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	345186	A. BUILDING _____ B. WING _____	C 04/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE OAKS MANOR	**413 WINECOFF SCHOOL ROAD CONCORD, NC 28027**

(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 An unannounced complaint /COVID-19 focused survey was conducted on 4-15-20 through 4-21-20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # DCJS11	E 000		
F 000	INITIAL COMMENTS A complaint survey and COVID19 focused survey was conducted from 4-15-20 through 4-21-20. 1 of 1 complaint allegations were not substantiated. Event ID DCJS11 Immediate Jeopardy was identified at CFR 483.80 at tag F880 at a scope and severity J. Immediate Jeopardy began on 4-15-20 and was removed on 4-17-20.	F 000		
F 880 SS=J	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	F 880		4/21/20

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

Electronically Signed | 05/01/2020

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F 880	Continued From page 1	F 880		

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 possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(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
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

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F 880	Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 observation, review of the "Outbreak of Communicable Diseases" and "Suspected COVID19 Isolation Precautions Guidelines" policies, staff interviews and physician interviews, the facility failed to prevent an infection control system failure when (1) nursing staff wore personal protective equipment (PPE) when entering 4 of 4 resident rooms (Resident #1, Resident #2, Resident #3 and Resident #4) with droplet precautions, (2) nursing staff perform hand hygiene after exiting 2 of 2 resident rooms (Resident #2 and Resident #3) with droplet precautions and the facility failed to ensure (3) nursing staff performed hand hygiene after exiting 1 of 1 resident rooms (Resident #3) with droplet precautions and then exiting the designated hall for COVID19 residents. These system failures occurred during the COVID19 pandemic and had the likelihood to affect all residents residing in the facility. Immediate Jeopardy began on 4-15-20 when observations were made on the halls designated for residents (54) who had positive test results for the COVID19 virus (halls 300 and 400). The observations included nursing staff not wearing PPE and not performing hand hygiene when entering or exiting resident rooms with droplet	F 880	Nurse#1 was educated on 4/17/2020 by the SDC on vigilance of donning gloves in every resident room and removal of gloves before exiting rooms and performing hand hygiene, then using sanitizer once he/she enters hallway with zero tolerance. C.N.A.#1 was educated on 4/17/2020 by the SDC on vigilance of wearing facemask at all times while in the center, unless eating/drinking in assigned break area and when using the bathroom. He/she was further educated on vigilance of donning gloves in all Covid + rooms, then performing hand hygiene when the gloves are removed, and to sanitize hands once out of the room before touching ice cart or other equipment with zero tolerance. C.N.A. #2 was educated on 4/17/2020 on vigilance of donning gloves in every resident room before touching anything and removal of gloves before exiting rooms and performing hand hygiene, then using sanitizer once he/she enters hallway with zero tolerance. Ice chest was sanitized on 4/16/2020 by housekeeper with EPA rated sanitizer and	

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precautions which caused or is likely to cause serious injury, serious harm or death. Immediate Jeopardy was removed 4-21-20 when the facility provided and implemented acceptable creditable allegation of Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity of "E" that is not Immediate Jeopardy to ensure monitoring systems put in place are effective.

Findings included:

The facility's policy and procedure for "Outbreak of Communicable Diseases" dated 8-2014 was reviewed and revealed in part; all employees should practice good hygiene and handwashing techniques and initiate isolation precautions as necessary.
Review of the facility's Isolation policy and procedure dated 8-2018 was reviewed and revealed in part the following for droplet precautions; masks, gloves, gowns and goggles should be worn when entering a resident room.

1. Resident #3 was a 74-year-old woman who had tested positive for COVID19 on 4-12-20 and placed on droplet precautions 4-9-20. Her diagnoses were pneumonia, dementia and malnutrition.

An observation was conducted on 4-15-20 at 4:05pm. Nursing assistant (NA) #2 was observed leaving Resident #2's room and entering Resident #3's room. NA #2 did not perform hand hygiene prior to entering Resident #3's room and was wearing a paper gown but she was not wearing a mask to cover her nose and mouth and was not wearing gloves. The NA was noted to carry out a small table from the resident's room, place it in

continues to be sanitized daily and as needed by nursing staff and housekeeping.

All residents have the potential to be affected by the alleged deficient practice.

Consistent staff are scheduled on the Covid Unit.

The downstairs on the facility has co-horted all but two residents identified as Covid positive to the 300-400 halls as a group. The two Covid positive resident□s in private rooms on the short 100-hall will remain in their private rooms on Droplet precautions. Scheduling on the Covid Unit will be based on consistent staff assignments. Residents that were tested for Covid and were negative were placed on the 100□/300 hall as a group. All high touch surfaces, including but not limited to door knobs, hand rails, medication carts, ice chest, keyboards will be sanitized using EPA disinfectant daily and as needed by the housekeeping and nursing staff assigned to the downstairs unit, including Covid Wing was initiated beginning 4/1/2020. Staff entering Covid positive rooms will be limited to nursing, social services, housekeeping, activities personnel, physician, technicians to perform medical diagnostic testing and EMT as needed. Starting on 4/15/2020 and continuing on to 4/17/2020, the Staff Development Nurse and Director of Nursing provided reeducation/competency with return demonstration to all departments which includes but was not

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the hall and begin walking towards the nursing station. Without performing hand hygiene, NA #2 was noted to open a door marked "employees only" remove an ice chest and stated she was going to the kitchen for ice and proceeded to leave the COVID19 unit without performing hand hygiene.

During an interview with NA #2 on 4-15-20 at 4:07pm, the NA said she was "just getting the table out. We are moving her room." She also stated she "just forgot" to use the hand sanitizer after leaving Resident #2's room and before entering Resident #3's room. NA #2 said she had not used hand sanitizer or washed her hands after leaving Resident #3's room or prior to retrieving the ice chest and exiting the unit. NA #2 stated "I am not around any residents I am just getting ice". She also confirmed she had received education on droplet precautions, hand hygiene, how COVID19 was spread and the use of wearing PPE.

The facility's Medical Director was interviewed on 4-15-20 at 5:16pm. The Medical Director stated staff had the likelihood of infecting other staff members and residents if they did not use proper hand hygiene and PPE protection.

The Administrator and Director of Nursing (DON) were interviewed on 4-15-20 at 7:00pm. Both the Administrator and DON stated they were unaware of staff not using the PPE when entering resident rooms that were on droplet precautions and said they would enter the COVID19 units periodically throughout the day but that there was no specific surveillance or monitoring of the staff using their PPE. The Administrator and DON stated the staff on the COVID19 units (300 and 400 hallways)

limited to infection control, basic hand hygiene, how Covid-19 is transmitted, what is droplet precautions, use of personal protective equipment (PPE), donning and doffing PPE and continued wear of facemask and the zero tolerance directive for failure to comply. Staff will continue to be instructed on centers zero tolerance stance with non-compliance during this pandemic following progressive disciplinary action.

Effective April 17, 2020 no staff member will be able to begin their shift until this education has been complete and competency acknowledged by the trainer. Due to adherence to CDC and CMS social distancing, all remaining staff who were not scheduled to work between 4/15/2020- 4/17/2020 will receive reeducation, competency with Staff Development Nurse or Director of Nursing on infection control, basic hand hygiene, how Covid-19 is transmitted, what is droplet precautions, use of personal protective equipment (PPE), donning and doffing PPE and continued wear of facemask before the start of their next shift. They will also be made aware of zero tolerance during this pandemic following progressive disciplinary action.

All Covid positive staff will also receive reeducation/competency with return demonstration by the Staff Development Nurse or Director of Nurses on infection control, basic hand hygiene, how Covid-19 is transmitted, what is droplet precautions, use of personal protective

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F 880	Continued From page 5 were not dedicated staff to these units, but they "try" not to have staff work other units the same day. They also said they had done "a lot" of training regarding COVID19, isolation precautions, hand washing, sanitizing and the use of PPE but would "go back" and perform further education. 2. Resident #2 was a 79-year-old female who had tested positive for COVID19 on 4-12-20 and placed on droplet precautions 4-9-20. Her diagnoses were in part hypertension and dementia. During an observation on 4-15-20 at 4:00pm, nursing assistant (NA) #2 was noted to walk into Resident #2's room with a paper gown on but no mask covering her nose and mouth and no gloves. The NA was observed picking up the remote for the bed controls, lowering the resident's bed then picking up a blanket and placing it on the resident's chair. When the NA exited the room, she was noted to place her hand on the handrail in the hall as she walked down the hall towards another resident's room without performing hand hygiene before touching the handrail. NA #2 was interviewed on 4-15-20 at 4:03pm. NA #2 stated she had "just walked in there for a minute to make sure her bed was down and put a blanket in her chair." She said she did not think about putting her mask on her gloves since she was not going to be performing resident care. She also stated she did not realize she had touched the handrail in the hall. The NA stated she had attended in-servicing on isolation precautions, hand washing, how COVID19 was spread and the use of PPE.	F 880	equipment (PPE), donning and doffing PPE and continued wear of facemask before meeting Health Department requirements to return to work prior to start of work. Staff will be instructed on centers zero tolerance stance with non-compliance during this pandemic following progressive disciplinary action. On April 17, 2020 visual posters/tools provided by the CDC/CMS local health department will be strategically placed throughout Covid unit and in employee restrooms. On April 16, 2020 the Director of Nursing and or designee will begin conducting enhanced surveillance observation every shift for compliance to all infection control practices; observing for facemasks in place, hand hygiene before entering room, gloves worn in rooms and randomly asking staff about droplet precautions. These observations will be conducted on every shift and documented for a period of three months. Zero tolerance for compliance will be adhered too. The Director of Nurses and or designee will immediately educate and correct any staff member found to be deficient in practice. All education and observation documentation will be reviewed monthly by the Quality Assurance Performance Improvement (QAPI) committee for three months to evaluate improvement and consistency. After three months the QAPI committee will determine if further monitoring is necessary in accordance with this plan of correction.	

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The facility's Medical Director was interviewed on 4-15-20 at 5:16pm. The Medical Director stated staff had the likelihood of infecting other staff members and residents if they did not use proper hand hygiene and PPE protection.

The Administrator and Director of Nursing (DON) were interviewed on 4-15-20 at 7:00pm. Both the Administrator and DON stated they were unaware of staff not using the PPE when entering resident rooms that were on droplet precautions and said they would enter the COVID19 units periodically throughout the day but that there was no specific surveillance or monitoring of the staff using their PPE. The Administrator and DON stated the staff on the COVID19 units (300 and 400 hallways) were not dedicated staff to these units but they "try" not to have staff work other units the same day. They also said they had done "a lot" of training regarding COVID19, isolation precautions, hand washing, sanitizing and the use of PPE but would "go back" and perform further education.

3. Resident #4 was a 92-year-old female who had tested positive for COVID19 on 4-11-20 and placed on droplet precautions 4-9-20. Her diagnoses were chronic obstructive pulmonary disease and dementia.

During an observation on 4-15-20 at 4:15pm, nursing assistant (NA) #3 was noted to enter Resident #4's room without wearing gloves and did not wash her hands, she placed her hand on the resident's wheelchair handle and rolled the resident out of the doorway. The NA was noted to exit the room to put her gloves on and began re-entering the resident's room.

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NA #3 was interviewed on 4-15-20 at 4:17pm. NA #3 stated "I have them in my hand, just had not put them on yet. I was needing to move the resident out of the doorway so I could shut the door to perform resident care." She also stated she had been in-serviced on droplet precautions, hand hygiene and the use of wearing PPE.

The facility's Medical Director was interviewed on 4-15-20 at 5:16pm. The Medical Director stated staff had the likelihood of infecting other staff members and residents if they did not use proper hand hygiene and PPE protection.

The Administrator and Director of Nursing (DON) were interviewed on 4-15-20 at 7:00pm. Both the Administrator and DON stated they were unaware of staff not using the PPE when entering resident rooms that were on droplet precautions and said they would enter the COVID19 units periodically throughout the day but that there was no specific surveillance or monitoring of the staff using their PPE. The Administrator and DON stated the staff on the COVID19 units (300 and 400 hallways) were not dedicated staff to these units but they "try" not to have staff work other units the same day. They also said they had done "a lot" of training regarding COVID19, isolation precautions, hand washing, sanitizing and the use of PPE but would "go back" and perform further education.

4. Resident #1 was an 85-year-old female who had tested positive for COVID19 on 4-12-20 and placed on droplet precautions 4-9-20. Her diagnoses were in part dementia and coronary artery disease.

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During an observation on 4-15-20 at 3:55pm, nurse #1 was noted to be in Resident #1's room with a gown and mask that covered her nose and mouth. She was observed touching the resident's over the bed table without wearing gloves. The nurse was observed exiting the resident's room and using hand sanitizer before approaching the nursing station.

Nurse #1 was interviewed on 4-15-20 at 4:00pm. The nurse stated she had entered Resident #1's room to check on her and did not think she needed to wear gloves since she was not going to be performing care. She also stated she had attended in-services on isolation precautions, proper hand hygiene and the use of PPE.

The facility's Medical Director was interviewed on 4-15-20 at 5:16pm. The Medical Director stated staff had the likelihood of infecting other staff members and residents if they did not use proper hand hygiene and PPE protection.

The Administrator and Director of Nursing (DON) were interviewed on 4-15-20 at 7:00pm. Both the Administrator and DON stated they were unaware of staff not using the PPE when entering resident rooms that were on droplet precautions and said they would enter the COVID19 units periodically throughout the day but that there was no specific surveillance or monitoring of the staff using their PPE. The Administrator and DON stated the staff on the COVID19 units (300 and 400 hallways) were not dedicated staff to these units but they "try" not to have staff work other units the same day. They also said they had done "a lot" of training regarding COVID19, isolation precautions, hand washing, sanitizing and the use of PPE but would "go back" and perform further

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education.

A review of the facility's training revealed staff had received COVID19 training between 3-4-20 and 3-17-20. Further review also revealed staff had received training on infection control to include proper hand hygiene and the use of PPE beginning on 4-3-20 and ending 4-10-20.

The Administrator and the DON were notified of the Immediate jeopardy on 4-17-20 at 2:34pm. On 4-17-20 at 5:05pm the facility provided the following credible allegation of Immediate Jeopardy removal:

" Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance; and

All residents have the potential to be affected by the alleged deficient practice. Consistent staff are scheduled on the Covid Unit.
Nurse#1 was educated on 4/17/2020 by the SDC on vigilance of donning gloves in every resident room and removal of gloves before exiting rooms and performing hand hygiene, then using sanitizer once he/she enters hallway with zero tolerance.
C.N.A.#1 was educated on 4/17/2020 by the SDC on vigilance of wearing facemask at all times while in the center, unless eating/drinking in assigned break area and when using the bathroom. He/she was further educated on vigilance of donning gloves in all Covid + rooms, then performing hand hygiene when the gloves are removed, and to sanitize hands once out of the room before touching ice cart or other equipment with zero tolerance.
C.N.A. #2 was educated on vigilance of donning

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F 880	Continued From page 10 gloves in every resident room before touching anything and removal of gloves before exiting rooms and performing hand hygiene, then using sanitizer once he/she enters hallway with zero tolerance. Ice chest was sanitized on 4/16/2020 by housekeeper with EPA rated sanitizer and continues to be sanitized daily and as needed by nursing staff and housekeeping. " Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete. The downstairs on the facility has co-horted all but two residents identified as COVID positive to the 300-400 halls as a group. The two Covid positive resident's in private rooms on the short 100-hall will remain in their private rooms on Droplet precautions. Scheduling on the Covid Unit will be based on consistent staff assignments. Residents that were tested for Covid and were negative were placed on the 100-300 hall as a group. All high touch surfaces, including but not limited to doorknobs, hand rails, medication carts, ice chest, keyboards will be sanitized using EPA disinfectant daily and as needed by the housekeeping and nursing staff assigned to the downstairs unit, including Covid Wing was initiated beginning 4/1/2020. Staff entering Covid positive rooms will be limited to nursing, social services, housekeeping, physician, technicians to perform medical diagnostic testing and EMT as needed. Starting on 4/15/2020 and continuing on to 4/17/2020, the Staff Development Nurse and Director of Nursing provided reeducation/competency with return	F 880		

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demonstration to all departments which includes but was not limited to infection control, basic hand hygiene, how Covid-19 is transmitted, what is droplet precautions, use of personal protective equipment (PPE), donning and doffing PPE and continued wear of facemask. Staff will be instructed on centers zero tolerance stance with non-compliance during this pandemic following progressive disciplinary action. Due to adherence to CDC and CMS social distancing, all remaining staff who were not scheduled to work between 4/15/2020- 4/17/2020 will receive reeducation, competency with Staff Development Nurse or Director of Nursing on infection control, basic hand hygiene, how Covid-19 is transmitted, what is droplet precautions, use of personal protective equipment (PPE), donning and doffing PPE and continued wear of facemask before the start of their next shift. They will also be made aware of zero tolerance during this pandemic following progressive disciplinary action. All Covid positive staff will also receive reeducation/competency with return demonstration by the Staff Development Nurse or Director of Nurses on infection control, basic hand hygiene, how Covid-19 is transmitted, what is droplet precautions, use of personal protective equipment (PPE), donning and doffing PPE and continued wear of facemask before meeting Health Department requirements to return to work prior to start of work. Staff will be instructed on centers zero tolerance stance with non-compliance during this pandemic following progressive disciplinary action. Visual posters/tools provided by the CDC/CMS local health department will be strategically placed throughout Covid unit and in employee restrooms. The Director of Nursing and or designee will conduct enhanced surveillance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345186	A. BUILDING _____ B. WING _____	C 04/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE OAKS MANOR	413 WINECOFF SCHOOL ROAD CONCORD, NC 28027

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observation every shift for compliance to all infection control practices; observing for facemasks in place, hand hygiene before entering room, gloves worn in rooms and randomly asking staff about droplet precautions. Zero tolerance for compliance will be adhered too. The Director of Nurses and or designee will immediately educate and correct any staff member found to be deficient in practice. 4/17/2020 of immediate jeopardy removal.

The facility's credible allegation for Immediate Jeopardy removal, with an Immediate Jeopardy removal date of 4-17-20. Immediate Jeopardy was validated on 4-21-20 at 12:00pm as evidenced by licensed and non-licensed staff interviews, in service record reviews and observations. The in service included information on PPE use, infection control standards, COVID19 virus to include how the virus is spread and isolation precautions to include droplet precautions. Observations of the COVID19 units revealed staff were utilizing PPE when entering resident rooms and performing appropriate hand hygiene upon exiting. The observations also showed supplies and meals being brought to the doors of the COVID19 units allowing staff to stay within the unit.