

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

PRINTED: 05/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2020
NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704	
(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=E	<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 and control program (IPCP) that must include, at a minimum, the following elements:</p>	F 880		4/30/20

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

TITLE

(X6) DATE

Electronically Signed

04/24/2020

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(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 by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2 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, and review of the facility's policy, entitled, "COVID-19," the facility failed to maintain social distancing for 11 residents (Resident #s 1, 2, 3, 4, 7, 9, 10, 11, 12, 13 and 14) on the memory care unit, and three (3) residents in the common day area (Resident #s 15, 16 and 17). These failures occurred during a COVID-19 pandemic and had the potential to affect all residents, that resided on the memory care unit.</p> <p>The findings include:</p> <p>During an observation on 04/08/2020 at 2:25 p.m., accompanied by the Infection Control Nurse (ICN), fourteen residents were located in the dinning/day room. The ICN confirmed the following and stated, she expected social distancing to be maintained; however, it was a challenge for the resident population:</p> <ul style="list-style-type: none"> - Resident #s 13 and 14 (seated two (2) feet apart) - Resident #s 11 and 12 (seated two (2) feet apart) - Resident #s 1 and 2 (seated five (5) feet apart) 	F 880	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The Director of Nursing, ADON, and Unit Coordinators completed re-education for current facility staff on 4/9/202, regarding "Maintaining/Encouraging Social Distancing; at least 6ft between each resident" Education included for staff to redirect and monitor residents to maintain and encourage social distancing amongst residents.</p> <p>Residents #1,2,3,4,7,9,10,11,12,13,14, continue to reside on the memory unit and are monitored and redirected in order to maintain social distancing.</p> <p>Residents # 15,16, and 17 were re-educated regarding social distancing and continue to be monitored by staff to maintain and encourage social distancing.</p>		

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F 880	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Resident #s 4 and 7 (seated five (5) feet apart) - Resident #s 9 and 10 (seated three (3) feet apart) - Resident #3 was pleasantly confused, and constantly walked up to and touched other residents and visitor. The resident was not immediately, redirected by the memory care staff in the dinning/day room. <p>During an interview on 04/08/2020 at 2:41 p.m., the memory care Unit Manager acknowledged that she was aware of the COVID-19 pandemic. She also stated that she expected social distancing of six (6) feet to be maintained as much as possible, although it was a challenge for the resident population. The aforementioned findings, were shared and the need for the memory care staff to be more proactive, with redirecting residents and social distancing with seating of residents.</p> <p>On 04/08/2020 at 2:45 p.m., accompanied by the ICN, four (4) residents were observed in the common day area. The ICN confirmed the following and stated she expected social distancing to be maintained:</p> <ul style="list-style-type: none"> - Resident #s 16 and 17 (seated one (1) feet apart) - Resident #s 15 and 16 (seat one (1) feet apart) <p>During an interview on 04/09/2020 at 5:27 p.m., the Administrator, Director of Nursing, ICN and Corporate Nurse revealed, that education related to social distancing, was provided to the staff and residents, prior to the survey findings.</p> <p>Review of the facility's policy, dated 04/09/2020, revealed, "...Remind and assist residents to</p>	F 880	<p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>Current facility residents are at risk of the alleged deficient practice of failure to maintain social distancing.</p> <p>The Director of Nursing, ADON and Unit coordinators completed re-education for current facility staff on 4/9/2020, regarding "Maintaining/Encouraging Social Distancing: at least 6 ft. between each resident'. Education included for staff to redirect and monitor residents to maintain and encourage social distancing amongst residents.</p> <p>Address what measure will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Residents that reside in the memory unit will be seated to maintain/encourage at least 6ft. between each resident and staff members will be present in the dining areas in order to redirect/encourage and maintain 6ft. social distancing.</p> <p>Seating was removed from communal areas and areas were blocked off on 4/9/2020, to prevent residents from congregating unattended.</p> <p>The Director of Nursing, ADON, and Unit coordinators completed re-education for current facility staff on 4/9/202 regarding, "Maintaining/Encouraging Social</p>		

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F 880	Continued From page 4 participate in social distancing (at least 6 feet apart)..."	F 880	<p>Distancing; at least 6ft. between each resident. Education included for staff to redirect/encourage and monitor residents to maintain social distancing amongst residents. Newly hired staff will be educated during new hire orientation.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Administrator, Director of Nursing, ADON, and Unit coordinators will monitor for social distancing 3 x day for 4 weeks then daily for 2 months, to validate that residents are maintaining social distancing and/or staff are observed re-directing/encouraging as necessary to maintain 6 ft. between residents. Monitoring will include all shifts and weekends.</p> <p>The Administrator and/or the Director of Nursing, will review audits to identify patterns/trends and will adjust the plan as necessary to maintain compliance.</p> <p>The Administrator and/or the Director of Nursing will review the plan during the monthly QAPI meeting and the audits will continue at the discretion of the QAPI committee.</p>		