

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

PRINTED: 06/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345332</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2501 DOWNING STREET SW WILSON, NC 27895</b>
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E 000	Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 05/19/2020 through 05/20/2020. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BK7011.	E 000		
F 880 SS=D	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 possible communicable diseases or infections before they can spread to other	F 880		6/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/29/2020
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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>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 observation, record review, and staff interviews, the facility failed to follow infection control procedures when a staff member entered</p>	F 880	No resident was affected by the alleged deficient practice. The Maintenance Director was provided education from the		

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F 880	<p>Continued From page 2</p> <p>the room of a resident who was on contact precautions for Clostridium Difficile (C-Diff) without wearing Personal Protective Equipment (PPE) and failed to wash their hands prior to entering and exiting the resident ' s room after contact with the resident ' s television remote control for 1 of 2 residents. This failure occurred during a COVID-19 pandemic. Resident #1</p> <p>The findings Included:</p> <p>An unannounced onsite COVID-19 focused Infection Prevention survey was conducted on May 19, 2020.</p> <p>Resident #1 was admitted to the facility on 06/27/2019 with diagnoses that include Clostridium Difficile (C-Diff), Methicillin Resistant Staphylococcus Aureus infection, urinary tract infection, indwelling urinary catheter, diabetes mellitus and neuromuscular dysfunction of bladder.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 4/14/2020 revealed Resident #1 was cognitively intact and required extensive assistance with personal hygiene, toilet use, dressing and bed mobility. Resident #1 also required set-up only for eating and needed limited assistance with transfer.</p> <p>A record review revealed Resident #1 was ordered oral antibiotics on 5/14/2020, Vancomycin 125mg every 6 hours for 10 days, for positive C-Diff and ordered to be placed on contact precautions.</p> <p>A review of the facility ' s policy entitled Infection Prevention &amp; Control Policies &amp; Procedures, last revised on 02/2018, revealed "Contact</p>	F 880	<p>Staff Development Coordinator on 5-19-2020 related to C-Diff Precautions, DONNING/DOFFING PPE (Personal Protective Equipment) and Handwashing.</p> <p>All residents have the potential to be affected by the alleged deficient practice .</p> <p>100% In-service training completed by the Staff Development Coordinator for all departments as appropriate on DONNING/DOFFING of PPE with utilization of video series and C-Diff precautions with emphasis of use of soap and water being utilized for handwashing.</p> <p>Facility Nursing Leadership will conduct five random audits weekly X 8 weeks for DON/DOFF PPE and handwashing utilizing a skills check off sheet. The results of the audits will be brought to the monthly QAPI meeting for review of needed education or further recommendations.</p> <p>Facility Alleged date of compliance: 6-17-2020 Administrator/Director of Nursing are responsible for ensuring facility compliance</p>		

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F 880	<p>Continued From page 3</p> <p>Precautions: It is the intent of this facility to use contact precautions in addition to standard precautions for residents known or suspected to have serious illnesses easily transmitted by direct resident contact or by contact with items in the resident ' s environment." Facility policy also indicated for C-Diff infection, hands were to be washed with warm soap and water due to alcohol-based rubs were ineffective for C-Diff infection.</p> <p>A review of Resident #1 ' s care plan dated 4/16/2020 revealed Resident #1 was at risk for complications of current C-Diff infection and would be minimized with interventions. Interventions included staff would wear appropriate PPE for Resident #1 ' s contact precautions. Appropriate PPE per policy for contact precautions were defined as a mask, gown and gloves. Facility policy also indicated for C-Diff infection, hands were to be washed with warm soap and water due to alcohol-based rubs were ineffective for C-Diff infection.</p> <p>An observation was made at 9:22 AM on 5/19/2020 of maintenance worker #1 (MW #1) entering the resident hall from an outside entrance leading into the hallway. He then entered Resident #1 ' s room without sanitizing or washing his hands, did not don PPE, and did not put on gloves. The resident ' s door was marked with a contact isolation sign and PPE was hanging on the outside of the door. MW#1 began using the resident ' s television remote control to program the television and handed it to the resident when he was finished. There was no observation of the television remote being sanitized after MW#1 ' s handling of it. He exited the room without washing his hands and did not</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>use any type of hand sanitizer upon exiting into the hallway.</p> <p>An interview with MW#1 at 10:05 AM on 5/19/2020 revealed he stated he did not see the contact isolation sign on the outside of Resident #1 ' s door. When asked why he entered the resident ' s room, he stated he needed to program the television remote control for Resident #1. He also stated when he finished programming it, he handed it back to the resident. He continued to say if he had noticed the contact isolation sign on the outside of Resident #1 ' s door, he would have put on PPE before entering. When asked why he didn ' t sanitize or wash his hands prior to entering or exiting the resident ' s room, he stated he "just didn ' t do it."</p> <p>An interview with the Infection Prevention Nurse at 9:50 AM on 5/19/2020 revealed education was provided to all staff regarding infection control practices, policies and procedures including contact isolation requirements. She also stated for contact isolation for C-Diff infections, staff are required to don the proper PPE prior to entering and wash hands with warm soap and water before exiting all C-Diff contact isolation rooms.</p> <p>An interview with the Director of Nursing (DON) at 10:35 AM on 5/19/2020 revealed staff are required to don the proper PPE when entering a contact isolation room to provide direct patient care or handle a resident ' s personal items.</p> <p>An interview with the Administrator at 9:40 AM on 5/19/2020 revealed all staff are required to sanitize hands, and don PPE prior to entering a contact isolation room and must remove PPE and wash hands prior to exiting the room. She also added if the contact isolation room is for C-Diff</p>	F 880			

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F 880	Continued From page 5 infection, staff must wash hands with warm soap and water prior to exiting the room.	F 880			