

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

PRINTED: 06/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405		
(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 COVID-19 Focused Emergency Preparedness Survey was conducted on 6/2/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# YUND11.	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	F 880			

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

TITLE

(X6) DATE

Electronically Signed

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>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. 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, staff interviews and review of the facility's "Hand</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Hygiene" policy, and "Contact Precautions" policy, the facility failed to ensure that staff performed hand hygiene after exiting 1 of 1 resident rooms (Resident #1) who was on droplet precautions for a recent hospitalization and was on contact precautions for methicillin resistant staphylococcus aureus (MRSA) in a stage IV pressure wound. These failures occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>A review was conducted of the facility policy titled, "Hand Hygiene", revised October 2019. The policy specified that hand hygiene should be performed before and after direct contact with residents, and after removing gloves. To preferably use alcohol-based rub for routine hand asepsis, and alternatively wash hands with soap and water.</p> <p>A review was conducted of the facility policy titled, "Contact Precautions", revised 3/10/20. The policy specified to remove gloves and perform hand hygiene with soap and water before leaving resident area, and to utilize hand sanitizer or soap and water after leaving resident rooms.</p> <p>Resident #1 was readmitted to the facility on 5/27/20 with diagnoses to include in part; MRSA in a stage 4 pressure wound and diabetes.</p> <p>On 6/2/20 at approximately 10:20 AM, an observation was conducted of Nurse Aide (NA) #1. She was observed doffing her personal protective equipment (PPE) which included; a gown, and gloves before exiting Resident #1's room (room #411) and discarding the PPE in the biohazard bag inside of the resident's room. She</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>exited the room holding nothing in her hands and proceeded down the hallway, walked past rooms #408, #410, #413 and #415, and went into the nourishment room without sanitizing or washing her hands.</p> <p>On 6/2/20 at approximately 10:20 AM, an interview was conducted with NA #1. She acknowledged that Resident #1 was on contact and droplet precautions. She stated she just forgot to use hand sanitizer when she left the resident's room because she was looking for the tray cart. She stated she always used hand sanitizer after leaving a resident's room, or removing her gloves, but forgot to do so that time.</p> <p>On 6/2/20 at approximately 10:30 AM, and observation was conducted of the 400 hall between rooms 404 through 413 which was utilized for residents on transmission-based precautions. Each of the alcohol-based hand sanitizer wall units tested contained hand sanitizer.</p> <p>On 6/2/20 at 5:00 PM an interview was conducted with the Administrator along with the Corporate nurse consultant. The Corporate nurse consultant acknowledged that hand hygiene should be conducted after exiting a resident's room who was on transmission-based precautions.</p>	F 880			