

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

PRINTED: 03/09/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345138 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/11/2021 |
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| NAME OF PROVIDER OR SUPPLIER LENOIR HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 322 NUWAY CIRCLE LENOIR, NC 28645 | | |
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| E 000 | Initial Comments The survey team entered the facility on 02/10/2021 to conduct an unannounced COVID-19 Focused Survey. Additional information was obtained offsite on 02/11/2021. Therefore, the exit date was 02/11/2021. 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# PB5R11. | E 000 | | | |
| F 000 | INITIAL COMMENTS The survey team entered the facility on 02/10/2021 to conduct an unannounced COVID-19 Focused Survey and Complaint Investigation. Additional information was obtained offsite on 02/11/2021. Therefore, the exit date was 02/11/2021. The facility was not found in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# PB5R11. | F 000 | | | |
| F 880 SS=E | 1 of 1 complaint allegation was not substantiated. Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. | F 880 | | 3/12/21 | |

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

TITLE

(X6) DATE

Electronically Signed

03/06/2021

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>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, 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> | F 880 | | | |

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| F 880 | <p>Continued From page 2</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 staff interviews, the facility failed to implement their infection control policies and Centers for Disease Control Prevention (CDC) guidelines for the use of Personal Protective Equipment (PPE) when 4 of 4 staff members (Nurse #9, Nursing Assistant (NA) # 3, NA # 4, and Housekeeper #8) assigned to the quarantine hall failed to change their masks between resident care; they re-used an N95 mask greater than the recommended limit of five donning's; and stored a used disposable N95 mask outside of the facility and brought it back to the facility for re-use daily. These failures occurred during a COVID-19 pandemic.</p> <p>The findings included: The Centers for Disease Control and Prevention (CDC) guidance entitled "Responding to Coronavirus (COVID - 19) in Nursing Homes", last reviewed and updated on April 30, 2020, specified the following statements: All recommended COVID-19 PPE should be worn</p> | F 880 | <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>The following will be accomplished for residents having been affected by the practice:</p> <p>" The nurse aide, nurse and housekeeper involved were all re-educated by the Director of Nursing</p> | | |

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| F 880 | <p>Continued From page 3</p> <p>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 (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.</p> <p>Further CDC Guidance entitled, "Strategies for Optimizing the Supply of N95 Respirators," dated November 23, 2020, under the section "Limited re-use of N95 respirators" read: It is important to consult with the respirator manufacturer regarding the maximum number of donning's or uses they recommend for the N95 respirator model. If no manufacturer guidance is available, data suggest limiting the number of re-uses to no more than five uses (five donning's) per device by the same HCP (healthcare personnel) to ensure an adequate respirator performance." The document further states, "the use of personal protective equipment (PPE) should also be part of a suite of strategies used to protect personnel. The program should also include provisions for the cleaning, disinfecting, inspection, repair, and storage of respirators used by HCP on the job according to manufacturer's instructions. Proper storage conditions can maximize shelf life of respirators."</p> <p>In the document, "Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators" dated October 19, 2020, the CDC recommends the following: "If no manufacturer guidance is available, a conservative approach is to limit the number of donning's to five and then dispose of the FFRs." The CDC further recommends "During times of crisis, practicing limited re-use</p> | F 880 | <p>and Executive Director on the recommended limit of five donnings for N95 masks and proper storage in between uses utilizing the Centers for Disease Control (CDC) video Utilizing PPE and the facility policy on Optimizing the supply of N95 respirators. This education was provided on 3/4/2021. The following will be accomplished for residents who have the potential to be affected by the practice:</p> <p>" All residents have the potential to be affected by this deficient practice. The following measures have been put in place to ensure that the practice does not recur:</p> <p>" A root cause analysis was completed by Director of Nursing, Infection Preventionist, Consultant and QAPI (Quality Assurance Performance Improvement) Committee and Governing Body on 3/2/2021. This root cause analysis was incorporated into the facility intervention plan.</p> <p>" On 3/5/2021, the Regional Clinical Consultant provided re-education to the facility Director of Nursing and Executive Director on the recommended limit of five donnings for N95 masks and proper storage of N-95 masks between uses.</p> <p>" Beginning on 3/4/21 <input type="checkbox"/> completion date of 3/12/21, all staff including any contract or agency staff were educated on recommended limit of five donnings for N95 masks, proper storage of these masks and maintaining Transmission</p> | | |

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| F 880 | <p>Continued From page 4</p> <p>while also implementing extended use can be considered. If limited re-use is practiced on top of extended use, caution should be used to minimize self-contamination and degradation of the respirator. If no manufacturer guidance is available, a reasonable limitation should continue to be five total donning's regardless of the number of hours the respirator is worn." Storage of the N95 mask was addressed as "staff member can wear one N95 FFR each day and store it in a breathable paper bag at the end of each shift with a minimum of five days between each N95 FFR use."</p> <p>Regarding the limited re-use of N95 respirators, the CDC's document, "Strategies for Optimizing the Supply of N95 Respirators" updated on February 10, 2021 states in part: "One potentially effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to patients with SARS-CoV-2 infection a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72-hour expected survival time for SARS-CoV-2 (the virus that causes COVID-19). If this strategy is used, the total number of donning's should still not exceed five times before discarding the respirator, when no manufacturer instructions are provided to indicate otherwise. If supplies are even more constrained, and five respirators are not available for each worker who needs them, N95 respirator limited re-use with respirator decontamination may be considered.</p> | F 880 | <p>Based Precautions by the Director of Nursing and Executive Director to be completed by 3/12/2021. This education utilized the CDC video Utilizing PPE Correctly and the facility policy on Optimizing the supply of N95 respirators. Education was provided to staff through multiple avenues including but not limited to verbal, written and telephonically dependent on the staff members availability. Upon hire all staff will be educated by the Director of Nursing or her designee about the recommended limit of five donnings for N95 masks, the proper storage of N95 masks between uses, and maintaining Transmission based Precautions beginning 3/5/2021. An attestation statement was completed by the Director of Nursing to attest education was completed on 3/5/2021.</p> <p>" After 3/12/2021, no staff will be allowed to work until education is completed.</p> <p>The following monitoring system will be implemented to ensure that the solution is sustained:</p> <p>" Administrative staff (Executive Director, Director of Nursing, and Infection Preventionist) will monitor staff knowledge of the limited re-use and storage of masks by performing random staff interviews of 3 staff 3 times weekly x 6 weeks for a total of 9 staff then 4 staff weekly x 6 weeks. These interviews will be conducted across all shifts.</p> | | |

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| F 880 | Continued From page 5 A review of the facility's COVID - 19 policy titled "COVID - 19 Response Guidelines" dated February 3, 2021 states, in part: * Core principles of COVID - 19 Infection Prevention - Appropriate staff use of PPE. * PPE for each designated area - New admission area: Healthcare personnel (HCP) should wear an N95 mask or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. * Residents with known or suspected COVID - 19 (Persons under investigation (PUI) and COVID +) - HCP should use all recommended COVID - 19 PPE for the care of all residents in the PUI and COVID area (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents. If HCP PPE supply is limited, implement strategies to optimize PPE supply, which might include extended use of respirators, facemasks, and eye protection and limiting gown use to high-contact care activities and those where splashes and sprays are anticipated. The facility policy also stated on page 38, "If a disposable respirator is used, it should be removed and discarded after exiting the resident room and closing the door. If reusable respirator is used, clean and disinfect according to manufacturer's recommendations." During the entrance conference with the Administrator on 2/10/2021 at 9:00 AM, the 100-hall was identified as the quarantine unit which housed new admissions, re-admissions, and dialysis residents. The Administrator stated that admissions were tested for COVID within 24 | F 880 | " Administrative staff (Executive Director, Director of Nursing, and Infection Preventionist) will conduct Personal Protective Equipment Audits to ensure Transmission Based Precautions are maintained by performing random observations of donning and doffing PPE across all shifts of 3 staff 3 times weekly x 6 weeks for a total of 9 staff then 4 staff weekly x 6 weeks. " A review of the audits will be reported and discussed in monthly Quality Assurance and Performance Improvement meetings monthly for 3 months and/or until substantial compliance is maintained. QAPI committee can modify this plan in order to assure substantial compliance. " Effective 3/4/2021 the Administrator and Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance. The facility alleged full compliance with this plan of correction effective date 3/12/2021 | | |

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| F 880 | <p>Continued From page 6</p> <p>hours of admission and kept on the quarantine unit for 14 days no matter the result. Dialysis residents were tested one time weekly and remained on the quarantine unit. A review of the facility census showed there were thirteen residents on the quarantine hall. The Administrator stated that there were no current COVID positive staff or residents in the facility.</p> <p>An observation of the 100-hall on February 10, 2021 at 9:45 AM revealed all resident doors contained laminated signage indicating enhanced contact droplet precautions requiring mask, gown, gloves and face-shield. The signs included contact names and phone numbers of the Director of Nursing (DON) and the Administrator with instructions to call them if there was a question or a need for more PPE. Plastic bins containing gowns and gloves were located in the hallway outside the doors.</p> <p>a. During a continuous observation from 10:20 AM to 10:40 AM, Nurse Aide #3 (NA) was observed leaving room 103 with a rolled up blue disposable gown in her hand and proceeded to take it to the trash can on the hall. She was wearing an N95 mask and goggles over her glasses. The disposable N95 was not removed or discarded. NA #3 utilized hand sanitizer from a hall dispenser to perform hand hygiene after she put the gown in the trash.</p> <p>An interview with NA #3 on February 10, 2021 at 10:41AM revealed that the trash can in the room was full, so she brought the gown out of the room to put it in the trash. She stated that she should have put it in the trash in the room and secured the bag for removal.</p> <p>An interview with NA #3 on February 10, 2021 at</p> | F 880 | | | |

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| F 880 | <p>Continued From page 7</p> <p>12:05 PM revealed she was assigned to the 100-hall. She stated that she was a NA as well as a medication aide and her role on the 100-hall that day was as a medication aide. She stated she had adequate supply of PPE to perform her job duties and she was fit-tested for the N95 mask and had been instructed to change her disposable N95 mask every five days. She specified that she donned and doffed her N95 mask at the beginning of her shift, on bathroom breaks, when she went to her car to eat her lunch, and when she left the facility for the day. She stated she stored her N95 mask in a cloth bag in her car when she was not working. She could not recall any instruction regarding cleaning or storage of the N95 mask.</p> <p>b. An observation at 10:25 AM on February 10, 2021 revealed Nurse #9 left room 110 with an N95 mask and goggles in place. Nurse #9 did not remove or discard the disposable N95 mask. She performed hand hygiene using the hand sanitizer from a hall dispenser. Nurse # 9 then entered room 104 after donning a gown and gloves. She remained in the room with the door closed for approximately 2 minutes. On exit, Nurse #9 was not wearing a gown or gloves. She was wearing goggles and an N95 mask.</p> <p>An interview with Nurse #9 on February 10, 2021 at 3:05 PM revealed she was an agency nurse assigned to the 100-hall. She stated that her schedule was to work 12-hour shifts on Wednesday, Thursday, and Friday. She verified that she received "hall orientation" when she started her first contract at the facility one month ago. Her mask instruction for the 100-hall was to change her disposable N95 mask every five days. She did not believe there was a shortage of PPE</p> | F 880 | | | |

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| F 880 | <p>Continued From page 8</p> <p>at this facility. In her estimation, she donned and doffed her N95 mask at the beginning of her shift, on break, on lunch, and on exiting from the facility. She indicated she was storing her N95 mask in a cloth bag in her car between shifts. She could not recall any instruction regarding cleaning or storage of the N95 mask.</p> <p>c. A continuous observation on February 10, 2021 at 10:35 AM and at 11:00 AM revealed Housekeeper #8 was observed to don gown and gloves to enter rooms to clean but did not change her disposable mask between rooms. The Housekeeper was observed to enter and exit rooms 104 and 106 without changing her mask.</p> <p>An interview with Housekeeper #8 on February 10, 2021 at 11:39 AM revealed she was provided with weekly education regarding COVID updates and changes to procedures. She verbalized knowledge of checking the precautions signs at resident doors prior to entering. She stated gowns, mask, gloves, and eye protection were worn for every new admission and that a sign would be on their door identifying the precautions. She stated that she had been instructed to change her gown and gloves and perform hand hygiene between each room. She stated that she did not change her disposable mask between rooms. She understood her instructions to be that she changed her mask weekly. She confirmed that she donned and doffed her mask several times during the day, including facility entry and exit, bathroom breaks, and lunch break.</p> <p>d. An interview with NA #4 on February 10, 2021 at 12:40 PM disclosed that she was assigned to the 100-hall on a consistent basis. She was able to verbalize that she had been instructed to wear</p> | F 880 | | | |

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| F 880 | <p>Continued From page 9</p> <p>her disposable N95 mask for six days before discarding it for a new one. She stated the mask should be discarded if broken or soiled. She did not sense that there was a shortage of PPE supplies. She estimated that she donned and doffed her N95 mask at the beginning and end of her shift and when she ate lunch. She stated that she was storing her N95 mask in a plastic bag in her car when she left the facility and on arrival to her home, she was spraying her N95 mask with disinfectant spray and returning it to the plastic bag and leaving it open to air.</p> <p>An interview at 3:46 PM on February 10, 2021 with the Director of Nursing (DON), who also served as the facility Infection Preventionist. She stated per policy, masks were to be replaced if broken or soiled and after every fifth day. She clarified this meant to get a new disposable N95 or KN95 mask on the sixth day. The DON stated the facility was following the extended use process for PPE outlined by the CDC and as specified in facility policy. She was not aware of any shortage of PPE. She did state their supplier indicated that KN95 masks would not be available in bulk for some time. The DON specified that she was keeping up to date with changes related to use of PPE via the corporate offices and corporate consultants. The DON stated she was not aware that N95 masks should be discarded after 5 donning's and doffing's. She believed 5-day wear was a part of the extended use guidelines. The DON was not aware of any reference in the policy regarding storage of N95 masks. She stated storage for masks would be per CDC guidance. She could not verbalize what CDC guidance for N95 mask storage included.</p> <p>An interview on February 10, 2021 at 4:15 PM</p> | F 880 | | | |

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| F 880 | Continued From page 10 with the Administrator revealed staff had been instructed to wear their N95 masks for five days and change it on the sixth day per corporate policy, which she believed followed CDC guidance for extended use of N95 masks. She stated that the facility was managing their PPE supply under contingency capacity due to supply shortage. She indicated that her supplier had informed her that the KN95 masks would no longer be available in bulk. | F 880 | | | |