

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

PRINTED: 08/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/08/2021
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804		
(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</p>	F 880		8/1/21	

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

TITLE

(X6) DATE

Electronically Signed

07/30/2021

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 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> <p>(vi) The hand hygiene procedures to be followed</p>	F 880			

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F 880	<p>Continued From page 2 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, staff interviews, review of the Centers for Disease Control and Prevention (CDC) recommended guidance and review of the facility's Covid Response Plan, the facility failed to implement measures specified in the Covid Response Plan and recommended guidance specified by the CDC regarding mask usage when 2 of 2 dietary staff members (Cook and Dietary Aide) failed to wear their facemasks covering both the mouth and nose while in the kitchen. Additionally, the receptionist failed to cover her nose with her facemask while completing the screening process with visitors. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included: CDC guidance titled "How to Wear Masks", dated 6/11/2021 was reviewed. It read in part: Put the mask over your nose and mouth and secure it under your chin</p>	F 880	<p>F0880</p> <p>The facility failed to implement their policies and procedures when 3 of 3 staff members (Dietary #1 and Dietary Aide #2) who were in the Kitchen area, were observed with face mask on and not covering their nose. Receptionist was observed at the front entrance without nose completely covered.</p> <p>Dietary aide #1, Dietary aide # 2 and receptionist were in-serviced on policies and procedures for proper placement of mask by administrator as of 8/01/21.</p> <p>Administrator, Director of Nursing, Regional Clinical Nurse and Regional Director of Operations reviewed the facilities policies and procedures for infection control and made changes to include monitoring tools for tracking and trending.</p>		

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F 880	<p>Continued From page 3</p> <p>The facility's Covid Response Plan dated 6/2021 was reviewed. The Covid Response Plan read in part: Wear mask at all times when in the facility fitted over both the nose and mouth</p> <p>1. A continuous observation of the kitchen was completed on 7/7/2021 from 10:40am through 10:46am. The Cook was observed prepping for the lunch meal with her facemask below her nose. A Dietary Aide was observed at 10:42am discarding trash from the morning dishes and prepping her dish area. She did not have her facemask covering her nose or mouth.</p> <p>An interview with the Cook at 10:43am revealed that she had received training on the correct way to wear Personal Protective Equipment (PPE). She confirmed she was trained to wear a facemask covering her nose and mouth at all times in the facility. The Cook stated that while she was working her mask continued to slip down below her nose. Her mask remained below her nose throughout the interview.</p> <p>An interview with the Dietary Aide on 7/7/2021 at 10:46am revealed that she had received training on the correct way to wear PPE. She confirmed she was trained to wear a facemask covering her nose and mouth at all times in the facility. She stated she was not able to communicate effectively when she wore her mask covering her nose and mouth. Her mask was not covering her nose and mouth throughout the interview.</p> <p>An interview was completed on 7/7/2021 at 3:35pm with the Dietary Manager who stated all staff had been in-serviced on how to wear a facemask and she monitored her staff daily for</p>	F 880	<p>Facility staff have been educated on mask wearing as well as infection control policies and procedures as of 8/01/21. all new hires will be educated upon hire on infection control and prevention upon hire as well as donning and doffing PPE equipment. All agency staff will be educated prior to starting any shift.</p> <p>Facility Administrator has put in a monitoring system for tracking and trending to improve compliance with infection control prevention and protection related to wearing of mask and all ppe equipment.</p> <p>Administrator/Designee will monitor 5 staff members daily Monday- Friday for 3 week then 5 staff members 3 days per week for 3 weeks then 5 staff members weekly for 4 weeks for proper mask placement and wearing of all PPE.</p> <p>Administrator will report findings to the QAPI for any additions or changes to the current infection control policy and procedure as needed. Administrator will report findings monthly to QAPI ongoing.</p> <p>Compliance date: 8/1/2021</p>		

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F 880	<p>Continued From page 4</p> <p>compliance. She further stated she educated her staff on a weekly basis regarding infection control. The Dietary Manager was not certain as to why the Cook and Dietary Aide did not have their masks in place while in the facility. The Dietary Manager had not received any concerns related to masks slipping down.</p> <p>An interview was completed on 7/7/2021 at 4:45pm with the Regional Nurse Consultant. She stated that all staff have been instructed on how to properly wear surgical masks covering both the mouth and nose. Facemasks were always to be worn while in the facility. All staff have been educated at the monthly staff meetings regarding proper mask usage, how to wear their masks and infection control. The Regional Nurse Consultant verbalized department managers rounded daily to ensure staff were compliant with mask usage and immediate education would be completed with staff for non-compliance.</p> <p>A telephone interview was completed on 7/8/2021 at 4:18pm with the Administrator. He stated that masks should cover the mouth and nose and staff should always have their mask on unless in an office by themselves. The Administrator reported that staff had been educated at the all staff meeting, last completed June 2021, regarding proper mask usage and how to wear their masks. He communicated his department managers rounded daily to ensure compliance with mask usage.</p> <p>2. A continuous observation was completed on 7/7/2021 from 10:20 AM through 10:35 AM of the Receptionist in the front lobby area. She was observed within 6 feet when interacting and screening a visitor with her mask pulled below her</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>nose and covering her mouth. Further observation revealed the Receptionist proceeding to interact and screen the survey team with her mask pulled below her nose and covering her mouth.</p> <p>During an interview on 7/7/2021 at 3:05 PM, the Receptionist confirmed she had received education on the proper use of personal protective equipment (PPE). The Receptionist was instructed to wear a surgical mask covering both the mouth and nose. She verbalized that facemasks were always to be worn while in the facility. The Receptionist explained she was drinking coffee prior to performing the screening process and temperature checks. She communicated she forgot to pull the mask up.</p> <p>Review of the Receptionist education record revealed that she received training on 6/10/2021 related to mask usage and Covid-19.</p> <p>An interview was completed on 7/7/2021 at 4:45 PM with the Regional Nurse Consultant, she stated that all staff have been instructed on how to properly wear surgical masks covering both the mouth and nose. Facemasks were always to be worn while in the facility. All staff have been educated at the monthly staff meetings regarding proper mask usage, how to wear their masks and infection control.</p> <p>During a telephone interview on 7/8/2021 at 4:18 PM, the Administrator stated the staff should always have their mask on unless in an office by themselves. Staff have been educated at the all staff meetings last completed on June 2021 regarding proper mask usage and how to wear their masks.</p>	F 880			

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