

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

PRINTED: 07/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 880 SS=D	<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> <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: (i) A system of surveillance designed to identify possible communicable diseases or</p>	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 observations, staff interviews and review of the facility's policy titled, "COVID-19</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Preparation and Response," the facility failed to implement infection control procedures for wearing facemasks when 2 of 4 nursing staff working on the 100 hall failed to wear a facemask that covered their nose and mouth. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>The facility's policy titled, "COVID-19 Preparation and Response," updated 6/1/20, was reviewed. The policy stated, in part, "Universal use of mask means that all employees will wear a mask while in the facility. The only exception is when in an office while alone and while eating." The policy further specified, "Staff are encouraged to take breaks and remove mask if it causes anxiety."</p> <p>During a tour of the 100 hall on 7/21/20 at 10:26 AM an observation was made of Medication Aide #1 as she stood in front of the medication cart in the hallway. Her facemask was worn below her chin and neither her nose nor mouth was covered. Upon interview on 7/21/20 at 10:27 AM, Medication Aide #1 stated the facility had provided education that when facemasks were worn the nose and mouth were to be covered by the mask, but said, "I can't breathe in this."</p> <p>On 7/21/20 at 11:25 AM an observation of the 100 hall revealed Medication Aide #1 stood at the medication cart and her facemask was pulled down below her nose so that her nose was not covered.</p> <p>On 7/21/20 at 11:27 AM Nurse Aide (NA) #1 was observed on the 100 hall as she walked across the hall and into a resident's room. Her facemask was observed to be below her chin as she</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>entered a resident's room and both her nose and mouth were uncovered. NA #1 talked to the resident in the room while she made up the bed with her nose and mouth uncovered. An interview was completed with NA #1, on 07/21/20 at 11:35 AM, when she exited the resident's room. She explained that the facility had educated staff that facemasks were supposed to cover both the nose and mouth. She said she had pulled her mask down so she could breathe and added, "I know we're not supposed to take them off and we're supposed to keep them on at all times."</p> <p>The Director of Nursing (DON) was interviewed on 7/21/20 at 12:53 PM. She reported that staff were educated by the facility to wear facemasks all the time while at work and the facemask was supposed to cover the nose and mouth. She explained the staff knew the importance of wearing a facemask and how it protected the residents and staff. The DON added there was a system in place where staff notified the nurse if the facemask bothered them and they could leave the floor to "get a breath." She said even if a staff member had difficulty breathing with the facemask on she still expected the mask to be worn "to the nose and below the chin and with no gaps in the mask."</p>	F 880		