

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

PRINTED: 08/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345496	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 791 BOONE STATION DRIVE BURLINGTON, NC 27215
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(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 An unannounced COVID-19 Focused Infection Control Survey was conducted 7/16 - 7/17/2020. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# IMZ111.	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		7/31/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/30/2020
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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>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, staff interviews and review of facility policy and procedure, the facility</p>	F 880	The statements made on this plan of correction are not an admission to and do		

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F 880	<p>Continued From page 2</p> <p>failed to implement infection control measures when one of two dietary workers was observed wearing a face mask that did not cover their nose or mouth while working in the kitchen (Dietary Manager). This failure occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>The policy titled "COVID-19 Policy and Procedure" and dated 6/26/2020 stated under 5) d) Universal use of mask.</p> <p>i)Universal use of mask means that all employees will wear a mask while in the facility. Under 19) Dietary Services: Staff should wear a mask when in the facility.</p> <p>On 7/16/2020 at 9:50 AM, the Dietary Manager was observed working in the kitchen with her mask below her chin. When asked if she had received training about wearing a mask she stated yes, she had received in-services. The Dietary Manager indicated she was not wearing her mask over her nose and mouth because it was hot in the kitchen and sometimes hard to breathe.</p> <p>In an interview on 7/16/2020 at 10:20 AM, the Director of Nursing stated the dietary workers in the kitchen get hot and that is why they may pull their masks down.</p>	F 880	<p>not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F 880</p> <p>1. Plan for correcting specific deficiency.</p> <p>No residents were identified as affected. On 07/16/2020, the dietary manager immediately replaced her mask to correctly cover her mouth and nose. 1:1 in-service education on correct application of the face mask was provided to the dietary manager on 7/27/20 by Director of Nursing. In addition, the dietary manager viewed the CDC Youtube video on 7/28/20 regarding Use of Personal Protective Equipment Correctly with the Director of Nursing and was allowed time to ask questions regarding the content of the video. The Dietary Manager was instructed to step outside or to a break room when she is feeling over heated to remove mask and maintain 6 feet social distancing.</p> <p>Root Cause analysis was completed on 7/27/20, with the following staff in attendance: Administrator, Director of Nursing, and Dietary Manager. The root cause of the area cited was determined to be related to that the dietary manager did not step away from her task for a break</p>		

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F 880	Continued From page 3	F 880	<p>when she began to feel over heated due to the need to complete her tasks in preparation of the lunch meal.</p> <p>2. Correction for residents with the potential to be affected.</p> <p>On 7/28/20 shift 7-3, 7/28/20 shift 3-11 and 7/29/30 shift 11-7, the Director of Nursing and Assistant Director of Nursing audited all patient care areas and the kitchen area for staff appropriately wearing the face mask covering the nose and mouth. Staff were audited for compliance of universal mask use.</p> <p>On 7/28/20 the Maintenance Director audited the kitchen and patient care areas for temperatures to ensure none exceeded 81 degrees Fahrenheit. The maintenance director also inspected the kitchen HVAC and hood to ensure it was in proper working order.</p> <p>3. Education</p> <p>On 7/30/20, the Director of Nursing provided an in-service education to all full time, part time, and as needed Dietary staff and all facility staff. Topics included:</p> <ul style="list-style-type: none"> • Using Personal Protective Equipment Correctly via the CDC Youtube video (https://www.youtube.com/watch?v=YYTA Tw9yav4) • At the end of the video, staff were allowed to ask questions regarding the use of PPE. • In addition, staff were educated on break area locations and taking breaks when they feel they are hot or having 		

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F 880	Continued From page 4	F 880	<p>difficulty breathing through their mask. Staff were encouraged to request a new mask if their current mask was difficult to breathe through. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff as identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained.</p> <p>4. Systemic Changes</p> <p>As preventative maintenance, on 7/27/20, the maintenance director contacted HVAC of Burlington to complete an inspection of the kitchen HVAC system and hood. This will be completed by 7/31/20.</p> <p>5. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>The Director of Nursing or designee will monitor the wearing and correct application of the face mask by all employees using the QA tool titled PPE and will monitor work areas for temps exceeding 81 degrees. The Quality Assurance tool will be completed weekly for 4 weeks then monthly for 3 months. Monitoring will be conducted across all three shifts and departments. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as</p>		

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