room of a resident who had tested positive for the COVID virus. Immediate Jeopardy was removed on 12/22/20 when the facility provided and implemented acceptable credible allegation of Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity of "D" (No actual harm with potential for more than minimal harm that is not Immediate Jeopardy) to ensure monitoring systems put in place are effective. Example #3 was cited at a scope and severity level of a "D".<br><br>Findings included:<br><br>1. Review of the facility's "IC405 COVID-19" policy and procedure dated 11-15-20 revealed in part; active screening of all persons entering the facility will be done upon entry. Any person refusing screening will not be allowed into the facility. Employees who screen positive for temperature or symptom criteria will be instructed to return home and self-isolate. | F 880 | include actions to take if employees/visitors have signs and symptoms noted. Education and competency also included ensuring that all areas are noted/documented on for every individual screening in, including dates and initial of screener. Training was completed by the Administrator in Training, the Admissions Director and the Licensed Practical Nurse (LPN) nurse scheduler.<br>On 12/22/2020 education was initiated on Infection Control for all current staff (Licensed Nurses, Nurses Aides, therapy dietary, housekeeping, laundry, maintenance and department heads)this education included Full-time (FT), Part-time (PT), PRN (as needed) and Agency Staff. Education on Infection Control using Genesis Infection Control Police/Procedures is included for all new hires and new agency staff. Education included information regarding hand hygiene, proper donning and doffing of PPE, and isolation precautions and the associated signage, and how to recognize the signs and symptoms of COVID and what to do if any staff member has any signs or symptoms while at work. Training was completed by the Administrator, Director of Nursing, Assistant Director of Nursing and Nurse Practice Educator from a sister Genesis Center and Nursing Supervisor.<br>A root cause analysis was completed on 1/11/2021 by Medical Director, Administrator, Director of Nursing, and Administrator in Training, Nurse Practice Educator, 1st Floor Unit Manager, and | |

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| F 880 | Continued From page 4<br><br>Review of the facility's COVID19 "screening form for employees, medical visitors and visitors" from 12-2-20 to 12-15-20 revealed a total of 43 screenings were completed during this time period. Review of NA #5's 12-9-20 screening form revealed screener #1 documented that NA #5 had a cough, sore throat, muscle aches and a headache. The documentation of the screening form revealed NA #5 did not have a fever.<br><br>Review of the 12-9-20 nursing schedule revealed NA #5 was scheduled to work the 1 north hallway ( a general population hall) from 3:00pm to 11:00pm.<br><br>During an interview with nursing assistant (NA) #5 on 12-18-20 at 2:48pm by telephone, NA #5 discussed having a cough, sore throat, muscle aches, headache and diarrhea on 12-8-20. She stated she was scheduled to work on 12-8-20 but had called in sick. The NA confirmed she returned to work on 12-9-20 with a cough, sore throat, muscle aches and a headache but did not have a fever and had reported her symptoms to screener #1, who documented the symptoms on the screening form. NA #5 confirmed she worked her 8-hour shift on 12-9-20 while continuing to have these symptoms. She said on 12-9-20 she was not offered a COVID test and that no one had spoken to her about her symptoms. NA #5 explained she spoke with Nurse #7, the charge nurse, on 12-9-20 about her symptoms and that the charge nurse assisted her with her resident assignment. She confirmed she had not spoken to the Director of Nursing or the Administrator. The NA stated her next COVID testing date was 12-10-20, so she went to the facility to get tested for COVID19 with the results returning positive. | F 880 | 2nd Floor Unit Manager to help determine corrective action.<br>The facility LTC Infection Control Assessment was also reviewed on 1/13/21 by Nurse Practice Educator, Administrator, Director of Nursing, and Administrator in Training, Medical Director, 1st Floor Unit Manager, and 2nd Floor Unit Manager.<br>Facility has contracted with an independent Consultant who is SPICE certified effective date 1/15/20 for a duration 6 months to assist in 1) in-services specific to the issues cited if needed 2) assist with root cause analysis 3) Assist with development of the plan of correction 4) assist with development/review of the facility Infection Control assessment 5) routine visits to assist with monitoring infection prevention/control practices 6) written report with findings, recommendations if any will be provided following each visit.<br><br>4.<br>A) The Administrator and /or Administrator in Training will audit the screening Process and documentation daily (screening logs) to ensure that all staff/visitors are appropriately screened and that if any staff/visitor has symptoms that they will be sent home and tested appropriately according to policy/procedure. Audit will be completed daily for 2 weeks, 2 times/week for 2 weeks, then weekly for 2 weeks. Results of these audits will be recorded on the audit tool Meridian Center Screening Form Audit and will reported to the Quality | |

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| F 880 | Continued From page 5<br>She stated she was sent home at that time and had not returned to work as of 12-18-20.<br><br>On 12-17-20 at 10:13am a phone interview occurred with screener #1, who screened NA #5 on 12-9-20. The screener explained, if an employee marked yes to any of the COVID questions on the screening form, then the employee is sent to the testing nurse in the facility to receive a rapid COVID test. The screener stated he did not remember if he had referred or reported NA #5's symptoms to Administration on 12-9-20.<br><br>Nurse #6 was interviewed by telephone on 12-17-20 at 11:23am. The nurse discussed, if an employee had any of the COVID symptoms, the employee would receive a COVID rapid test before reporting to work. She further explained employee testing was scheduled on Tuesdays and Thursdays but stated if an employee had been tested 1-2 days prior to having symptoms and the test was negative, she would not re-test them, but the employee would be sent home. Nurse #6 stated she had not been made aware of NA #5 having symptoms on 12-9-20 so she was not tested. She confirmed NA #5 was last tested on 12-3-20 with the results being negative. Nurse #6 discussed, when an employee called out sick, she made follow up telephone calls to ensure the employee was healthy enough to return to work. She stated she did not remember if she had talked with NA #5 about her not feeling well and the symptoms, she was experiencing on 12-9-20.<br><br>The Administrator was interviewed by telephone on 12-17-20 at 10:10am. The Administrator verified that there was a staff member present at the screening table 24 hours a day, 7 days a | F 880 | Assurance and Performance Improvement Committee monthly by the Administrator in Training with the QAPI responsible for ongoing compliance.<br><br>B) Management Team including: Administrator, Administrator in Training, Director of Nursing , Assistant Director of Nursing, Activity Director, Social Service, Admissions Director, Housekeeping Director are assigned to observe staff for PPE compliance and hand hygiene daily for 2 weeks, 2 times/week for 2 weeks, then weekly for 2 weeks. Results of these audits will be recorded on the audit tool COVID-19 Walking IC Round and will reported to the Quality Assurance and Performance Improvement Committee monthly by the Director of Nursing with the QAPI responsible for ongoing compliance. | |

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| F 880 | Continued From page 6 | F 880 | | |

week. She further explained if there was not documentation of a staff members temperature or the COVID questions had not been answered, then it was a human error. The Administrator discussed not being made aware that NA #5 had COVID19 symptoms when she reported to work on 12-9-20. She also stated if she had known of NA #5's symptoms, the NA would have been sent home on 12-9-20 and not allowed to work her 8-hour shift.

The facility's medical director was interviewed by telephone on 12-18-20 at 2:14pm. The medical director discussed the facility's screening process. He explained the COVID 19 screening process was an integral part for keeping COVID out of the facility and staff working with COVID symptoms was a concern but would be more of a concern if the staff also had a fever.

The Administrator and Director of Nursing (DON) was interviewed by telephone on 12-21-20 at 10:22am. The DON discussed on 12-10-20, 3 residents had tested positive for COVID19. She explained once NA #5 tested positive for COVID19 on 12-10-20, she was able to trace the NA's contact with the 3 residents as the source for the residents testing positive. The Administrator and the DON said they were unaware of NA #5's symptoms on 12-9-20. The DON stated NA #5 was screened by screener #1 and that he should have informed her or the Administrator of NA #5's symptoms.

During an interview by telephone with Nurse #7 on 12-22-20 at 9:18am, the nurse confirmed she was the charge nurse for NA #5 on 12-9-20 but did not remember if the NA discussed not feeling well.

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| F 880 | Continued From page 7 | F 880 | | |

2. Review of the facility's "IC301 Contact Precautions" dated 11-15-19 policy and procedures revealed in part; staff must wear a gown and gloves when entering a resident room and before exiting the resident room removing gown and gloves and perform hand hygiene.

Observation of the COVID unit occurred on 12-14-20 at 5:25pm. Resident #5's room was observed to have a "extended contact and airborne precautions" sign posted on the wall next to the door frame which required anyone entering his room to perform hand hygiene before and after contact with the resident and/or contact with his environment and to wear a N95/K95 mask, gown, face shield and gloves upon entering the resident room.

The observation revealed a masked Environmental Service person (EVS) #2 moving Resident #5's possessions, who was newly diagnosed with COVID19, into a COVID positive room while the resident was in the room. Prior to entering the resident's room, EVS #2 did not don a gown, face shield or gloves. EVS #2 was observed entering and exiting the room 3 times without performing hand hygiene and touching various items on the moving cart.

EVS #2 was interviewed on 12-14-20 at 5:28pm. EVS #2 discussed being employed at another "sister facility" and was not familiar with Resident #5. He said he did not know why Resident #5 was being moved and was unaware the resident was positive for COVID or that hallway 200 was a COVID hallway. He explained he did not see the "extended contact and air borne" precaution sign next to the resident's door frame so he was

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| F 880 | Continued From page 8 | F 880 | | |

unaware he needed to be wearing a gown, gloves and face shield. EVS #2 also explained he was not going to complete hand hygiene until he had finished moving the resident's belongings. EVS #2 also stated he was working throughout the whole facility assisting in moving residents to other rooms and providing housekeeping duties. He confirmed he had received training from the sister facility on COVID19, infection control, isolation precautions and hand hygiene.

The Administrator was interviewed on 12-14-20 at 5:45pm. The Administrator stated staff had received training on wearing the proper PPE when a resident was on isolation precautions. She further stated EVS #2 had received training from their sister facility.

The facility's Administrator in training provided the following information by email on 12-21-20 at 4:00pm; the Administrative staff provide day to day surveillance through informal walking rounds in which proper PPE and utilization of PPE are monitored and corrected if needed. The Administrative staff also perform, twice a day, formal COVID19/Infection Control rounds that cover several topics which include PPE.

The Administrator was notified of the Immediate Jeopardy by telephone on 12-21-20 at 6:21pm. On 12-22-20 the facility provided the following credible allegation of Immediate Jeopardy removal:
12/22/2020

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

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| F 880 | Continued From page 9 | F 880 | | |

1) Three residents (Residents # 6, #7 and # 8) on Unit 1 North were cared for by NA # 5 on 12/9/20. NA #5 had symptoms upon screening in to work on 12/9/20 and cared for these three residents on 12/9/20. On 12/10/20 residents # 7 and # 8 and NA # 5 were tested during routine testing and were all three noted to be positive. Resident # 6 tested positive on 12/9/20.

On 12/09/20 during the screening process to enter the facility, NA #5 noted to have cough, sore throat, nausea, congestion, muscle aches and a headache. This employee could work despite these noted symptoms. The screener in place that date on that shift failed to appropriately address the positive symptoms and send the staff member home according to policy and procedure, which led to the residents being exposed to potential Covid-19 related symptoms, and later two residents on this employees assignment did test positive for Covid- 19. This exposure was from NA # 5 providing direct care to residents # 6, # 7 and # 8 while she herself had Covid-19 symptoms and later tested positive.

Residents # 7 and #8 who were exposed to NA #5 and tested positive post exposure have since recovered from Covid- 19 and are currently residing in center and are symptom free. Resident # 6 expired at the center on 12/12/20.

Other residents on NA # 5's assignment on 12/09/20 had potential to be affected. Seven out of 17 other residents on NA # 5's assignment on 12/09/20 have been diagnosed with Covid- 19. These additional seven residents tested positive between the dates of 12/10 and 12/21. Five of these seven residents are symptom free; one has pneumonia and is being treated with antibiotic

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| F 880 | Continued From page 10<br>and the last is still exhibiting Covid-19 symptoms.<br><br>On Tuesday December 22, 2020 all staff members that are assigned to be screeners received retraining and competency on the screening process to include actions to take if employees/visitors have signs and symptoms noted. Education and competency also included ensuring that all areas are noted/documented on for every individual screening in, including dates, and initials of screener. Training was completed by Administrator in Training, the Admissions Director and the LPN Nurse Scheduler.<br><br>2) Staff members that were observed to not wear appropriate PPE and/or did not don/doff appropriately were re-educated by Nurse Practice Educator (from a sister Genesis Center) and Nursing Supervisor on 12/22/20. Residents that these staff had contact with have potential to be affected. In the absence of the Nurse Practice Educator the Director of Nursing or Assistant Director of Nursing will conduct trainings.<br><br>Specify action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when action will be complete:<br><br>On 12/22/20 Education was completed for all staff assigned to screen employees/visitors on entry to the center. This education included a written competency on the screening process and the documentation required on the screening tool. Training was completed by the Administrator in Training, The Admissions Director, and LPN Nurse Scheduler. | F 880 | | |

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On 12/22/20 Education was initiated on Infection Control for all current staff, (Licensed Nurses, Nurses Aids, therapy, dietary, housekeeping, laundry, maintenance and department heads) this education include FT, PT, PRN and Agency Staff. Education on Infection Control from Genesis Infection Control Policies/Procedures: included Hand Hygiene, appropriate PPE for Covid-19 Positive Residents and how to appropriately DON/Doff PPE. At this time more than 70% of staff have received this training. No staff shall work until they have completed this training. Nurses conducting the education kept a log of all staff educated, the list of those who have not yet received the training was provided to the LPN Nurse Scheduler so that staff can be identified and notified that they must receive training prior to working. Licensed Nurse trained by Nurse Practice Educator on how to complete the training and will be scheduled on off shifts to train all oncoming staff that have not yet received the training prior to them reporting to assigned unit. Infection Control / PPE training is included for all new hires and new agency staff. Training was completed by the Administrator, Director of Nursing, Assistant Director of Nursing, and Nurse Practice Educator from a sister Genesis Center and Nursing Supervisor.
The Administrator and /or Administrator in Training will audit the Screening process and documentation daily to ensure that all staff/ visitors are appropriately screened and that if any staff/visitor has symptoms that they will be sent home and tested appropriately according to policy/procedure.

The Director of Nursing and/or the Assistant Director of Nursing will monitor for adherence to appropriate PPE use and appropriate Donning

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and Doffing of PPE daily, any deviation from procedure will be addressed upon identification. Management Team, including: Administrator, Administrator in Training, Director of Nursing, ADON, Activity Director, Social Services, Admissions Director, Housekeeping Director are assigned to observe PPE compliance on all 3 shifts 7 days per week for compliance with appropriate use and appropriate donning and doffing.
Alleged date Immediate Jeopardy was removed, 12/22/20. Administrator is responsible for the implementation of this plan.

On 12-23-20 at 5:30pm the facility's credible allegation for immediate jeopardy removal, with an Immediate Jeopardy removal date of 12-22-20 was validated as evidenced by licensed and non-licensed staff interviews, observations, facility training that included monitoring of the staff screening process which encompassed documentation that the screening was complete and staff were negative of any COVID symptoms. The facility's training also included "IC301 Contact Precautions" policy which discussed donning and doffing of isolation gowns, proper PPE and hand hygiene. Observation of staff working the 3:00pm to 11:00pm shift revealed wearing of the proper PPE in entering a COVID positive resident room, correct procedure of donning and doffing of their PPE and proper hand hygiene. Review of the screening forms revealed there were not any staff that worked with COVID positive symptoms and the screening forms contained full documentation.

3. Review of the facility's "IC301 Contact Precautions" dated 11-15-19 policy and procedures revealed in part; staff must wear a

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gown and gloves when entering a resident room and before exiting the resident room removing gown and gloves and perform hand hygiene.

3a. Observation of the COVID unit on 12-14-20 at 5:16pm, revealed Nurse #1 was in Resident #9's room who had tested positive for COVID19. She was observed providing oral medication without gloves on. Resident #9 was observed putting the medicine cup to his mouth, touching his lips. Nurse #1 took the medicine cup when the resident was finished, held it in her hands while speaking to the resident who was requesting a snack. Nurse #1 threw the medicine cup into the trash and exited the room without performing hand hygiene and proceeded to the snack cart touching several items on the cart and then returned to the resident's room and when she exited the 2nd time she performed hand hygiene.

Nurse #1 was interviewed on 12-14-20 at 5:20pm. The nurse confirmed the resident was COVID positive and that she entered the room, provided medication without gloves and exited the room without performing hand hygiene. She stated she "just forgot" to put gloves on when she provided medication to Resident #9. Nurse #1 also said she was focused on getting the resident his snack and had just forgot to perform hand hygiene. The nurse discussed that she had received training on PPE, infection control and the spread of COVID19.

3b. Observation of the COVID unit on 12-15-20 at 1:30pm, revealed nursing assistant (NA) #4 entered a COVID positive resident room with a lunch tray. When the NA exited the room, she was observed doffing her PPE which included a gown and gloves, in the hallway next to the lunch

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cart. She was then observed carrying her PPE with no gloves on down the hall to a room marked "employees only". Without performing hand hygiene, the NA touched the numbered keypad and turned the door handle to enter the room. NA #4 exited the "employee only" room and walked to a sink in the hall and performed hand hygiene.

During an interview with NA #4 on 12-15-20 at 1:40pm, the NA confirmed she had only worked on the COVID positive unit and she stated she was unaware that she needed to doff her PPE or complete hand hygiene prior to exiting a COVID positive resident room. She confirmed there was a trash can available inside the resident's room by the door. The NA said, "I washed my hands after I threw away my PPE". She discussed not thinking about spreading the virus to other surfaces but confirmed she had received training on the spread of COVID19, infection control, donning and doffing PPE and hand washing.

The facility's Medical Director was interviewed on 12-15-20 at 2:31pm. The Medical Director discussed staff being in-serviced on COVID, infection control and the proper protocols for hand washing and PPE use. He discussed being concerned if staff was not wearing proper PPE and stated he felt there was a risk for spreading the COVID19 virus when protocols were not followed.

The Administrator was interviewed on 12-14-20 at 5:45pm. The Administrator stated staff had received training on wearing the proper PPE when a resident was on isolation precautions.

The facility's Administrator in training provided the following information by email on 12-21-20 at

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| F 880 | Continued From page 15<br>4:00pm; the Administrative staff provide day to day surveillance through informal walking rounds in which proper PPE and utilization of PPE are monitored and corrected if needed. The Administrative staff also perform, twice a day, formal COVID19/Infection Control rounds that cover several topics which include PPE. | F 880 | | |