| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345225 | A. BUILDING _____ B. WING _____ | C 04/17/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIGNATURE HEALTHCARE OF CHAPEL HILL | 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514 |

| (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 |
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| E 000 | Initial Comments<br><br>A COVID -19 Infection Control Focused survey was conducted on 4/16/20 - 4/17/20. The facility was in compliance with CFR 483.73, Emergency Preparedness. Event ID# D9W911. | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>A COVID-19 Focused Survey was conducted 4/16/20 - 4/17/20.<br>Event ID # D9W911.<br>The allegation was substantiated and resulted in deficiency. See CMS 2567 for further information. | F 000 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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; | F 880 | | 4/30/20 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/27/2020

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| F 880 | Continued From page 1<br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review. | F 880 | | |

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| F 880 | Continued From page 2<br>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br>Based on observations, record review and staff interviews, the facility failed to perform hand hygiene after exiting 2 of 2 resident rooms (Room #131 and Room #124). These failures occurred during a COVID-19 pandemic.<br><br>The findings included:<br><br>A review was conducted of the facility policy titled, "Handwashing/Hand Hygiene", revised August 2015. The policy specified that an alcohol-based hand rub containing at least 62% alcohol; or, alternately, soap and water, should be used after contact with objects in the immediate vicinity of the resident.<br><br>On 4/16/20 at 9:10 AM, an observation was made of Nurse Aide (NA) #1. NA #1 entered room #131 without gloves on and exited the room carrying a breakfast tray. NA #1 was observed to place the breakfast tray on the cart in the hallway and go back into Room #131 without washing or sanitizing her hands. NA #1 exited Room #131 carrying another breakfast tray and placed it onto the cart in the hallway. NA #1 was observed to then enter Room #124 with ungloved hands and did not sanitize her hands before she entered the room. NA #1 was observed to use the bed controller to adjust the head of the resident's bed. She then exited Room #124 carrying a breakfast tray and placed it on the cart located in the hallway. NA #1 did not wash or sanitize her hands after she placed the meal tray in the cart.<br><br>On 4/16/20 at 9:12 AM, an interview was | F 880 | F880 Infection Prevention & Control<br><br>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.<br><br>1. Nursing Assistant #1 was immediately re-educated on handwashing.<br>2. All residents have the potential to be affected.<br>3. Education on the Infection Prevention & Control Policy as it relates to handwashing will be completed with all Licensed Nurses and Certified Nursing Assistants by 4/30/2020. This training will also be provided to all Licensed Nurses and Certified Nursing Assistants upon hire during orientation.<br>4. Ongoing audits by the Director of Nursing, Assistant Director of Nursing and Unit Manager will be conducted for observation and review to ensure infection control practices are maintained with a special focus on handwashing. These audits will be conducted weekly x 4 and monthly x 3. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends | |

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| F 880 | Continued From page 3<br>conducted with NA #1. She stated she sanitized her hands after coming out of resident's rooms and after removing gloves if she was providing care. When NA #1 was asked why she didn't sanitize her hands after coming out of Rooms #131 and Room #124, she stated the hand-sanitizing dispenser outside of Room #131 was empty and after observing her checking her pockets, she stated she didn't know where her personal hand sanitizer was, she must have left it somewhere. NA #1 then proceeded to a hand sanitizing station and sanitized her hands.<br><br>On 4/16/20 at 9:14 AM, an observation was conducted in the hallway near Room #131. The hand-sanitizing station outside of Room #131 was functional and supplied with hand-sanitizing solution.<br><br>On 4/16/20 at 9:13 AM, an interview was conducted with NA #2. She stated she sanitizes her hands after coming out of residents rooms and washes them after removing her gloves when giving care. NA #2 stated the staff were having in-servicing on hand-washing.<br><br>On 4/16/20 at 9:20 AM, an interview was conducted with the Corporate Nurse Consultant. She stated NA #1 should have sanitized her hands when exiting the resident's rooms and the staff have been trained many times on handwashing and the use of Personal Protective Equipment (PPE). | F 880 | identified will be addressed by the Quality Assurance and Performance Improvement committee as they arise and the plan will be revised to ensure continued compliance. The Quality Assurance and Performance Improvement committee consists of the Administrator, Director of Nursing, Staff Development Coordinator, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.<br>5. The Administrator and the Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 4/30/2020.<br><br>Date of compliance = 4/30/2020 | |