

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

PRINTED: 10/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/02/2020
NAME OF PROVIDER OR SUPPLIER CURRITUCK HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3907 CARATOKE HIGHWAY BARCO, NC 27917		
(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			
	An unannounced COVID-19 Focused Infection Control Survey was conducted on 10 /2/2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/02/2020. The facility was found to not be 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. 0 of the 3 complaint allegations was not substantiated.				
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		10/22/20	
	§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,				

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

TITLE

(X6) DATE

Electronically Signed

10/21/2020

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 880	<p>Continued From page 1</p> <p>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:</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</p>	F 880			

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F 880	<p>Continued From page 2 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, record review, staff interviews, and review of the Centers for Disease Control Prevention (CDC) guidelines for Responding to COVID-19 in Nursing Homes and facility's Infection Control policy the facility failed to implement CDC guidelines and their Infection Control policy when staff did not remove her isolation gown and gloves and perform hand hygiene, when she exited the facility's quarantine unit and failed to don new personal protective equipment (PPE) and perform hand hygiene when she reentered the quarantine unit and when she entered the room of a resident on enhanced droplet contact precautions for 1 of 1 staff (occupational therapy assistant #1) observed working on the facility's quarantine unit. This failure occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>The CDC guideline titled "Responding to Coronavirus (COVID-19) in Nursing Homes" and dated 7/15/2020 read in part: Removes gloves after contact with resident and/or surrounding environment using proper techniques to prevent hand contamination. Perform hand hygiene after removing gloves. Remove gown and perform</p>	F 880	<p>F880 SS=D</p> <p>An immediate ad hoc meeting involving Administrator, Therapy Manager, MDS Nurse, and Director of Nursing re: don/doff of PPE with hand hygiene. Laundry was immediately removed from clean linen storage and laundered/disinfected individually. The resident in the room the employee entered has tested negative since the last day of survey. The resident has not been affected by F880.</p> <p>All residents have the potential to be affected.</p> <p>To prevent this from reoccurring, the Director of Nursing or Designee will provide education by way of return demonstration of skills by current staff by 10/22/2020 concerning proper donning/ doffing of PPE when entering/ exiting a resident room with signage for droplet precautions and hand hygiene. Education will be to new hires during orientation and</p>		

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F 880	<p>Continued From page 3</p> <p>hand hygiene before leaving the resident's environment.</p> <p>The facility's infection control policy dated March 2020, revealed staff were to perform hand hygiene and don gloves, isolation gown, eye protection and facemask when caring for residents on the quarantine unit. The policy specified, staff were to remove their gown and gloves and perform hand hygiene before leaving unit.</p> <p>On 9/30/2020 at 12:22 PM an interview was conducted with the MDS/Infection control nurse. The MDS/Infection control nurse stated the 100 Hall (where Resident #8 resided) was the facility's designated quarantine hallway and all residents that resided on this hallway were new admissions on quarantine for 14 days.</p> <p>On 9/30/2020 at 4:02 PM the occupational therapy assistant (COTA) #1 was observed on the facility's quarantine unit wearing an isolation gown and gloves. The COTA was observed to not remove her gown and gloves or perform hand hygiene when she exited the quarantine unit and went onto the facility's 300 Hall which was a general population unit. She was observed to use her right gloved hand to turn the door handle to open the door to the 300 hallway's supply closet to retrieve an item.</p> <p>On 09/30/20 at 4:04 PM COTA #1 was observed to reenter the facility's quarantine unit and then entered into Resident # 8's room while wearing the same isolation gown and gloves and not performing hand hygiene. There was enhanced droplet contact precaution signage on the door to Resident #8's room that specified perform hand</p>	F 880	<p>agency staff when working. An audit tool has been developed to assist with compliance monitoring.</p> <p>To monitor and maintain ongoing compliance, beginning 10/21/2020, the facility Director of Nursing or Designee will document the audits of ten (10) employees weekly for four (4) weeks, then six (6) employees weekly for four (4) weeks, then two (2) employees weekly for four (4) weeks to validate compliance of appropriate donning/doffing of PE and hand hygiene. All negative findings will be immediately corrected and all audits will be reviewed weekly in a clinical meeting. All results will be reviewed at the facility QAPI meeting monthly. The QAPI committee will give further guidance based on review of audit findings and recommendations.</p> <p>The Quality Assurance Committee will review and approve this plan on 10/29/20 at next scheduled meeting. The results of the audits will be brought to the facility QAPI committee meeting for further review and recommendations during the duration of auditing.</p>		

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F 880	<p>Continued From page 4</p> <p>hygiene, surgical mask when entering room, eye protection when entering room, and gloves when entering room.</p> <p>On 9/30/2020 at 4:05 PM an interview with COTA #1 revealed she had exited the quarantine unit and entered the facility's 300 hallway to get a pair of nonskid socks for Resident #8 to use while standing with therapy.</p> <p>On 9/30/2020 at 4:15 PM the MDS/Infection Control nurse stated that all staff were supposed to remove their gown and gloves and perform hand hygiene prior to leaving the quarantine unit. The MDS/Infection control nurse also stated staff were to perform hand hygiene and don a new gown and gloves prior to entering Resident #8's room. Resident #8 was recently admitted to the facility and was on enhanced droplet contact precautions.</p> <p>On 10/1/2020 at 2:20 PM an interview was conducted with COTA #1. The COTA stated Resident #8 did not have any clothes and therapy was working with the resident to assist with standing. Resident #8 was only able to stand with the assistance of the therapy and the therapy department was training staff on how to assist Resident #8. The COTA stated she was aware that she was not supposed to leave the quarantine unit with a gown and gloves on and needed to perform hand hygiene. The COTA stated she should have performed hand hygiene when she exited and reentered the quarantine unit and before entering the room of Resident #8, who was on enhanced droplet contact precautions.</p> <p>On 10/2/2020 at 3:26 PM an interview was</p>	F 880			

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F 880	Continued From page 5 conducted with the Administrator. The Administrator stated he expected that staff would don and doff personal protective equipment (PPE) and perform hand hygiene before leaving and entering the resident rooms and when entering and exiting the quarantine unit.	F 880			