

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

PRINTED: 02/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2021
NAME OF PROVIDER OR SUPPLIER BROOKRIDGE RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106		
(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 & 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> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections</p>	F 880		1/29/21	

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	<p>Continued From page 1</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</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>	F 880			

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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 observations, staff interviews, record review, and review of the facility's policy titled, "Managing Infections," the facility failed to implement their infection control procedures for personal protective equipment (PPE) when a housekeeper failed to don a gown prior to entering a resident's room who was on enhanced droplet-contact precautions for 1 of 3 staff observed working on the facility's new admission unit (Housekeeper #1). This failure occurred during a COVID-19 pandemic. Findings included: The facility's policy titled, "Managing Infections," updated 1/2021, was reviewed. The policy stated, in part, "...For residents who are tested prior to hospital discharge and are COVID-19 negative, admit and cohort with other residents of similar status if possible ...All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves and gown ..." Resident #1 was admitted to the facility on 1/4/21 from the hospital. COVID-19 tests performed on	F 880	Housekeeper was immediately suspended for 3 days once notified by surveyor of behavior. She was reeducated by her direct supervisors during suspension process. All residents have the potential to be effected by these actions. Due to the severity, the facility completed a 100% audit of all rooms who were to be isolated to ensure proper signage was present and PPE carts were stocked accordingly on 1/13/2021. There were no findings of inadequate PPE or no/wrong sign. Education was provided to all staff of the healthcare center to ensure that they understood what to wear in an isolation room. The Enhanced Droplet Precaution sign was reviewed in the in-service so that staff were reminded of the education once they saw the sign on the resident's door. Education was completed 1/29/2021. For Monitoring purposes, the DON or designee will witness 5 times a week for 6 weeks, staff entering an isolation room. The DON or designee will ensure proper PPE is worn when entering a resident room who is on isolation. Audits will be reviewed by the facility QAPI committee during routine		

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F 880	<p>Continued From page 3</p> <p>1/4/21 and 1/11/21 revealed Resident #1 was negative for the virus.</p> <p>A continuous observation of Resident #1's room (on the new admission unit) was completed on 1/12/21 from 10:15 AM-10:20 AM. An enhanced droplet-contact isolation sign was posted on the door, along with a bin that contained PPE (gowns and gloves). The enhanced droplet-contact isolation sign had the following instructions: "Perform hand hygiene, N95 (may use KN95), eye protection, gown when entering room, gloves when entering room." Housekeeper #1 approached the room and wore a facemask, gloves and eye protection. She entered the room with a bottle of cleaning solution and closed the door. She did not put on a gown before she entered the room. Resident #1 was observed in the room prior to when the housekeeper closed the door. Housekeeper #1 exited the room at 10:18 AM.</p> <p>Housekeeper #1 was interviewed on 1/12/21 at 10:18 AM. She confirmed she had not worn a gown when she entered Resident #1's room. She said the facility had educated her that full PPE (gown, gloves, eye protection and facemask) was to be worn when she entered the room of a resident on enhanced droplet-contact precautions. Housekeeper #1 explained she hadn't worn a gown in the room since the resident was COVID-19 negative and had returned from the hospital. She acknowledged she should have donned a gown before she entered the room. At the conclusion of the interview, Housekeeper #1 re-entered Resident #1's room without a gown.</p> <p>On 1/12/21 at 10:25 AM, Nurse #1 was interviewed. She was the nurse on the new</p>	F 880	<p>meeting to determine if further monitoring is necessary.</p> <p>Responsible Person: Cathy James, DON</p>		

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F 880	<p>Continued From page 4</p> <p>admission unit. She reported Resident #1 was negative for COVID-19 and was on observation for 14 days since she returned from the hospital. She said all new admissions or re-admissions to the facility were placed on enhanced droplet-contact precautions for 14 days and all staff were required to don full PPE before they entered a room of a resident on precautions. She added Housekeeper #1 should have donned a gown before she entered Resident #1's room.</p> <p>An interview was completed with the Administrator and Director of Nursing (DON) on 1/12/21 at 2:01 PM. The Administrator explained the enhanced droplet-contact precautions signs on room doors informed staff what PPE needed to be worn prior to entering a resident's room. She indicated all staff were to follow the instructions, not just the nursing staff. She stated staff had been provided education about specific PPE that was worn in resident rooms who were on enhanced droplet-contact precautions. She added Housekeeper #1 had previously worked on a COVID-19 unit with enhanced droplet-contact precautions and had worn full PPE. The DON stated Housekeeper #1 should have put on a gown before she entered Resident #1's room.</p>	F 880			