

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

PRINTED: 02/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUE RIDGE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 HEBRON STREET HENDERSONVILLE, NC 28739</b>		
(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	E 000			
F 000	INITIAL COMMENTS	F 000			
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p>	F 880		1/22/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/25/2021

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)(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 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.	F 880			

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F 880	<p>Continued From page 2</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 observations, staff interviews and record review, the facility failed to ensure dietary staff implemented the facility's infection control measures for wearing facemasks when 1 of 2 dietary staff (Dietary Aide #1) failed to wear a facemask that covered their mouth and nose while working in the kitchen. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>A review of a facility policy titled, "Tool Kit A Section I and II - Center Preparedness Infection Prevention Strategies and Guidance for COVID-19 revised 10/29/20, read in part: "Staff use of Personal Protective Equipment - for the duration of the state of emergency in your state, all personnel should wear a facemask while they are in the center. Mask type: surgical mask. Who wears the mask and when do they wear the mask: all center staff, at all times when in the facility."</p> <p>A continuous observation conducted in the kitchen on 12/29/20 from 11:38 AM to 11:44 AM</p>	F 880	<p>F880</p> <p>This alleged deficiency was caused by the facility staff's failure to follow policies and procedures regarding utilizing personal protective equipment (PPE) to prevent the potential spread of Covid- 19.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>Dietary Aide #1 was immediately re-educated by the Infection Preventionist/ Assistant Director of Nursing on 12/29/20 on the requirement that all employees, including dietary staff working in the kitchen, are required to wear surgical masks and that these masks must be worn properly, covering the nose and mouth. This employee also received disciplinary action by her supervisor for failing to meet this requirement on 12/29/20.</p> <p>Facility staff in all departments, including</p>		

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F 880	<p>Continued From page 3</p> <p>revealed Dietary Aide (DA) #1 had her facemask pulled down to her chin, exposing her mouth and nose, as she retrieved plated food from the top counter of the steam table, placed it on the meal tray, added beverages and then loaded the tray into the meal cart for delivery to the residents. DA #1 continued this process for three additional resident meal trays with her facemask pulled down to her chin.</p> <p>During an interview on 12/29/20 at 11:44 AM, DA #1 revealed she had received education on the use of facemasks and was instructed to wear a surgical mask, covering both the mouth and nose, at all times while in the facility. DA #1 confirmed her facemask was not covering her mouth and nose while preparing resident meal trays and explained her glasses fogged up when wearing a facemask making it difficult to see so she often pulled her facemask down just underneath her nose. DA #1 added she had pulled her facemask down to breathe when she had stepped outside the kitchen exit door for a moment and forgot to pull it back up before returning into the kitchen.</p> <p>During an interview on 12/29/20 at 12:13 PM, the Assistant Director of Nursing (ADON) stated on a previous occasion, she had observed DA #1 not wearing her facemask properly in the kitchen during meal preparation and had provided her with one-to-one education instructing DA #1 to make sure her facemask covered both the mouth and nose. The ADON added she recently conducted an in-service on 12/18/20 with all staff, including dietary staff, reminding them to wear facemasks at all times.</p> <p>During an interview on 12/29/20 at 1:15 PM, the</p>	F 880	<p>contracted Dietary and Housekeeping/ Laundry, and Agency employees were re-educated beginning 1/5/21 and concluding on 1/7/21 by the Director of Nursing or Infection Preventionist/ Assistant Director of Nursing on the Employee and Essential Healthcare Personnel (HCP) requirements for utilizing personal protective equipment, including surgical facemasks, as outlined in the Sava Toolkit on Center Preparedness: Infection Prevention Strategies and Guidance for Covid- 19. This training included the requirement that all employees and HCP's wear surgical facemasks while in the facility and that they completely cover the nose and mouth at all times. Newly hired staff members and agency staff will also be in-serviced on this requirement by the Director of Nursing, Infection Preventionist/ Assistant Director of Nursing or designee as part of the facility orientation.</p> <p>The clinical consulting firm that the facility contracted with on 12/22/20 sent a qualified Infection Control nurse for a site visit on 1/12/21. An inspection of the kitchen was included during this visit and all dietary staff were noted to be in compliance with properly wearing surgical masks.</p> <p>A root cause analysis was completed involving the Infection Preventionist, Governing Body and QAPI committee members and was reviewed by the contract consultant and as part of the ad hoc QAPI meeting held on 1/22/21.</p>		

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F 880	Continued From page 4 Dietary Manager (DM) revealed all dietary staff, including DA #1, had been educated "numerous" times regarding wearing facemasks covering their mouth and nose. The DM added she instructed dietary staff if they needed to pull their facemask down to get a breath of fresh air, they were to go outside the kitchen exit door for a break and make sure their facemask was pulled back up over their mouth and nose and wash their hands when returning back into the kitchen. The DM verbalized all dietary staff knew they were expected to wear facemasks at all times when in the kitchen.	F 880	Following root cause analysis, it was determined that staff oversight to appropriately apply the surgical mask when returning to the kitchen led to this deficiency.  To ensure ongoing compliance, daily audits of staff practices of wearing surgical masks will be performed three times per day for four (4) weeks and documented on a Mask Audit Tool beginning 1/6/21 by the Director of Nursing, Infection Preventionist/ Assistant Director of Nursing, Unit Managers, Department Managers and/or designated nursing staff. Thereafter, audits will be completed daily for four (4) weeks, and then three (3) times per week for four (4) weeks. Any deficiencies noted will be addressed immediately and corrective action taken as necessary, including disciplinary action. The results of these audits will be reviewed as part of the facility Quality Assurance & Process Improvement (QAPI) program monthly until such time substantial compliance has been achieved.  The Administrator is responsible for implementing the acceptable plan of correction.  Completion Date 1/22/21.		