

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

PRINTED: 11/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/12/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT WINSTON SALEM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4911 BRIAN CENTER LANE</b> <b>WINSTON-SALEM, NC 27106</b>		
(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>An unannounced complaint investigation, and focused infection control survey was conducted on 8/12/2022. The following intakes were investigated NC00191135, NC00191625, NC00190887, and NC00191851.</p> <p>13 of the 13 complaint allegations were not substantiated.</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</p>	F 880		8/30/22	

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

TITLE

(X6) DATE

Electronically Signed

08/29/2022

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>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 and staff interviews the facility failed to adhere to policy and procedures for an enhanced droplet and contact isolation precautions room. One of three staff members observed (Nurse #1) failed to don gloves or gown per signage instructions posted on the door.</p> <p>The findings included:</p> <p>The facility policy titled 'Novel Coronavirus Prevention and Response' dated 6/15/22, read in part: Page 4 #6 Procedure when COVID-19 is suspected or confirmed:</p> <p>F. Implement standard, contact, and droplet precautions. Wear gloves, gowns, goggles/face shields, and a NIOSH-approved N95 or equivalent or higher-level respirator upon entering room and when caring for the resident.</p> <p>Record review and observation on 8/10/22 2:45 pm revealed Resident #1 was in a semi-private room residing with Resident #2. Resident #1 was readmitted on 8/2/22 and Resident #2 was admitted on 8/5/22 and had not received any COVID-19 vaccines. Both the residents were under new admission quarantine based on facility policy.</p>	F 880	<p>F880 Corrective actions. On August 11, 2022, the Staff Development Coordinator/Infection Preventionist educated Nurse #1 on infection control regarding the use of PPE when in resident room who are on Transmission Based Precaution to include Special Droplet Contact Precautions. Corrective action for those potentially affected. On August 10, 2022, the Staff Development Coordinator/ Infection Preventionist began educating all staff to include agency/contract staff on the use of Personal Protective Equipment (PPE) in resident rooms requiring Transmission Based Precautions to include Special Droplet Precautions and on how to prevent the spread of Covid-19 to include community transmission. On August 09, 2022, the Regional Director of Clinical Services conducted an audit of current residents on Transmission Based Precautions to include Special Droplet Contact Precautions to ensure staff entering the rooms had on the appropriate PPE (goggles or face shield, N95, gown and gloves). No other residents were found to have been affected by staff not utilizing the appropriate PPE. Systemic Changes. On August 10, 2022,</p>		

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F 880	<p>Continued From page 3</p> <p>On 8/10/22 at 2:45 pm an observation was made of Nurse #1 inside a resident room with an enhanced droplet and contact isolation precautions sign on the door. The nurse was wearing eye goggles and an N95 mask, however, did not have on gloves or gown while inside the room. There was a bin on the outside of the room that contained personal protective equipment (PPE).</p> <p>On 8/10/22 at 2:47 pm an interview was conducted with Nurse #1 immediately when she exited the resident's room. When asked if the room was under isolation precautions, Nurse #1 revealed it was and she had entered the room without donning the appropriate PPE. She further revealed she understood the enhanced isolation signage posted on the door, however, thought it was a waste to use a gown and gloves every time she entered the room.</p> <p>On 8/10/22 at 3:00 pm an interview was conducted with the Director of Nursing (DON). She indicated the room Nurse #1 was observed in was a newly admitted resident under quarantine isolation. She revealed Resident #1 was under quarantine and the facility was in the process of retrieving her vaccination card to clarify if she was up to date on COVID-19 vaccines. The DON revealed the facility tested both residents on 8/9/22 and both were negative for COVID-19. She further indicated staff were educated and should adhere to the instructions on signage for isolation precautions rooms at all times per facility policy.</p> <p>On 8/12/22 at 9:50 am a telephone interview was conducted with the Administrator. He indicated</p>	F 880	<p>the Staff Development Coordinator/Infection Preventionist began in-servicing all staff, to include agency contract staff, on the use of appropriate PPE (goggles or face shield, N95, gown and gloves) when entering residents' room who are on Transmission Based Precautions to include Special Droplet Contact Precautions. Method of training was completed by the Infection Preventionist with use of verbal, written communication to include handouts. The facility continues to provide ongoing visitor education on the use of Personal Protective Equipment via the screening log and visitor attestation form when entering the facility. The Administrator/Director of Nursing/Nurse Managers/Staff Development Coordinator/Infection Preventionist will ensure all staff, to include agency contract staff to be educated on infection control regarding appropriate PPE (goggles or face shield, N95, gown and gloves) for Residents on Transmission Based Precautions to include Special Droplet Contact Precautions. The Administrator/Director of Nursing/Nurse Manager/Staff Development Coordinator/Infection Preventionist will ensure newly hired staff, to include agency contract staff, will receive education during facility orientation in person or via telephone prior to working. Any staff who have not received this education by August 30, 2022, will not be allowed to work until education is completed.</p> <p>Quality Assurance. The</p>		

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F 880	Continued From page 4 staff should always follow the posted instructions on enhanced isolation precautions rooms. He further indicated the facility had sufficient amounts of PPE made available to staff.	F 880	Administrator/Director of Nursing/Nurse Manager will monitor using a Quality Assurance tool. The monitoring will include observation of staff utilizing PPE when entering residents' room who are on Transmission Based Precautions to include Special Droplet Precautions to ensure the appropriate use of PPE(goggles or face shield, N95, gown and gloves). The QA monitoring will be conducted weekly x 12 weeks. The Administrator/Director of Nursing/Nurse Manager will report the results of the QA monitoring monthly to the Quality Assurance Performance Improvement (QAPI) committee for continued compliance and/or revision.		