

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

PRINTED: 03/03/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/31/2020 |
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| NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT CONCORD | | | STREET ADDRESS, CITY, STATE, ZIP CODE 515 LAKE CONCORD ROAD NE CONCORD, NC 28025 | | |
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| E 000 | Initial Comments An unannounced onsite COVID-19 Focused Infection Control Survey and Complaint investigation was conducted on 12/07/20 through 12/08/20. The surveyor returned to the facility on 12/21/20 to obtain additional information. Additional information was obtained off site through 12/31/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# KKFQ11 | E 000 | | | |
| F 000 | INITIAL COMMENTS An unannounced onsite COVID-19 Focused Infection Control Survey and Complaint investigation was conducted on 12/07/20 through 12/08/20. The surveyor returned to the facility on 12/21/20 to obtain additional information. Additional information was obtained off site through 12/31/20. Therefore, the exit date was changed to 12/31/20. Immediate Jeopardy was identified at: CFR 483.80 at tag F880 at a scope and severity of K. Immediate Jeopardy began on 11/30/20 and was removed on 12/23/20. 1 of the 1 complaint allegation was substantiated but did not result in a deficiency. | F 000 | | | |
| F 880 SS=K | Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) | F 880 | | 2/4/21 | |

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

TITLE

(X6) DATE

Electronically Signed

02/01/2021

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>§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 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,</p> | F 880 | | | |

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| F 880 | <p>Continued From page 2</p> <p>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 observations, record reviews and interviews with facility staff the facility failed to follow their policy and procedures for staff reporting for COVID-19 symptoms and not working with symptoms consistent with COVID-19 (Nurse #1, Nurse #2, Nurse Aide (NA) #1, Nurse Aide #13), the facility failed to implement their policies and Centers for Disease Control (CDC) guidelines for Personal Protective Equipment (PPE) for residents on Transmission Based Precautions (NA #8), have respirator masks and face shields available to staff at the onset of the</p> | F 880 | <p>All residents have the potential to be negatively impacted by a systemic failure of infection control standards during an outbreak of Covid 19. Non-compliance was demonstrated: The initial deficient practice occurred when the facility failed to follow their policy and procedures for staff reporting COVID -19 symptoms and not working with symptoms consistent with COVID-19. The facility failed to have respirator masks and face shields available to staff at the onset</p> | | |

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| F 880 | <p>Continued From page 3</p> <p>COVID 19 outbreak, contracted transportation drivers were not screened by the facility prior to transporting residents (Residents #4,5,6) and a COVID 19 positive staff member with a cough worked on the COVID unit in the staff breakroom (Administrative Staff #1). The facility had a total of 72 of the 74 residents on the 12/07/20 census to be diagnosed with COVID 19 between 11/25/20-12/27/20. As of 12/21/20 there had been 9 resident deaths. From 11/24/20 through 12/28/20 31 of the 66 staff members tested positive for COVID-19.</p> <p>Immediate Jeopardy began on 11/30/20 when NA #1 came to work and did not report symptoms consistent with possible COVID 19. Immediate Jeopardy was removed on 12/23/20 when the facility provided and implemented an acceptable credible allegation of Immediate Jeopardy removal. The facility will remain out of compliance at a lower scope and severity level F (no actual harm with the potential for more than minimal harm).</p> <p>Findings included:</p> <p>A review of the Facility Infection Prevention and Control Policies and Procedures: COVID 19 dated 10/30/2020 stated in part ... gowns and gloves are changed between residents on Transmission Based Precautions prior to entry into the room. N95 masks are required while caring for residents that are known to be COVID +, confirmed or suspected residents of COVID 19 will always have their doors closed, the center assessed for COVID-19 trends and patterns based on resident room location and staff assignments with the facility of current residents and staff who are asymptomatic. Any resident</p> | F 880 | <p>of the COVID 19 outbreak and contracted transportation drivers were not screened by the facility prior to transporting residents.</p> <p>Resident number 4, 5, and 6 had the potential to be affected by this through the failure to screen drivers properly and consistently for the transportation contractor, placing residents who are transported at risk of contracting the virus.</p> <p>When a staff person failed to wear the appropriate Personal Protective Equipment (PPE) when entering the rooms of resident□s 21 and 22, who were in quarantine for observation for possible infection related to former positive roommates.</p> <p>Staff were educated on the wearing of appropriated PPE. Staff education was completed on 12/23/20 and ongoing for new staff /agency .</p> <p>Nurse #1, Nurse #2 , Nurse Aide # 1 and Nurse aide # 13 failed to disclose that they were having signs and symptoms of Covid 19 though they were repeatedly asked through screening, placing each resident with whom they had contact at risk of infection.</p> <p>The facility failed to have respirator mask and face shields available to staff at the onset of the COVID 19 outbreak. Contracted transportation drivers were not screened by the facility prior to transporting. All Residents have the potential to be affected by the failure to exercise infection control procedures. Staff Education for wearing the</p> | | |

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| F 880 | <p>Continued From page 4</p> <p>who has had direct close contact with a COVID positive resident will be placed on a 14-day quarantine, with no roommate and the door closed. The Health Department will be notified of residents who are positive, and recommendations/guidance requested/documented. Staff to the extent possible should be assigned to only work on COVID positive units or quarantined rooms or the well units. Testing should be done based on the extent of the county positivity rate, for signs and symptoms of COVID 19 in staff or residents, performed if triggered by an outbreak of any new case in the facility, testing every 3-7 days until no new cases for 14 days since the most recent positive result. Documentation in a book to include the date and time of the identification of the signs and symptoms, when testing was conducted and when results were obtained, actions taken, county positivity rate, refusals or unable to test, results of residents must be in the medical record, and results of employee, sitters and vendors must be in a binder. An employee roster and vendor sign in to indicate who was required to be tested.</p> <p>1. A review of the Facility Infection Prevention and Control Policies and Procedures: COVID 19 dated 11/2020 stated in part ... staff assessment will include presence of fever, cough, symptoms of respiratory illness or any change in condition, screening must be completed outside the entrance. Staff and any personnel entering the center are educated that they should not report to the facility if they have a temperature and/or lower respiratory symptoms and they should report these symptoms immediately to their supervisor, Symptomatic employees were to apply a facemask and sent home immediately and</p> | F 880 | <p>appropriated PPE was Staff Development Coordinator, Director of Education and Director of Nursing . Education was completed on 12/23/20 and ongoing for new staff and agency . The Staff Development Coordinator, the Director of Education and Director of Nursing provided education on signs and symptoms of COVID-19. Education of signs and symptoms of COVID-19 was completed on 12-23-20 and ongoing for new staff/agency.</p> <p>The Staff Development Coordinator and the Director of Education has reviewed the CDC guidelines around screening of staff and contractors and has added to the list symptoms on the screening log to include chills, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. The top of the form now includes: Completing and signing the Staff Screening Tool indicates your understanding of the signs and symptoms, the requirement to report any of these or other symptoms and complete and truthful reporting. All staff from each department, including those who serve in a contract capacity, were educated on this form change on 12/15/2020 by the Director of Nursing, administrator and members of the Regional Clinical team either in written, handout or verbal format. In-service completed on 2-4-21 by administrator and is ongoing for new staff /agency. All staff have previously signed an Attestation form that acknowledges</p> | | |

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| F 880 | <p>Continued From page 5</p> <p>instructed to contact their healthcare provider.</p> <p>A review of the Facility's Staff Health Attestation Form dated 6/10/20 that all team members, employed or contracted, were required to sign stated they would self-monitor and self-report to avoid exposures to communicable diseases such as COVID 19. This included reports of fever, cough, sore throat, new shortness of breath.</p> <p>The Centers for Disease Control and Prevention (CDC) guidelines dated 5/13/20 included in part: "signs and symptoms of COVID-19 of chills, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea."</p> <p>A review of the Staff screening logs utilized since March 2020 asked for the temperature and "Do you have any symptoms of sore throat, fever, cough, shortness of breath, sore throat, malaise and GI symptoms," The screening log for the beginning of the shift, also asked "Have you have had any type of sickness or generally not feeling well in the last 72 hours. Screening questions required to be completed at the end of the shift included the temperature and "At any time during your shift did you feel sick or have any respiratory symptoms, if you did please see _____" (left empty or not visible on the employee logs). The screening log did not list chills, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea, GI symptoms was listed but did not specify nausea, vomiting, diarrhea.</p> <p>An observation of the staff and vendor screening process was completed on 12/07/20 at 12:05 PM.</p> | F 880 | <p>their agreement to honestly report any symptoms, contact with persons with, or at risk of Covid 19 infection, their willingness to remain masked and socially distant even while not at work, their agreement to avoid large crowds or gatherings which put them at higher risk of encountering Covid 19 infection. The facility Administrator has reviewed the Attestation forms against the employee and contract staff lists and those employees or contractors who had not already completed the Attestation form did so 12/23/2020 or will do so prior to working their next scheduled shift. Going forward, all new employees, new agency staff, and contract staff including dietary, housekeeping and therapies will be required to read and sign the Attestation form prior to working. During orientation and prior to taking an assignment staff will be required to read and sign. The receptionist is checking the administrative staff to make sure they screen correctly, and the Staff Development Coordinator or designee is doing in-service on attestation.</p> <p>Monitoring of screening logs will be completed daily by administrator and or administrative staff ; to assure that the staff and vendor logs have been completed and individuals are without signs and symptoms of COVID. The Administrator will present the results of this audit to the quality Assurance Performance Improvement committee monthly x 3. The QAPI committee can make changes to ensure the facility remains in compliance</p> | | |

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| F 880 | <p>Continued From page 6</p> <p>The receptionist facilitated the process in the front lobby and ensured temperatures were checked, appropriate PPE was worn, and the screening questions were answered on the COVID-19 Employee or Vendor Sign In/Out Log. The screening log was completed, and temperatures were checked upon entry and exit.</p> <p>1a. The COVID-19 Employee Sign In/Out Log for screening initiated in March was reviewed for Nurse Aide (NA) #1. At the beginning of her shifts on 11/30/20, 12/2/20 and 12/3/20 NA #1 did not have elevated temperatures and answered "No" to the questions "Do you have any symptoms of sore throat, fever, cough, shortness of breath, malaise or GI symptoms" and "Have you had any type of sickness or generally not feeling well in the last 72 hours?" NA #1 answered "No" to the question "At any time during your shift did you feel sick or have any respiratory symptoms" at the end of all three shifts.</p> <p>NA #1 was tested for COVID 19 on 12/03/20 with routine testing and on 12/04/20 she was confirmed positive.</p> <p>A review of the NA assignment sheets indicated NA #1 was assigned to a non-COVID hall on 11/30/20 and 12/02/20 and a COVID hall on 12/3/20. Several of the residents she cared for on the non-COVID halls later tested positive for COVID-19. Residents #15-tested positive on 12/02/20, Residents #21, #25 and #26 were positive on 12/07/20, Resident #27 on 12/06/20 at the hospital, and Residents #28 and #29 on 12/15/20.</p> <p>A phone interview was done on 12/10/20 at 1:38 PM with NA #1. She noted that she started</p> | F 880 | | | |

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| F 880 | <p>Continued From page 7</p> <p>getting sick and that she had a cold on Monday 11/30/20 and was COVID tested on Wednesday. She had body aches, a cough and a stuffy nose since Monday 11/30/20. She worked on Monday 11/30/20 and Wednesday 12/2/20 on the Non-COVID B and C halls and Thursday 12/3/20 on the COVID halls. She stated she did not have a temperature but had a cough. She did not remember how she answered the questions when she was asked about the screening before work and said she did not think it was COVID symptoms just a cold. NA #1 explained she had not reported her symptoms to anyone at the facility as she did not think they were COVID related.</p> <p>1b. The COVID-19 Employee Sign In/Out Log for screening initiated in March was reviewed and Nurse #2 had signed the form on 12/7/20 and answered "No" to the questions, "Do you have any symptoms of sore throat, fever, cough, shortness of breath, malaise or GI symptoms" and "Have you had any type of sickness or generally not feeling well in the last 72 hours." Review of the Employee Sign In/Out Log at the end of her shift on 12/7/20 revealed Nurse #2 was afebrile and had marked "Yes" for "At any time during your shift did you feel sick?"</p> <p>On the screening log for 12/10/20 Nurse #2 answered "No" to all the screening questions at the beginning and end of her shift. Nurse #2 was tested for COVID 19 on 12/8/20 with routine testing and on 12/11/20 she was confirmed positive.</p> <p>Review of the Staff Assignment sheet from 12/07/20 from 11:00 PM-7:00 AM revealed NA #13 and Nurse #2 both worked on 12/07/20 on</p> | F 880 | | | |

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| F 880 | <p>Continued From page 8 Non-COVID B and C halls.</p> <p>Residents #6 was located on the B hall, cared for by Nurse #2 and NA #13 and tested positive at the hospital on 12/08/20.</p> <p>Nurse #2 was interviewed via phone on 12/12/20 at 9:31 AM. She was tested for COVID on 12/8/20 with routine testing, the positive result was reported to the facility on 12/11/20. She stated she had been sick all week. She had worked Monday night 12/7/20 and started feeling bad and when she left that morning, she was vomiting in the parking lot. On Tuesday night 12/08/20 she called in sick, however she worked Thursday night 12/10/20 from 11:00 PM-7:00 AM. She stated the DON knew she had been vomiting on Tuesday and the DON text her on Thursday 12/10/20 during the day and asked how she was and if she felt better, and if she was able to come to work. Nurse #2 said she responded back to her that she felt a little better and she would try and come to work. When she was asked about the screening log, she stated she had put yes on Tuesday morning when she left that she felt bad during her shift. When she returned on Thursday, she denied any symptoms on the screening log because she said she felt a little better at that time. She stated she knew she was not herself and was sick and thought it was the flu or a virus and not COVID, so she went to work.</p> <p>1c. Review of the Employee In/Out Sign in log for 12/07/20, 12/08/20 and 12/09/20 revealed NA #13 had signed the form, recorded a normal temperature and answered "No" when she answered the questions which asked, "Do you have any symptoms of sore throat, fever, cough, shortness of breath, malaise or GI symptoms"</p> | F 880 | | | |

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| F 880 | <p>Continued From page 9</p> <p>and "Have you had any type of sickness or generally not feeling well in the last 72 hours?" and "Did you feel sick or have respiratory symptoms during your shift?"</p> <p>NA# 13 was tested for COVID 19 on 12/8/20 with routine testing and on 12/11/20 she was confirmed positive.</p> <p>She was assigned to work on the B and C halls-the non-COVID units.</p> <p>Residents #6 and #22 was located on the B hall, cared for by Nurse #2 and NA #13. Resident #6 tested positive at the hospital on 12/08/20.</p> <p>A phone interview with NA #13 was done on 12/14/20 at 9:23 AM. She stated she worked third shift on 12/7/20, 12/08/20 and 12/9/20 not feeling well and was called on 12/11/20 with the results of her 12/08/20 test. She said she worked last week on Monday 12/7/20 and she was sick and went to the DON on Tuesday 12/8/20 and told she had "felt like crap" for 2-3 days with nausea, diarrhea and a bad headache. She stated she continued to feel bad on 12/09/20. She said she thought it was due to a new medication but did not think she had COVID. She said the DON did not tell her not to work but looking back she should not have worked. She stated she had put yes on the screening questions for having symptoms.</p> <p>1d. The COVID-19 Employee Sign In/Out Log for screening initiated in March was reviewed and Nurse #1 had signed the form, recorded a normal temperature and answered the questions which asked, "Do you have any symptoms of sore throat, fever, cough, shortness of breath, malaise</p> | F 880 | | | |

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| F 880 | <p>Continued From page 10</p> <p>or GI symptoms" and "Have you had any type of sickness or generally not feeling well in the last 72 hours?" Nurse #1's documentation revealed she had answered "No" to the screening questions at the beginning and end of her shifts on 11/25/20, 11/26/20, 11/27/20, 11/30/20, 12/1/20, 12/2/20, 12/3/20, 12/4/20 and 12/5/20. She was tested twice weekly since the outbreak 11/25/20 and weekly before that, with negative results. She was tested on 12/8/20 and was confirmed positive for COVID-19 on 12/11/20.</p> <p>Nurse #1 was interviewed by phone on 12/10/20 at 12:31 PM and stated she had been coughing for several weeks, did not have a temperature and had not tested positive. She thought it was related to the weather change. She stated her COVID tests had been negative. She was coughing during the interview. Nurse #1 indicated she was the nursing supervisor and conducted in-services for staff and worked with residents throughout the building. She stated she did the respiratory assessments frequently on residents. She was tested on 12/8/20 and resulted positive for COVID-19 on 12/11/20.</p> <p>An interview was conducted with the Director of Nursing (DON) on 12/07/20 at 11:55 AM. She stated the census was 74, and they had 29 COVID cases in the building. She stated Resident #1 was the first case of COVID 19 at the facility on 11/25/20 and he had been transferred to a COVID facility. She stated Nurse Aide (NA) #2 was tested outside the facility for cold symptoms on 11/23/20 and was the first positive staff case. All residents were tested on 11/25/20 and revealed an additional 16 residents had tested positive. Twice weekly resident testing was started and revealed positive COVID 19</p> | F 880 | | | |

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| F 880 | <p>Continued From page 11</p> <p>results for 15 residents on 11/30/20, 4 residents on 12/02/20, and 16 residents on 12/07/20. Results through 12/28/20 revealed 74 residents had tested positive.</p> <p>A phone interview was done with the Director of Nursing (DON) on 12/09/20 at 12:02 PM regarding possible causes for the outbreak. She stated the only connection with staff and the positive residents, was that they were on the same two halls, B and C. She said the outbreak was scattered at first with staff from 1st and 2nd shifts as well. When asked if any staff had become ill at work and sent home, she stated no.</p> <p>A phone interview was done with the Regional Nurse Consultant on 12/31/20 at 12:40 PM. She stated if staff were sick on site and showing signs and symptoms, they should report the symptoms to someone in charge and be sent home. She noted they could be tested as well.</p> <p>2. A review of the Facility Infection Prevention and Control Policies and Procedures: COVID 19 dated 10/30/2020 stated in part ... for outbreaks, N95 are required while caring for residents on a COVID + unit or that are known to be COVID +, KN95 can be utilized when caring for all other residents. PPE is stored in a locked/secured area and accessible to team members.</p> <p>The Centers for Disease Control and Prevention (CDC) guidelines for nursing homes dated 4/30/20 recommended that the COVID-19 personal protective equipment (PPE) for positive residents should include the use of an N-95 or higher respirator (or a facemask if a respirator was not available), and eye protection that covered the front and side of the face, and a</p> | F 880 | | | |

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| F 880 | <p>Continued From page 12 gown and gloves.</p> <p>An observation was done on 12/08/20 at 12:35 PM of NA #8 passing meal trays on the non-COVID unit. She went into Resident #21 and Resident #22's room with Enhanced Droplet Precautions wearing a KN95 mask, a face shield and hand hygiene was performed. She did not wear a gown or gloves per the sign posted on the door. There were two tables outside the rooms with glove boxes, no gowns were visible on the hall. The doors were also left open throughout the shift, 1 of the 2 room doors was propped open with a trash can.</p> <p>Review of medical records revealed Residents #21 and #22 had recently had roommates that tested positive for COVID-19 and they were being monitored. Resident #21 was confirmed positive for COVID-19 on 12/9/20.</p> <p>NA #8 was interviewed on 12/08/20 at 12:40 PM about the Enhanced Droplet Precaution and she stated Resident #21 and #22 had roommates that had tested positive. When she was questioned about the PPE that should be worn in the rooms per the isolation sign, that stated specifically for gowns and gloves to be worn, she stated the PPE was supposed to be on the tables outside the rooms and she was going to get some more gowns after the trays were delivered. She acknowledged she should have worn gloves.</p> <p>A phone interview was conducted with NA #5 on 12/09/20 at 9:34 PM. She said she was concerned about the facility's PPE and isolation techniques. She stated when the initial positive results came back for 15 residents from the 11/25/20 testing that morning, they continued to</p> | F 880 | | | |

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| F 880 | <p>Continued From page 13</p> <p>work with the COVID-19 positive residents with only a surgical mask until they moved them about 3:00 PM that day to the COVID unit. She noted they were not given KN95 masks or face shields until the next day for the non-COVID unit and yet they had worked with the positive residents all shift.</p> <p>NA #3 was interviewed via phone on 12/09/20 at 9:17 PM. She said that she tested COVID-19 positive on 12/2/20. Her concern was when the initial tests came back to the facility from the 11/25/20 testing and there were 17 positive residents, the staff worked with these positive residents on the non-COVID unit for most of their shift until they were moved and they did not have face shields to wear. She stated they only had surgical masks and no face shields, and the residents were coughing.</p> <p>A phone interview was done on 12/09/20 at 8:30 PM with NA #15. She worked as a restorative aide and worked all over the building. She had developed symptoms after being notified on 12/03/20 that her 12/02/20 test was positive and had since lost her sense of taste and had headaches. She noted on the day of the outbreak, administration waited all day long to move the residents and staff did not have a N95 mask to wear.</p> <p>A phone interview was done on 12/10/20 at 12:31 PM with the Nursing Supervisor on evenings. She stated after the outbreak they were given KN95 masks for the non-COVID side and then N95 masks for the COVID unit. She stated these items had been at the facility and there were plenty locked in the conference room.</p> | F 880 | | | |

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| F 880 | <p>Continued From page 14</p> <p>An interview was done on 12/11/20 at 9:54 AM with the Infection Control Nurse about the outbreak and the positive resident test results. She stated that she was not aware when the N95/KN95 masks, face shields or Enhanced Droplet Precautions had been implemented as she was not at the facility that day.</p> <p>An interview was done with the DON on 12/08/20 at 1:02 PM and she stated they had enough PPE and noted that masks and gowns were put out daily, and especially on Friday's she made sure there was a good supply for the weekend. She stated staff could have called the DON or the Administrator as they lived a short distance away from the facility, but they never did. She said the reason PPE was locked up was a whole box of PPE had walked away. She said they put masks in the medication cart and gowns were in the medication rooms.</p> <p>A phone interview was conducted with the Director of Nursing (DON) at 9:33 AM on 12/11/20. She said the results were back from 11/25/20 testing on the morning of 11/26/20 and the residents were moved to the COVID unit at the beginning of the 2nd shift around 3:00 PM. Enhanced Droplet Precautions were initiated in the COVID unit and on the non-COVID unit and quarantine areas for roommates of the positive residents. She stated they have had plenty of supplies and had N95 masks and face shields and KN95 on site for months. She stated they were now using the N95 on the COVID unit and the non-COVID units were using KN95. She stated the day after the initial COVID outbreak face shields were implemented and prior to that they were wearing surgical masks. She acknowledged the staff's concerns that KN95 and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 15</p> <p>N95 masks were not put out for use on the first day in the morning. There were no explanation why N-95 masks were not implemented on the non-COVID halls on 11/26/20 when 16 COVID positive cases had been identified and residents weren't moved until later in the afternoon. She noted the KN95 and N95 masks should have been utilized earlier with the outbreak.</p> <p>A phone interview with the Administrator was done on 12/11/20 at 4:12 PM about staff concerns that PPE and masks were locked up. She said she found it hard to believe that staff did not have access to PPE as they had some masks locked in their medication carts. She stated that anyone that asked for a face mask or shield was given one. She said they had concerns about PPE walking away as that had occurred.</p> <p>A phone interview was done with the Regional Nurse Consultant on 12/31/20 at 12:40 PM. She stated the facility had plenty of PPE prior to the outbreak and currently. She noted the conference room was full of masks and gowns and they should be available.</p> <p>3. A review of the Facility Infection Prevention and Control Policies and Procedures: COVID 19 dated 11/2020 stated in part ...all visitors and vendors must adhere to the screening protocol. Screening must be completed outside the entrance. Any personnel entering the center are educated that they should not report to the facility if they have a temperature and or lower respiratory symptoms and that they should report these symptoms immediately to their supervisor.</p> <p>The Vendor/Visitor log utilized since March asked for the temperature and "Do you have any</p> | F 880 | | | |

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| F 880 | <p>Continued From page 16</p> <p>symptoms of sore throat, fever, cough, shortness of breath, malaise and GI symptoms." At exit, it asked for the temperature and "Have you have had any type of sickness or generally not feeling well in the last 72 hours. For the vendor/visitor sign out, the log required the temperature and an answer to "At any time during your visit did you feel sick or have any respiratory symptoms, If you did please see _____" (left empty or not visible on the vendor/visitor logs).</p> <p>A review of the vendor log utilized from 12/07/20-12/08/20 revealed there was no documentation of van drivers being screened for symptoms of COVID-19.</p> <p>A phone interview with the Coordinator for Transportation Company #1 was done on 12/8/20 at 11:50 AM. This company had been utilized since 11/17/20. The Coordinator for her drivers and stated there was no screening process for her drivers, and she guessed if they were symptomatic the staff would have told her, and they would be removed from service. She said right now none of her staff were transporting COVID positive residents, if they were COVID positive they outsourced to Transportation company #2.</p> <p>A phone interview was done on 12/08/20 at 12:00 PM with the Manager for Transportation Company #2 that transported the facility's COVID positive residents, Resident #5 to dialysis three times a week and Resident #6 to radiation therapy 5 times a week. He stated his drivers wore a N95 mask, gloves and a gown and sprayed the van and wiped it down after each transport. The Manager was asked about screening of his staff and he stated the nursing</p> | F 880 | | | |

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| F 880 | <p>Continued From page 17 homes they go to screen the drivers.</p> <p>An interview was conducted with the DON on 12/07/20 at 11:55 AM. She stated that Resident #6 was being transported for radiation Monday-Friday from the COVID unit. It was stated the facility had 2 dialysis residents that went to dialysis (Resident #4, #5), Resident #5 had tested positive for COVID and was in the hospital and both residents had been going to treatment 3 times a week</p> <p>An interview with the Director of Nursing (DON) was done on 12/07/20 at 4:55 PM. She stated that transportation drivers were not screened for COVID 19 symptoms because the drivers did not come in the building.</p> <p>A phone interview was done on 12/11/20 at 9:33 AM with the DON regarding Transportation drivers not being screened. She stated the screening policy for COVID 19 had not changed.</p> <p>A phone interview was done with the Administrator on 12/11/20 at 4:12 PM regarding the screening of the vendors. She stated that the process was the vendors would be screened and temperatures checked when they come in the door and when leaving. She referenced the podiatrist, dentist, beautician, etc. were screened. She said vendors that transported their residents should go to their home facility and were screened. She stated the facility was not doing the screening, and from what they were told they were screened daily at the company.</p> <p>4. The Centers for Disease Control and Prevention (CDC) guidelines for Return to Work Criteria for Health Care Personnel (HCP) with</p> | F 880 | | | |

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| F 880 | <p>Continued From page 18</p> <p>SARS-CoV-2 Infection dated 08/10/20 stated in part: The Symptom-base strategy for determining when HCP can return to work for HCP with mild to moderate illness who are not severely immunocompromised: may return to work after at least 10 days have passed since symptoms first appeared and at least 24 hours have passed since the last fever ... and symptoms such as cough or shortness of breath have improved. Mild illness was defined as Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.</p> <p>CDC guidance last updated on 11/20/20 titled Preparing for COVID in the Nursing Home stated in part that all healthcare personnel should be screened at the beginning of their shift for fever and symptoms of COVID-19. Symptoms included: Fever- either measured temperature >100.0oF or subjective fever, chills, cough, shortness of breath or difficulty breathing, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea.</p> <p>An interview with the DON was conducted on 12/07/20 at 5:29 PM at and she stated Administrative Staff #1 was asymptomatic and COVID positive and working on the COVID unit.</p> <p>An observation was conducted of the COVID-19 unit on 12/08/20 at 3:17 PM. Administrative Staff #1 that had tested positive 12/04/20 had continued to work in the breakroom on the COVID unit, with her office set up in the staff breakroom. She was wearing a N95 mask, face shield and a gown. She later put gloves on to assist with the breakroom trash removal. This</p> | F 880 | | | |

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| F 880 | <p>Continued From page 19</p> <p>area also housed the staff bathroom, a donning and doffing location and staff dining, all in the same room.</p> <p>A phone interview with the local Health Department (HD) Nurse #1 was done at 12:15 on 12/09/20 regarding the facility COVID-19 outbreak and communication between the facility. She stated the local HD had not approved Administrative Staff #1 that had tested positive to work. She stated Administrative Staff #1 was not given the clearance to work as having had tested COVID-19 positive on 12/04/20 and attempts to contact her had been unsuccessful. The Health Department noted they had attempted to call her Monday (12/07/20) with multiple calls and was told she was not in the building. She had left a voice mail on 12/07/20 and had emailed her on 12/08/20 to contact them. She noted positive staff should not be working unless staffing was a crisis and the Health Department had documentation that needed to be completed before that would occur.</p> <p>A conference call initiated by the HD Epidemiologist was done on 12/08/20 at 2:10 PM. The meeting included the HD's COVID Resource Nurse and HD Manager. The Epidemiologist shared the concern that Administrative Staff #1 was told not to work for 10 days at the facility. The HD COVID Manager stated there was specific documentation that needed to be completed if this occurred. The Epidemiologist stated when she spoke with Administrative Staff #1 on 12/7/20 she had told her she should not be working with a positive COVID-19 status.</p> <p>An interview with NA #3 was conducted on 12/11/20 at 8:56 AM who worked on the COVID</p> | F 880 | | | |

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| F 880 | <p>Continued From page 20</p> <p>unit. She stated she had observed Administrative Staff #1 and the last two days her coughing was really bad, and the workers were telling her to go home.</p> <p>NA #13 was interviewed on 12/14/20 at 9:23 AM and stated Administrative Staff #1 had been coughing for over two weeks and could be heard coughing in the halls and in her office prior to testing positive.</p> <p>An interview was conducted with Nurse #4 on 12/18/20 at 12:52 PM who confirmed she had been working the COVID unit since the facility became COVID 19 positive. She asked why Administrative Staff #1 was working with a cough and was also going in and out of resident rooms and did not social distance.</p> <p>An interview was held on 12/21/20 at 3:30 PM with Administrative Staff #1 about the Health Department call from the Epidemiologist and she stated she did not recall speaking with her. She stated she been speaking with the HD Nurse #1 and clarifying the information she needed and understood that asymptomatic positive staff needed to be discussed with the HD prior to working.</p> <p>The Administrator was notified of the Immediate Jeopardy on 12/14/20 at 9:53 AM.</p> <p>The facility provided the following credible allegation for Immediate Jeopardy Removal:</p> <p>Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance All residents have the potential to be negatively</p> | F 880 | | | |

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| F 880 | <p>Continued From page 21</p> <p>impacted by a systemic failure of infection control standards during an outbreak of Covid 19. Non-compliance was demonstrated:</p> <p>Resident number 4, 5, and 6 had the potential to be affected by this through the failure to properly and consistently screen drivers for the transportation contractor, placing residents who are transported at risk of contracting the virus.</p> <p>When a staff person failed to wear the appropriate Personal Protective Equipment (PPE) when entering the rooms of resident's 21 and 22, who were in quarantine for observation for possible infection related to former positive roommates,</p> <p>By staff who failed to disclose that they were having signs and symptoms of Covid 19 though they were repeatedly asked through screening, placing each resident with whom they had contact at risk of infection.</p> <p>All Residents have the potential to be affected for failure to exercise infection control procedures, which included the ongoing education of staff about signs and symptoms and their clear understanding.</p> <p>The Staff Development Coordinator and the Director of Education provided education on signs and symptoms of COVID and in serviced on 12-15-20 either in written, handout or verbal format. Staff will not be allowed to work without completing the in-service.</p> <p>The signs and symptoms of Covid 19 Virus,</p> <p>The consistent and vigilant screening for such signs and symptoms of every staff person or</p> | F 880 | | | |

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| F 880 | <p>Continued From page 22</p> <p>contractor who may have contact with residents and other staff.</p> <p>Their absolute commitment to report such symptoms and immediately be removed from the workplace for the protection of other staff and residents.</p> <p>Clear communication between the staff, management and the Health Department and ongoing adherence to infection control standards of care.</p> <p>Correct utilization of PPE prior to entering the unit where Covid 19 residents were being cared for while known positive health care workers were providing care.</p> <p>Utilizing the correct testing frequency as per the guidance of the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS).</p> <p>Specify the Action the Facility will take to alter the process or system failure to Prevent a Serious Outcome from occurring or reoccurring and when the Action will be complete.</p> <p>The Staff Development Coordinator and the Director of Education has reviewed the CDC guidelines around screening of staff and contractors and has added to the list symptoms on the screening log to include chills, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. The top of the form now includes: "Completing and signing the Staff Screening Tool indicates your understanding of the signs and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 23</p> <p>symptoms, the requirement to report any of these or other symptoms and complete and truthful reporting". All staff from each department, including those who serve in a contract capacity, will be inserviced on this form change on 12/15/2020 by the Director of Nursing, and members of the Regional Clinical team either in written, handout or verbal format. Staff will not be allowed to work without completing this inservice.</p> <p>All staff has previously signed an Attestation form that acknowledges their agreement to honestly report any symptoms, contact with persons with, or at risk of Covid 19 infection, their willingness to remain masked and socially distant even while not at work, their agreement to avoid large crowds or gatherings which put them at higher risk of encountering Covid 19 infection. The facility Administrator has reviewed Attestations against the employee and contract staff lists and those employees or contractors who had not already completed the Attestation form will do so on 12/15/2020 or prior to working their next scheduled shift. Going forward, all new employees, new agency staff, and contract staff including dietary, housekeeping and therapies will be required to read and sign the Attestation form prior to working. During orientation and prior to taking an assignment staff will be required to read and sign.</p> <p>The receptionist is checking the administrative staff to make sure they screen correctly, and the Staff Development Coordinator is doing inservices on attestation. Monitoring of daily screening logs will be completed daily by administrator and or administrative staff that the staff and vendor logs have been completed and individuals are without signs and symptoms of</p> | F 880 | | | |

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| F 880 | <p>Continued From page 24 COVID.</p> <p>On 12/15/2020, the facility Administrator notified the two transportation companies in written form that drivers must come to the facility's screening table, answer the screening questions and have their temperature taken prior to having contact with any residents and upon the resident's return to facility.</p> <p>All staff from every department was inserviced on 12/15/2020 on accessing and use of approved and recommended use of PPE in each of the care areas of the facility: the Covid Positive Unit, the Quarantine Unit and the Well Resident area. This inservice includes education on the use of masks, shields, gowns and gloves as well as a competency evaluation for donning and doffing and disposal or cleaning of PPE. The Staff development Coordinator and Director of Education provided inservices in written and verbal format. Staff will not be allowed to work without completing this inservice either in written or verbal format.</p> <p>Central Supply and Nurses have been assigned the task of checking each PPE station at the beginning, the middle and the end of each shift. Each staff person has been instructed that PPE should be immediately accessible and reminded to ask a charge nurse if they need additional PPE.</p> <p>The facility has placed signs 12/15/20 throughout the facility reminding staff of the PPE to be used in each situation.</p> <p>The CDC guidance will be followed to include spacing between tests such that each 3-7 days is used to determine testing of residents during an outbreak and two times a week for staff testing</p> | F 880 | | | |

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| F 880 | <p>Continued From page 25</p> <p>will be evenly spaced such that, whenever possible, three days lapses between tests and that results are available prior to the next test date or within 48 hours. Should results not be available within 48 hours, the facility will make all efforts to gain access to those results and document such efforts in written form for weekly review.</p> <p>All agency and contract staff who test off site, will be required to maintain the same testing frequency as the staff who are permanent in the facility and those tests will be logged for daily review to assure no person is working in the facility who is not being tested with the required frequency.</p> <p>Point of Contact (POC) testing is recommended to be used for symptomatic residents and staff and for testing of residents who are placed at risk during an outbreak due to undetermined Covid status. The facility may use POC testing materials in other situations they deem necessary for best managing possible infections and/or outbreaks of virus.</p> <p>The facility respects the CDC guidance that allows those staff who are positive for Covid 19 and asymptomatic to care for residents who are confirmed positive for Covid 19 virus; but restricted to times when the facility is in crisis for staffing. A person who is exhibiting symptoms beyond what is normal for them will be considered symptomatic. A note from a physician may be required to support such decision. The Health Department will be notified when such a decision is made, and the facility will follow the guidance of the health department. Communication to the Health Department will</p> | F 880 | | | |

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| F 880 | Continued From page 26 occur daily regarding changes in the line list via phone or email by the Administrator or Director of Nursing. PPE has been placed directly outside of the Covid positive unit so that anyone who is entering will don PPE prior to entering. A non-touch disposal container with a lid has been placed by the exit from the unit for disposal of used PPE. The facility alleges the removal of the immediate jeopardy on 12/23/20. On 12/29/20 the credible allegation of Immediate Jeopardy removal was validated. The facility provided evidence of education completed by the Staff Development Nurse dated 12/15/20-12/21/20. Education included symptoms of COVID-19, Personal Protective Equipment (PPE) and Standard and Enhanced Precautions. The screening log had been updated with current signs and symptoms of COVID and employees and vendor logs were being reviewed by administration, corporate, department managers and corporate. A sign was posted that the testing schedule would change on 12/21/20 to Monday and Thursday for resident and staff. Agency staff were being tested onsite if they did not present a current COVID test results before their shift. The accuracy of testing compliance was validated with the 12/23/20 assignment sheet of staff that worked and the facility had the test results. The facility's Immediate Jeopardy removal date of 12/23/20 was validated. | F 880 | | | |
| F 886 SS=E | COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) | F 886 | | 2/4/21 | |

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| F 886 | <p>Continued From page 27</p> <p>§483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</p> <p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <ul style="list-style-type: none"> (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate | F 886 | | | |

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| F 886 | <p>Continued From page 28</p> <p>to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with facility, agency staff, and the transportation company manager the facility failed to assure agency staff and transportation staff were COVID tested per the facility Infection Prevention and Control policy and procedures and the Centers for Medicare and Medicaid Services (CMS) guidelines which indicated testing should be done every 3 to 7 days for a COVID 19 outbreak and if the county positivity rate was greater than 10% for 2 of 12 agency staff and 1 of 1 transportation staff reviewed for facility testing. The failure occurred during a COVID-19 pandemic (Nurse #2, Nurse Aide #2).</p> <p>Findings included:</p> | F 886 | <p>F 886: COVID-19 Testing -Residents and Staff:</p> <p>All Residents have the potential to be affected by failure of the facility to assure agency staff and transportation staff were COVID tested per the facility Infection Prevention and Control policy and procedures of the Centers for Medicare and Medicaid /Services.</p> <p>The testing for residents and staff were changed to every Monday and Thursday to meet the CDC guidelines and county positivity rate on 12/23/20. The facility also changed providers for laboratory services and more timely results.</p> <p>Agency and contract staff who test off</p> | | |

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| F 886 | <p>Continued From page 29</p> <p>A review of the Facility Infection Prevention and Control Policies and Procedures: COVID 19 dated 11/2020 revealed COVID testing should be performed if triggered by an outbreak by testing all staff and residents that were previously negative every 3-7 daysand/or based on the county positivity rate from the prior week. A high county positivity rate requires twice a week testing if the threshold is >10%. Results of employee, sitters and vendors must be in a binder with an employee and vendor sign in to indicate who was required to be tested.</p> <p>Review of the facility COVID positive list for residents and staff revealed Nurse Aide #2 (NA) tested positive on 11/23/20 and was the first case of COVID at the facility.</p> <p>An interview with the Director of Nursing on 12/7/20 at 11:55 AM revealed NA #2 tested positive on 11/23/20 and was the first case of COVID at the facility. Weekly testing had been done on all staff with results of 2 positive staff on 11/24/20, all residents were tested on 11/25/20 with 17 residents testing positive. She further stated testing was being done every 2 to 7 days for staff and residents due to the outbreak and the county positivity rate of 13.04% for the week of 11/29/20 through 12/5/2020.</p> <p>A phone interview with the DON on 12/9/2020 at 12:41 PM revealed the facility was currently utilizing three staffing agencies due to the COVID outbreak for staff and residents that began on 11/25/2020. She reported agency staff were assigned to any hall, COVID or non-COVID, that needed help on the shift.</p> | F 886 | <p>site, will be required to maintain the same testing frequency as the staff who are permanent in the facility and those tests will be logged for daily review to assure no person is working in the facility who is not being tested with the required frequency. Rapid card or Point of Contact (POC) testing will be used by the facility staff, agency, and contracted staff if they are not able to produce testing per CDC guidelines.</p> <p>Monitoring of COVID testing will be completed 5 x a week for 4 weeks, and then 2 times a week x 2 weeks and then weekly by Administrative staff. Completion date March 18, 2021. The Administrator will present the results of this audit to the quality Assurance Performance Improvement committee monthly x 3. The QAPI committee can make changes to ensure the facility remains in compliance.</p> | | |

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| F 886 | <p>Continued From page 30</p> <p>Review of the Facility Daily Attendance sheets from 11/25/2020 to 12/23/20 revealed agency staff worked on both COVID and non-COVID halls with a total of 3 to 12 agency staff working per day.</p> <p>A phone interview with Agency Nurse #1 on 12/18/20 at 12:44 PM revealed she had not been tested for COVID at the facility and had not been asked to give COVID test results when she reported to work. She stated she had worked at the facility for 1-2 weeks and the last time she was tested was at another facility she had worked at over 2 weeks ago. She stated the agency testing requirements were what the facility she was working in required and she was not tested at the agency.</p> <p>An interview conducted with Agency Nurse Aide #2 on 12/18/20 at 12:52 PM revealed the staffing agency she worked for required weekly testing which could be done at local drug stores, urgent care, labs, or the facility she was working in and she would upload it to the staffing agency system. She stated she had been working at the facility since 11/25/20 and had not been tested by the facility or asked to give proof of being tested before working. She further stated she had worked on the COVID unit and the non-COVID units at the facility.</p> <p>Review of the agency staff test results provided by the facility on 12/23/20 revealed Agency Nurse Aide #2 had a test result dated 12/10/20 that she had brought in for the facility files. The 12/10/20 test result was the only result found for NA #2 and she began working at the facility on 11/25/20 to present.</p> | F 886 | | | |

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| F 886 | <p>Continued From page 31</p> <p>A phone interview with the DON on 12/11/2020 at 9:33 AM revealed the Staffing Agencies were testing agency staff and they were to bring their test results with them when they reported to work. She stated there was no process for agency staff results to be reviewed to make sure they had been tested twice a week per the facility outbreak and county positivity rate for the facility. There was no one assigned to review the test results or make sure agency staff had been tested before they worked.</p> <p>An interview was conducted with the Administrator on 12/21/20 at 3:15 PM regarding agency staff testing. She stated if the agency staff were working then she would hope they would bring in their test results.</p> <p>b. An interview conducted on 12/8/20 with the Manager for Transportation Company #2 that transported Resident #6, who was COVID positive to radiation therapy five times a week and Resident #5 to dialysis three times a week and Resident #6 to radiation therapy 5 times a week, both of which later tested positive for COVID, revealed some of the nursing homes did testing on the drivers, but the transportation company did not and did not require testing.</p> <p>Review of the facility testing logs revealed there were no testing results for the Transportation Driver for Transportation Company #2.</p> <p>An interview with the Administrator, DON and Infection Prevention nurse was conducted on 12/08/20 at 1:02 PM regarding screening and testing of transportation drivers. They reported that since the transport drivers did not come into the building, they had not been testing them.</p> | F 886 | | | |

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