

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

PRINTED: 09/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2020
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT ABERDEEN			STREET ADDRESS, CITY, STATE, ZIP CODE 915 PEE DEE ROAD ABERDEEN, NC 28315	
(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 000	INITIAL COMMENTS	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p>	F 580		9/18/20

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

TITLE

(X6) DATE

Electronically Signed

09/18/2020

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 580	<p>Continued From page 1</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, family interview, and staff interview, the facility failed to notify the Responsible Party (RP) of abnormal laboratory results and a subsequent new medication order for Resident #1. This was for 1 of 4 residents reviewed for notification of change.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on</p>	F 580	<p>F-580</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged, or the correctness of the conclusions set forth on the statement of deficiencies. This plan</p>		

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F 580	<p>Continued From page 2</p> <p>5/18/20 with diagnoses that included dementia.</p> <p>The electronic medical record indicated that Resident #1 ' s Responsible Party (RP) was a family member.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 7/14/20 indicated Resident #1 ' s cognition was severely impaired.</p> <p>Laboratory (lab) results dated 7/1/20 indicated Resident #1 ' s Vitamin B-12 level was low at 154 (reference range 180-914).</p> <p>A physician ' s order dated 7/2/20 indicated cyanocobalamin (Vitamin B-12) 1000 microgram (mcg) inject intramuscular (IM) once daily for 3 days for B-12 supplement. The start date was 7/3/20 and the end date was 7/5/20.</p> <p>Resident #1 ' s July 2020 Medication Administration Record (MAR) indicated she was administered the cyanocobalamin injection on 7/3/20, 7/4/20, and 7/5/20.</p> <p>A nursing note dated 7/6/20 indicated Resident #1 ' s RP contacted the facility to check on her status. The note indicated the RP was explained that Resident #1 was on the cyanocobalamin injection for 3 days (7/3/20, 7/4/20, and 7/5/20) and then was going to receive the medication monthly due to a low B-12 level when she had her labs taken the prior week. The nursing note further indicated that Resident #1 ' s RP said that she'd like to know of any changes with Resident #1 including her medication orders.</p> <p>An Authorization for Use and Disclosure of Protected Health Information form dated 7/7/20</p>	F 580	<p>of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>Root Cause: The Administrator and the Director of Nursing discussed on 9/14/2020 to identify the root cause of this alleged non-compliance. Root cause analysis conducted revealed that the alleged non-compliance resulted from inadequate training/understanding of the staff on notifying a residents' responsible party requirements when a resident has had a change in condition or change in status.</p> <p>For affected resident(s): Resident #1s responsible party was contacted by the nurse on 9/13/2020 and was provided a thorough update.</p> <p>For other residents with the potential to be affected: All residents have the potential to be affected by this alleged non-compliance and as a result, parameters stated below have been put in place to prevent any risk of affecting additional residents.</p> <p>Facility plan to prevent re-occurrence: On 9/16/2020 the DON, Social Service Director, and the unit managers were re-educated by the Administrator on the process for notifying the responsible party of any resident change in condition or status. On 9/17/2020 this same re-education was initiated to the licensed</p>		

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F 580	<p>Continued From page 3</p> <p>indicated Resident #1 ' s RP requested access to lab reports and the MAR for 5/18/20 (admission date) through 7/7/20 for the purpose of following up on the resident.</p> <p>A phone interview was conducted with Resident #1 ' s RP on 9/4/20 at 9:45 AM. She stated that she was Resident #1 ' s RP. She indicated that since Resident #1 was admitted to the facility (5/18/20) she has frequently completed window visits to observe the resident from outside of the facility due to the visiting restrictions related to the COVID-19 pandemic. She reported that she was very involved in Resident ' s #1 ' s care and treatment decisions and she spoke regularly with the Director of Nursing (DON) by phone and electronic correspondence. Resident #1 ' s RP revealed a concern with notification of treatment changes for the resident. She stated that sometime in early July 2020 she phoned the facility to receive an update on Resident #1 and during the phone call the nurse mentioned that the resident was administered her B-12 injection. The RP reported that this was the first time anyone mentioned a B-12 injection and she was concerned that facility staff had not notified her of the physician ' s order prior to the administration of the injection. She explained that during the phone call the nurse also informed her of the 7/1/20 lab results that revealed a low B-12 level for Resident #1. The RP stated that after that phone call she requested Resident #1 ' s medical records to review the lab reports and MARs as she was concerned there was other information she had not been informed of. She indicated that the facility required her to sign a form for release of these records prior to providing her with this information.</p>	F 580	<p>nurses by the DON and unit managers on the process for notifying the responsible party of any resident change in condition or status.</p> <p>Facility plan to monitor its performance to make sure that solutions are sustained: A change in condition or status audit sheet will be done daily by the Administrator, DON, or designee to monitor any change of condition or status that may have occurred and that the responsible party was notified. This monitoring process will take place daily (M-F) for 3 weeks, weekly for 3 weeks, then monthly for 3 months.</p> <p>The Administrator, DON, or designee will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>The facility alleges compliance on 9/18/2020.</p>		

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F 580	<p>Continued From page 4</p> <p>An interview was conducted with the DON on 9/3/20 at 2:40 PM. The DON reported that she spoke with Resident #1 ' s RP frequently by phone and/or email correspondence. She explained that Resident #1 ' s RP was very involved with the resident ' s care and that she regularly contacted her to speak about concerns, issues, and/or requests. Resident #1 ' s lab results dated 7/1/20 that revealed a low B-12 level and the physician ' s order dated 7/2/20 for cyanocobalamin injections to be administered on 7/3/20, 7/4/20, and 7/5/20 were reviewed with the DON. The nursing note dated 7/6/20 that indicated Resident #1 ' s RP was explained that she received the cyanocobalamin injection for 3 days related to a low B-12 level from the 7/1/20 labs was reviewed with the DON. The DON was asked why Resident #1 ' s RP was not notified of the abnormal labs and the new order for the cyanocobalamin injection prior to the administration of the medication. The DON stated that she had not viewed this information as a "significant change". She explained that most family members were not as involved as Resident #1 ' s RP and had not wanted to be called for every medication change. She indicated that looking back on the incident she should have notified Resident #1 ' s RP of the abnormal lab results and the physician ' s order for cyanocobalamin injections prior to the administration of the injection as she was aware that the RP wanted to be contacted with any changes to the resident ' s status and treatments.</p> <p>During a follow up interview with the DON on 9/3/20 at 3:56 PM she stated that it was ultimately her responsibility to ensure notifications of change were completed as required in accordance with the regulations.</p>	F 580			

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F 885 SS=D	<p>Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii)</p> <p>§483.80(g) COVID-19 reporting. The facility must—</p> <p>§483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—</p> <p>(i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, family interview, and staff interview, the facility failed to report a confirmed COVID-19 infection for Resident #5 to her Responsibility Party (RP) and also failed to report cumulative updates on subsequent confirmed COVID-19 infections for other residents within the facility to the RP as required. This was for 1 of 4 residents reviewed for COVID-19 reporting.</p>	F 885	<p>F-885</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged, or the correctness of the conclusions set forth on the statement of deficiencies. This plan</p>	9/18/20	

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F 885	<p>Continued From page 6</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 7/26/19 with diagnoses that included dementia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 7/13/20 indicated Resident #5 ' s cognition was severely impaired.</p> <p>A nursing date dated 8/22/20 indicated Resident #5 ' s Responsible Party (RP) was notified by phone that her COVID-19 test results were negative. The RP was informed that Resident #5 would be retested the following week.</p> <p>The medical record revealed no further communication with Resident #5 ' s RP related to COVID-19 testing.</p> <p>The facility ' s resident list of confirmed positive COVID-19 infections was provided by the Infection Control Preventionist on 9/3/20. The list revealed 35 current residents out of 69 had confirmed positive COVID-19 infections identified during testing that occurred from 8/21/20 through 8/28/20. This list indicated that Resident #5 was confirmed positive for COVID-19.</p> <p>A phone interview was conducted with Resident #5 ' s RP on 9/4/20 at 12:38 PM. He stated that he was contacted by facility staff on 8/22/20 and was told there were residents in the facility who had tested positive for COVID-19. He indicated he was informed Resident #5 was tested on 8/21/20 with negative results. He reported staff also informed him Resident #5 would be retested within the next week. Resident #5 ' s RP revealed he had no further correspondence from facility staff after 8/22/20. He stated that he was</p>	F 885	<p>of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>Root Cause: The Administrator and the Director of Nursing discussed on 9/14/2020 to identify the root cause of this alleged non-compliance. Root cause analysis conducted revealed that the alleged non-compliance resulted from inadequate training/understanding of the staff on notifying residents, their representatives, and families regarding COVID-19 reporting requirements.</p> <p>For affected resident(s): Resident #6 tested positive in the hospital and the responsible party was notified by the hospital. Resident #5s responsible party was contacted by the unit manager on 9/18/2020 and was provided a thorough update.</p> <p>For other residents with the potential to be affected: All residents have the potential to be affected by this alleged non-compliance and as a result, parameters stated below have been put in place to prevent any risk of affecting additional residents.</p> <p>Facility plan to prevent re-occurrence: On 9/16/2020 the DON, Social Service Director, and the unit managers were re-educated by the Administrator on the process of informing and updating</p>		

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F 885	<p>Continued From page 7</p> <p>not informed of the results from Resident #5 ' s COVID-19 test that was supposed to take place the week after 8/22/20 nor was he provided with any cumulative update on the facility ' s COVID-19 infection status since 8/22/20.</p> <p>An interview was conducted with the Social Worker (SW) on 9/3/20 at 10:20 AM. The SW indicated that the first facility resident with a confirmed COVID-19 infection was identified on 8/21/20. She stated that prior to 8/21/20 she was responsible for weekly notifications to residents ' RPs by phone to report on the facility ' s COVID-19 infection status. The SW explained that these weekly phone calls provided general information to the RPs reporting that there were no residents in the facility that had confirmed COVID-19 infections. She further explained that mass testing began on 8/21/20 and since that time she and the Director of Nursing (DON) were making notifications by phone to inform RPs of COVID-19 test results for the facility resident who they were responsible for.</p> <p>An interview was conducted with the DON on 9/3/20 at 3:50 PM. The DON stated that a resident (Resident #6) was sent out to the hospital for a change in condition on 8/20/20 and tested positive for COVID-19 while at the hospital. She indicated that this was the first resident from the facility who was confirmed positive for COVID-19. She reported that mass resident testing was conducted on 8/21/20 with all results being received by 8/22/20. The DON explained that she and the SW began contacting RPs by phone on 8/21/20 through 8/22/20 to inform them of the facility ' s current COVID-19 status as well as test results for the facility resident who they were responsible for. She further explained that</p>	F 885	<p>residents, their representatives, and families regarding COVID-19 reporting requirements.</p> <p>Facility plan to monitor its performance to make sure that solutions are sustained: A COVID-19 reporting status audit sheet will be done daily by the Administrator, DON, or designee to monitor whether the required reporting took place to residents, their representatives, and families. This monitoring process will take place daily (M-F) for 3 weeks, weekly for 3 weeks, then monthly for 3 months.</p> <p>The Administrator, DON, or designee will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>The facility alleges compliance on 9/18/2020.</p>		

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F 885	<p>Continued From page 8</p> <p>the RPs of residents with negative COVID-19 test results were informed the test would be repeated the following week.</p> <p>This interview with the DON continued. She reported that Resident #5 tested negative for COVID-19 on 8/21/20. She indicated that Resident #5 ' s RP was notified by phone on 8/22/20 that there were confirmed positive COVID-19 residents within the facility and that Resident #5 was tested on 8/21/20 with negative results. The DON reported that on 8/23/20 Resident #5 ' s repeat testing revealed a confirmed COVID-19 infection. The DON was asked if she reported Resident #5 ' s COVID-19 test results and/or cumulative updates on the facility ' s COVID-19 infection status to Resident #5 ' s RP after her 8/23/20 test results confirmed a COVID-19 infection and she revealed that she couldn ' t recall. The DON indicated that there was a lot going on at the facility since the first confirmed positive COVID-19 resident was identified (8/21/20) and that this correspondence to Resident #5 ' s RP could have been missed.</p> <p>A follow up interview was conducted with the SW on 9/3/20 at 3:55 PM. The SW revealed that she could not recall if she reported Resident #5 ' s COVID-19 test results and/or cumulative updates on the facility ' s COVID-19 infection status to Resident #5 ' s RP after her 8/23/20 test results confirmed a COVID-19 infection.</p> <p>On 9/3/20 at 3:56 PM the DON stated that ultimately it was her responsibility to ensure COVID-19 reporting was made to each residents ' RP in accordance with the regulations.</p>	F 885			