

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF ROANOKE RAPIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 09/16/2020 to 09/17/2020. 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# 0XUR11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control and Complaint Investigation Survey was conducted on 09/16/2020 to 09/17/2020. The facility was found not in compliance with 42 CFR §483.80 infection control regulations. Event# 0XUR11.	F 000		
F 880 SS=E	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	F 880		10/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/29/2020
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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>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or 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</p>	F 880			

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F 880	<p>Continued From page 2 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, record review, staff interviews and review of the facility's policies and procedures, the facility failed to develop a policy for the quarantine residents that stated enhanced droplet contact precautions and failed to implement their policy related to personal protective equipment and hand hygiene for 3 of 3 sampled residents rooms (Resident #1, Resident # 2 and Resident # 3) who were on the quarantine unit for 3 of 3 sampled residents (Resident #1, Resident # 2 and Resident #3). These failures occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>A review was conducted of the facility policy titled, "Hand Hygiene and Transmission- Based Precautions", revised on August 2015 and October 2018. The policy specified that hands should be washed for at least 20 seconds using soap and water under the following conditions: before and after having direct contact with a resident.</p> <p>A review of the facility policy titled, " Novel Coronavirus(Covid-19) last revised 07/19/2020 revealed when a resident is suspected of Covid-19, the resident will be placed in droplet precautions, anyone entering the room must have a gown, glove, mask and eye protection. Review of the policy did not indicate the residents</p>	F 880	<p>F880</p> <ol style="list-style-type: none"> 1) No residents were found to be affected by the cited deficient practices. Nurse Aide #1 was provided re-education on the correct use of Personal Protective Equipment (PPE) to wear when a resident is on droplet isolation and hand hygiene. 2)The isolation signage on the isolation unit was changed to Special Droplet/contact precautions in addition to standard precautions which requires face mask, eye protection, gowns and gloves to be worn when entering an observation room. 2. All residents had the potential to be affected by the deficient practices. 100% audit completed to validate that all staff members are wearing the correct PPE when on the observation unit and re-educated on the correct use of PPE and hand hygiene with tray delivery. This was completed by 10/5/20. 3. Education on the Infection Control Policy as it relates to proper PPE to wear on the observation unit and hand hygiene was provided to all staff with an emphasis on tray delivery. This training will also be provided to all staff upon hire. All data will be summarized and presented to the 		

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F 880	<p>Continued From page 3</p> <p>suspected of Covid-19 to be placed on enhanced droplet contact precautions.</p> <p>Resident #1(Room # 57), Resident # 2 and Resident # 3(Rooms # 58) were in quarantine rooms for Covid -19 observations for 14 days.</p> <p>The signage posted outside Rooms # 57 and Rooms 58 indicated the staff was required to clean hands when entering and leaving room, wear mask. It also indicated if contact with secretions likely, use gown gloves, and eye cover.</p> <p>On 09/16/20 at 12:30 PM, an observation was made of Nurse Aide (NA) #1 entering room # 58 (Resident #2 and Resident # 3's room) delivering a meal tray and she was not wearing gloves and a gown. NA # 1 was observed to exit the room after delivering the lunch tray and did not perform hand hygiene. Droplet precaution signage was observed posted on the door to room #58 which specified staff were required to wash hands when entering and leaving room, wear mask. If contact with secretions likely, they were to use gown, gloves and facial shields.</p> <p>On 09/16/20 at 12:35 PM NA #1 was observed to remove another resident's tray from the meal cart without performing hand hygiene. She was observed to enter room # 57 (Resident #1's room) with the lunch tray and placed it on the resident's side table then exited the room. NA #1 did not don a gown and gloves or wash her hands before entering room #57. She also did not wash her hands or use a hand sanitizer after she exited the resident's room. Droplet precaution signage was observed posted on the door to room #57 which specified staff were required to wash hands</p>	F 880	<p>facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.</p> <p>4. The Root Cause Analysis was conducted by the Infection Preventionist, QAPI Team and Governing Board and the root cause of the cited deficient practices was determined to be a need for further education and observations regarding proper PPE usage and hand hygiene as it relates to tray delivery. The RCA also revealed there is a need for more frequent observations to ensure all staff are following Infection Control guidelines especially on the observation unit. Due to the findings of the RCA, the above education will be completed and then ongoing audits will be conducted by the Director of Nursing and/or Unit Manager to ensure compliance. These audits and observation rounds will be conducted 7 days a week for 4 weeks on various shifts, 5 x weekly for four weeks on various shifts, 3 x weekly for four weeks on various shifts and then monthly x 3 months. Any staff found not in compliance</p>		

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F 880	<p>Continued From page 4</p> <p>when entering and leaving room, wear mask. If contact with secretions likely, they were to use gown, gloves and facial shields.</p> <p>On 09/16/20 at 12:40 PM, an interview was conducted with NA#1. She stated she usually did sanitize her hands or wash her hands between resident's rooms, but she didn't this time. She also added that she was aware that she should don her PPE before entering the resident's rooms, but she forgot. NA #1 added she did receive training on hand washing and when to don her gown and gloves but she forgot about it when she was passing the lunch trays.</p> <p>An interview with the Infection Prevention Nurse (IPN) at 1:00 PM on 09/16/2020 revealed education was provided to all staff regarding infection control practices, policies and procedures including droplet precautions requirements. She also stated for residents who were on droplet precautions Covid- 19 observations, staff are required to don the PPE which included mask, gown, gloves and facial shield. The Infection Prevention Nurse reported the residents in rooms #57 and # 58 were on 14 days quarantine so staff were likely to come in contact with secretions which could spread the covid-19 infection. The IPN reported she was not aware that the residents who were on 14 days quarantine for Covid-19 observations were to be placed on enhanced droplet contact precautions.</p> <p>An interview with the Director of Nursing (DON) at 1:05 PM on 09/16/2020 revealed staff are required to wash their hands or use a hand sanitizer between residents' rooms. She also added the staff were expected to don the PPE</p>	F 880	<p>with Infection Control guidelines will have immediate education by the observer. Subsequent non compliance will result in progressive disciplinary action and subsequent termination of employment. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.</p> <p>5. The Administrator and Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 10/6/20.</p>		

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F 880	Continued From page 5 when entering a droplet precaution room where they were likely to come with contact with secretions. The residents in rooms #57 and # 58 were on 14 days quarantine observations for covid-19 An interview with the Administrator at 1:30 PM on 09/16/2020 revealed all staff are required to sanitize hands, and don PPE prior to entering a droplet precaution room. She added the staff had been trained on hand washing and making sure they had on PPE before entering the rooms of residents who were on isolation.	F 880			