

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

PRINTED: 07/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/15/2022
NAME OF PROVIDER OR SUPPLIER MERIDIAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	
(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
F 000	INITIAL COMMENTS A Complaint and Revisit Survey was conducted 6/14/2022 to 6/15/2022. There were 4 intakes with 13 allegations, and the 13 allegations were unsubstantiated. Intakes NC00188544, NC00188634, NC00189161, and NC00189857. The facility was cited at F880, but the tag was not related to a complaint.	F 000		
F 880 SS=E	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. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify	F 880		7/8/22

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

TITLE

(X6) DATE

Electronically Signed

07/01/2022

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>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <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 review, and staff</p>	F 880	1. No residents were negatively		

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F 880	<p>Continued From page 2</p> <p>interviews two of two facility staff (Admissions Coordinator and Nursing Assistant (NA) #1) failed to apply Personal Protective Equipment (PPE) prior to entering two of two residents' rooms who were on infection control precautions.</p> <p>Findings included:</p> <ol style="list-style-type: none"> The Centers for Disease Control and Prevention (CDC) guideline entitled "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes" updated 2/2/22 contained the following statements: <ul style="list-style-type: none"> In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission, and should be tested as described in the testing section above; COVID-19 vaccination should also be offered. <p>The CDC guideline entitled "Stay Up to Date with Your COVID-19 Vaccines" Updated 5/24/22 contained the following statements:</p> <ul style="list-style-type: none"> You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible. <p>Resident #8's COVID19 vaccination record revealed he received one dose of the COVID19 vaccine on 11/1/21. He had not received the second dose of the COVID19 vaccine nor any booster doses.</p> <p>Resident #8 was admitted to the facility on</p>	F 880	<p>affected by this stated deficient practice as evidenced by no cases of covid for residents during the 6/28/2022 covid testing. Testing to continue twice weekly.</p> <p>No residents have been identified with ESBL on 2 North as of 6/29/22.</p> <p>Resident #8 was discharged from the facility on 6/14/22 and no longer resides in the facility.</p> <p>Resident #9 completed the prescribed course of antibiotics and remains on contact precautions for ESBL in the urine until July 1, 2022.</p> <p>The Admissions Director and NA #1 received education on 6/14/22 regarding adhering to infection control precautions, adhering to specific directives posted on isolation signage, and utilizing the appropriate PPE.</p> <p>Observational rounds of infection control as well as all staff infection control education was initiated.</p> <ol style="list-style-type: none"> Nursing leadership completed an audit of all residents to evaluate resident covid vaccine status with a focus who are not up to date with all Covid vaccines and who were admitted/readmitted to the facility within the last 30 days by 6/30/22 to ensure appropriate signage and PPE are available and in use by the staff with corrective action as necessary. 		

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F 880	<p>Continued From page 3 6/13/22.</p> <p>During an observation on 6/14/22 at 9:58 AM Resident #8's room was observed to have PPE at the entrance to his room and signage which read that staff must wear PPE when entering the resident room including a gown and gloves.</p> <p>During an observation on 6/14/22 at 10:21 AM the Admissions Director (AD) was observed to enter Resident #8's isolation room. She was observed to have had on a N95 mask and goggles. The AD entered Resident #8 ' s room without applying a gown nor gloves, she was then observed to have left the resident room and utilized hand sanitizer.</p> <p>During an interview conducted on 6/14/22 at 10:33 AM the AD stated Resident #8 had been admitted on 6/13/22 and was being discharged on 6/14/22. She further stated he had not been fully vaccinated for COVID19. She said she had gone into the room to talk to the resident and his family. She further stated she should have worn the appropriate PPE including a gown and gloves when she entered the room because he was on precautions.</p> <p>An interview was conducted with Unit Manager (UM) #1 on 6/14/22 at 2:58 PM. The UM stated Resident #8 was on precautions for having only received the first dose of the COVID19 vaccine, which was in November of 2021, and he was a new admit. She further stated any staff member who enters a room of a resident who wasn ' t fully vaccinated against COVID19 and was a new admit, they should wear an N95 mask, a gown, gloves, and goggles or a face shield.</p>	F 880	<p>Nursing leadership conducted an audit of all residents on contact precautions for infections such as ESBL by 6/30/22 with corrective action as necessary. It should be noted that the center takes this citation seriously and upon completion of 100% audit of all residents and staff there was no indication of nosocomial transmission of COVID 19 or ESBL.</p> <p>3. A review and revision of the Infection Control system was completed to include but not limited to Infection Control education for all new employees upon hire, annually and inclusion in the agency staff resource manual. The Director of Nursing/designee is conducting a daily clinical/Interdisciplinary Team Meeting to review current and new patients requiring isolation precautions to review correct appropriate isolation precaution sign(s) and PPE to be used in each case. This daily review also includes anticipated termination date of said precautions. The Unit Managers, Weekend Manager on Duty and or Nursing Supervisor and Staff Development Coordinator will conduct Infection Control Rounds no fewer than once weekly.</p> <p>4. The Director of Nursing is responsible for the Infection Control Program and assurance of this system. They will affirm adherence to the program based on weekly observation and audits which will be discussed weekly with the</p>		

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F 880	<p>Continued From page 4</p> <p>An interview was conducted on 6/14/22 at 3:35 PM with the Director of Nursing (DON). She stated she and the Staff Development Coordinator were currently covering Infection Control. The DON stated if there is a sign up for precautions, such as for Resident #8, who was a new admit, then all staff who enter the room need to wear the recommended PPE, including a gown and gloves. She said she had been instructing the staff if they see a sign on a resident ' s door about PPE, then they need to wear it.</p> <p>2. The facility provided policy titled, Infection Guidelines for Admission, which was not dated, documented residents with Multidrug-resistant organism (MDRO) required Standard Precautions if secretions/excretions/drainage contained.</p> <p>Review of a lab results sheet in Resident #9 ' s electronic medical record revealed a urinary analysis with a collection date of 6/7/22. The report had a culture and sensitivity which showed a urinary tract infection (UTI) which was positive for extended spectrum beta-lactamase (ESBL), which made the infection resistant to multiple common or routine antibiotic medications. The bacteria was susceptible to nitrofurantoin (an antibiotic which is used for ESBL).</p> <p>Review of Resident #9 ' s Medication Administration Record (MAR) for the period of 6/1/22 through 6/13/22 revealed he was receiving nitrofurantoin (an antibiotic which is used for ESBL and UTIs) 100 milligrams (mg), one capsule, twice a day, for an infection, for 14 days, with a first dose administered on 6/11/22.</p> <p>During an observation on 6/14/22 at 12:25 PM Resident #8's room was observed to have PPE at</p>	F 880	<p>Administrator and no less than monthly in the Quality Assurance and Performance Improvement Committee.</p> <p>5. Date of Compliance 7/8/22</p>		

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F 880	<p>Continued From page 5</p> <p>the entrance to his room and signage which read that staff must wear PPE when entering the resident room including a gown and gloves. Further observation of the signage revealed a directive to perform hand hygiene before and after patient contact, contact with the environment, & after removal of PPE between each resident contact. Additionally, the signage indicated please do not remove dedicated or single use disposable equipment from this room.</p> <p>During a continuous observation on 6/14/22 at 12:26 AM Nursing Assistant (NA) #1 was observed going into Resident #9 ' s room and was not observed to have donned a gown nor gloves. The NA left the room carrying a wash basin and proceed to go to the adjacent room and went into the bathroom of the adjacent room. The NA then exited the adjacent room with a wash basin with water in it and went back into Resident #9 ' s room and was not observed donning a gown nor gloves. The NA was then observed exiting Resident #9 ' s room and went to another room on the hall, entered the bathroom in that room, water could be heard running, and then she exited the room.</p> <p>An interview and observation were conducted on 6/14/22 at 12:38 PM with NA #1. The NA stated she didn ' t have to wear a gown when she went into the resident ' s room. She further explained the sink did not work in Resident #9 ' s room so she had to go to another resident room to fill the wash basin and to wash her hands. The NA wanted to demonstrate how the sink would not work in Resident #9 ' s room, however the signage regarding the contact precautions for the room and the requirement of donning a gown and gloves, which was posted outside Resident #9 ' s</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>room, was pointed out to the NA, and it was decided upon to continue the interview in the hallway, rather than entering the resident ' s room. She said she hadn ' t seen anyone wearing gown into Resident #9 ' s room, so she had just gone in, changed him, washed him up, and then went into another resident ' s room to wash her hands. She explained she did not know how come the resident was on contact precautions. She stated she had not completed any work orders regarding the sink and did not believe anyone else had completed any work orders regarding the sink in Resident #9 ' s room.</p> <p>During a second interview with NA #1 conducted on 6/15/22 at 9:18 AM she stated she had been into Resident #9 ' s room that day and she stated she had been in Resident #9 ' s room and she stated the sink was working, she believed it had been working the same way on 6/14/22, and she had been mistaken on how the sink was functioning.</p> <p>An observation and interview were conducted on 6/15/22 at 9:21 AM with the Maintenance Technician (MT). The MT stated he believed the sink in Resident #9 ' s room worked without issue. The MT donned the recommended PPE, including a gown, and gloves, and proceeded to enter Resident #9 ' s room. The MT demonstrated the hot and cold water by turning the faucet on, and the water drained without issue. However, the water flow appeared to have been limited coming out of the faucet, but still a sufficient amount of water exited the faucet to wash hands or fill a bath basin. The MT stated he had not made any repairs to the sink, or the faucet, in Resident #9 ' s room which would have impacted how the sink functioned.</p>	F 880			

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F 880	Continued From page 7 An interview was conducted on 6/14/22 at 3:35 PM with the Director of Nursing (DON). She stated she and the Staff Development Coordinator were currently covering Infection Control. The DON stated the bacteria from Resident #9 ' s infection was isolated to his urine, he had an indwelling urinary catheter, and unless a staff member were to come into contact with urine from Resident #9, they would not need to wear a gown when they enter the resident ' s room. She said the NA should go discuss with the resident ' s nurse how come the resident was on precautions. An interview was conducted on 6/15/22 at 2:50 PM with the Administrator and the DON. The Administrator stated it was her expectation for all of the staff of the facility to put on the appropriate PPE, such as a gown and gloves, when entering a room which was a new admit who had not received the COVID19 vaccine. The DON stated an in-service had been initiated regarding what to do when there is a precautions sign for a resident, such as going to the nurse to find out how come the resident is on precautions, and that is important resident care equipment, such as a wash basin, should not be removed from a resident room where the resident is on precautions, and staff should always wash their hands prior to leaving a room where a resident is on precautions. She further stated Resident #9 ' s infection was contained in his urine, so the NA did not have to wear a gown while providing the routine care she provided, however, she should have asked Resident #9 ' s nurse about the details of the precautions for Resident #9.	F 880			