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	345010	A. BUILDING _____ B. WING _____	C 08/07/2020

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ACCORDIUS HEALTH AT ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

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E 000	Initial Comments An unannounced COVID-19 Focused Survey and complaint investigation were conducted on 08/03/20 through 08/07/20. 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# 5Z8C11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted 08/03/20 through 08/07/20. The facility was not found in compliance with 42 CFR 483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. A total of two allegations were investigated and both were unsubstantiated. Event ID# 5Z8C11.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review and interviews with the Medical Director and staff, the	F 607	Facility failed to follow policy for reporting allegations of resident to resident abuse	8/28/20

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

Electronically Signed | 08/28/2020

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F 607	Continued From page 1 facility failed to implement their abuse policy and procedures by not reporting a resident-to-resident altercation to the State Agency for 1 of 3 residents (Resident #2) reviewed for abuse. Findings included: A review of the facility policy and procedure titled "Abuse Investigation and Reporting", with a revised date of March 2017, read in part: Policy Statement: All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported. Reporting: 2). Suspected abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported within two hours. 3). Alleged abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported within two hours if the alleged events have resulted in serious bodily injury; or if the events that cause the allegation do not involve abuse or not resulted in serious bodily injury, the report must be made within twenty-four hours. Resident #2 was admitted to the facility on 09/02/16 with multiple diagnoses that included Traumatic Brain Injury (TBI), seizures and anxiety disorder. Review of the quarterly Minimum Data Set (MDS) dated 06/18/20 indicated Resident #2 had	F 607	allegation timely. all resident to resident will be reported as required by state and federal regulations. Facility administrator/DON reviewed nursing notes for last 30 days as of 8/28/2020 for any notations of resident to resident altercation. any documentation of resident to resident altercation will be reported from the investigation to the state regulatory agency as required by state and federal regulation. Regional Director of Operations has in-serviced Administrator/DON and all members of the IDT to include the Staff Development Coordinator, Social Worker, MDS Nurse,Activity Director, Dietary Director on resident to resident abuse reporting as of 8/27/2020. Administrator/DON will review 24 Hour documentation daily Monday-Friday for any reports of resident to resident altercation for reporting to the state regulatory agency. weekend charge nurse will notify Administrator/Director of Nursing of any resident to resident incident for reporting to state agency.all facility Staff have been in-serviced as of 8/27/2020 on the facility policy for abuse reporting. All new staff and agency staff will be in-serviced upon starting to work in orientation. Administrator will report findings to QAPI committee monthly times 3 months then quarterly thereafter for any reportable resident to resident altercations. QAPI will make any needed changes to plan as	

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F 607	Continued From page 2 moderate impairment in cognition, could make self-understood and was usually able to understand others. Further review of the MDS revealed Resident #2 displayed no psychosis or other behaviors during the 7-day MDS assessment period. Review of the nurse notes for Resident #2 revealed the following: An entry dated 07/23/20 at 12:26 PM by Nurse #1 read in part, "at 11:50 AM Resident #2 was observed hitting another resident in the face repeatedly until the other resident fell sideways from his wheelchair onto the floor. Staff were unable to physically stop Resident #2 due to his size and violence. Staff tried to deescalate the situation and redirect Resident #2 while he was not attacking the other resident. Staff assisted the other resident to the wheelchair and both residents were separated. Physician notified. Nurse interviewed Resident #2 on what provoked him to start hitting the other resident but his response does not make sense. It seemed that he just attacked other resident without provocation." An second entry dated 07/23/20 at 12:26 PM by Nurse #1 read in part, "addendum to note about Resident #2 being violent to another resident without provocation. This nurse was on the phone talking to the doctor and did not hear the conversation of the two residents involved in the altercation. This nurse heard Resident #2 being angry at the other resident and Resident #2 started hitting the other resident, but other witnesses nearby mention they heard the other resident directing cuss words at Resident #2 which provoked him to become violent to the other resident."	F 607	needed.	

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Review of the facility's abuse investigations completed for the period July 2020 to August 2020 revealed no 24-hour initial or 5-day investigative reports were submitted to the State Agency (SA) related to the resident-to-resident altercation involving Resident #2.

An interview was conducted on 08/03/20 at 1:00 PM with Nurse #1. Nurse #1 confirmed he was working on 07/23/20 when Resident #2 was involved in an altercation with another resident. Nurse #1 recalled he was on the phone with a doctor when he heard an argument and as he turned around to look, he noticed Resident #2 talking to a resident in a "threatening way" and then started hitting the resident in the face. Nurse #1 stated he kept yelling for Resident #2 to stop as staff were unable to physically restrain Resident #2 or keep him from hitting the resident due to his size and aggression at the time. Nurse #1 stated when the other resident fell to the floor, staff were able to distract Resident #2 and assist the other resident to safety. Nurse #1 stated Resident #2's behavior surprised him as he had not witnessed him display this type of aggression toward another resident before. Nurse #1 indicated he notified the Medical Director (MD), Director of Nursing (DON) and filled out an incident report. Nurse #1 added Resident #2 was later sent out to the Emergency Department (ED) for a psychiatric evaluation.

A telephone interview was conducted on 08/05/20 at 11:12 AM with Medication Aide (MA) #1. MA #1 confirmed she was working on 07/23/20 when Resident #2 was involved in an altercation with another resident. MA #1 could not recall the exact time but stated when she heard "a lot of commotion," she went to see what was going on

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and saw Resident #2 hitting another resident in the face. MA #1 explained when the other resident was on the floor, she got in-between both residents to keep Resident #2 from hitting him further and staff were able to direct Resident #2 back to his room. She added the other resident was removed from the area, assessed and both residents were separated without further incident. MA #1 indicated she did not witness what led up to the altercation between the two residents but was told the other resident had said something inappropriate to Resident #2. She added she had not witnessed Resident #2 display this type of aggression toward another resident before and felt Resident #2 understood what he was doing but did not think he intentionally meant to harm the other resident. She added Resident #2 was upset and only wanted the other resident to stop whatever he was doing that provoked him.

A telephone interview was conducted on 08/05/20 at 12:36 PM with the DON. The DON explained when resident-to-resident incidents occurred, the residents were immediately separated, assessed and monitored. She added the incidents were internally investigated to try and determine the root cause as well as identify any triggers that may have contributed to the behavior exhibited. The DON confirmed she was notified by the Nurse of the resident-to-resident altercation involving Resident #2 on 07/23/20. She stated the residents were separated, both were assessed by the MD and Resident #2 received one-to-one staff supervision until involuntary commitment paperwork was obtained and he was transported to the ED for a psychiatric evaluation that same day. The DON stated she did not report the incident to the SA and explained it was her understanding the facility did not have to

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report incidents of resident-to-resident abuse if the resident(s) involved had cognitive impairment.

A telephone interview was conducted on on 08/05/20 at 3:24 PM with the MD. The MD stated prior to Resident #2's altercation with another resident on 07/23/20, he had seen Resident #2 regularly for behavioral management and the medication adjustments he had made seem to be working well. The MD explained it was difficult to determine the exact contributing factors that led to Resident #2's behaviors but he usually only responded negatively to a situation when provoked. The MD stated he felt Resident #2 understood what he was doing when he reacted aggressively to the situation; however, he lacked impulse control and did not have the capability to understand the consequences his actions caused.

A telephone interview was conducted on 08/07/20 at 10:03 AM with the Administrator. The Administrator stated she had only been in her position for a few weeks and did not recall if she was present in the facility at the time the resident-to-resident altercation occurred with Resident #2. The Administrator explained it was her understanding resident-to-resident abuse should be reported to the SA once the facility had evaluated the incident to determine if it met the criteria of abuse such as environmental triggers that could have contributed to the resident's behavior, the resident's level of cognition and whether or not the resident's actions were "willful."

A joint telephone interview was conducted on 08/07/20 at 10:57 AM with the Administrator and Regional Director of Operations (RDO). The

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F 607	Continued From page 6 RDO stated he felt Resident #2's actions were an unintentional response to the situation due to his cognitive deficit and poor impulse control related to TBI. The RDO further stated he felt Resident #2's actions did not meet the definition of abuse which was why the incident was not reported to the SA.	F 607		
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		9/1/20

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F 880	Continued From page 7 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. §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 observations, staff interviews and review of the facility's policy titled, "COVID-19	F 880	The facility failed to implement their polices and procedures when 2 of 2 staff	

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F 880	Continued From page 8 Policy/Plan for Facilities", the facility failed to ensure nursing staff implemented the facility's infection control measures for wearing surgical masks when 2 of 4 nursing staff (Nurse #2 and Nurse Aide #1) working on a non-isolation, resident hall failed to wear their surgical masks covering both the mouth and nose. This failure occurred during a COVID-19 pandemic. Findings included: A review was completed of a facility policy titled, "COVID-19 Policy/Plan for Facilities", revised 05/06/20. The policy specified, in part, "all staff will be required to wear a surgical/isolation mask at all times while in the facility." The policy further stated, in part, "additional required competencies for all facility staff include proper use of Personal Protective Equipment (PPE)." An observation was conducted on 08/03/20 at 10:01 AM of Nurse #2 standing at her medication cart, preparing medications for a resident, with her surgical mask down below her nose. Without adjusting her surgical mask to ensure both her mouth and nose were covered, Nurse #2 entered a resident's room, administered their medications, exited the resident's room, and returned to her medication cart with the surgical mask down below her nose. During an interview on 08/03/20 at 10:05 AM, Nurse #2 confirmed she had received education on the proper use of PPE and was instructed to wear a surgical mask, covering both the mouth and nose, at all times while in the facility. Nurse #2 explained she often pulled the surgical mask down below her nose when standing at her medication cart because her glasses fogged up	F 880	members (Nurse#2 and Aide #1) who were in a resident area, were observed with face mask on and not covering their nose. CNA 1 and Nurse# 2 were in-serviced on policies and procedures for proper placement of mask by administrator as of 9/01/20. Administrator, Director of Nursing, Regional Clinical Nurse and Regional Director of Operations reviewed the facilities policies and procedures for infection control and made changes to include monitoring tools for tracking and trending. Facility staff have been educated on mask wearing as well as infection control policies and procedures as of 9/01/20. all new hires will be educated upon hire on infection control and prevention upon hire as well as donning and doffing PPE equipment. Facility Administrator has put in a monitoring system for tracking and trending to improve compliance with infection control prevention and protection related to wearing of mask and all ppe equipment. Administrator/Designee will monitor 5 staff members daily Monday-Friday for 3 week then 5 staff members 3 days per week for 3 weeks then 5 staff members weekly for 4 weeks for proper mask placement and wearing of all PPE. Charge Nurse will monitor 5 staff members on weekends for 3 weeks and	

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F 880	Continued From page 9 and she couldn't breathe well with the mask covering her nose. An observation was conducted on 08/03/20 at 10:10 AM of Nurse Aide (NA) #1 providing care to a resident in their room with her surgical mask down below her nose. Without adjusting her surgical mask, NA #1 exited the resident's room, walked down the hall to a resident seated behind the nurses' desk and assisted the resident back to their room with the surgical mask down below her nose. During an interview on 08/03/20 at 10:17 AM, NA #1 confirmed she had received education on the proper use of PPE that included wearing a surgical mask covering both the mouth and nose at all times while in the facility. NA #1 explained when she was busy providing resident care, the surgical mask often slid down and at times, she wasn't even aware that it had fallen down past her nose until it was pointed out to her. During an interview on 08/03/20 at 2:45 PM the Director of Nursing (DON) confirmed she was aware of the concerns identified related to staff not wearing their surgical masks properly. The DON explained she made daily rounds of the facility and provided reminders to staff whenever she noticed them not wearing their surgical mask correctly. She stated she felt staff seemed "more mindful" of wearing PPE correctly when on the new admission isolation hall but they tended to become more "relaxed" when in other areas of the facility. The DON added approximately 3 weeks ago, facility staff received re-education on how to properly don (put on) and doff (take off) PPE and were instructed to wear surgical masks covering both the mouth and nose at all times	F 880	report findings to Administrator /DON upon any non-compliance. Administrator will report findings to the QAPI for any additions or changes to the current infection control policy and procedure as needed. Administrator will report findings monthly to QAPI ongoing.	

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F 880	Continued From page 10 while in the facility. During a telephone interview on 08/04/20 at 3:32 PM, the Administrator stated since starting her employment in July 2020, she had instructed staff on how to properly wear surgical masks covering both the mouth and nose and reinforced they were to be worn at all times while in the facility. The Administrator stated staff were expected to follow facility procedures.	F 880		