

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

PRINTED: 11/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT HENDERSONVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE CIRCLE HENDERSONVILLE, NC 28791		
(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 Survey was conducted 10/13/20 with exit from the facility 10/13/20. Additional information was obtained through 10/16/20. Therefore, the exit date was changed to 10/16/20. 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 #SPN311.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced COVID-19 Focused Infection Control Survey was conducted 10/13/20 with exit from the facility 10/13/20. Additional information was obtained through 10/16/20. Therefore, the exit date was changed to 10/16/20. The facility was found out of compliance with 42 CFR 483.80 infection control regulations resulting in Federal Citation F-880. Event ID #SPN311.				
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		11/8/20	
	<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</p>				

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

TITLE

(X6) DATE

Electronically Signed

11/02/2020

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>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 corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 2</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, staff interviews, and review of the facility's Hand Hygiene policy the facility failed to implement their policy on hand hygiene when a housekeeper was observed cleaning three resident's rooms and not removing gloves and performing hand hygiene for 3 of 3 resident rooms observed for infection control practices. This failure occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>A review was completed of the facility's policy titled "Hand Hygiene" revised August 2015. The policy stated, "HCP (healthcare personnel) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE (personal protective equipment), including gloves." The policy also stated in part, "Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. HCP should perform hand hygiene by using alcohol-based hand rub (ABHR) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds after contact with objects and surfaces in the resident's</p>	F 880	<p>1. Housekeeper#1 through the root cause analysis done 10/30/2020 found that she is not able to read well and needs to have proper procedures demonstrated and then monitored to see she grasps what the proper procedure of wearing gloves and hand sanitizing hands was.. She was in serviced by the Housekeeping Supervisor on 10/13/2020.</p> <p>2. All housekeepers/floor techs and laundry were in serviced and made to demonstrate use of gloves and hand sanitizing while cleaning rooms. This was done by the Housekeeping Supervisor on 10/13/2020. She will demonstrate procedures of glove use and hand sanitizing to new hires.</p> <p>A refresher in service was done by the Infection Preventionist using pictures as well as words on the proper use and disposal of PPE and hand hygiene and glove use to nursing dietary, and management staff will be completed by 11/8/2020. This would include any new hires and new agency staff used. She will also do monthly refreshers for all staff including housekeeping/floor techs and laundry.</p>		

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F 880	<p>Continued From page 3</p> <p>environment and after removing personal protective equipment (e.g. gloves, gown, facemask)."</p> <p>A continuous observation on 10/13/20 from 11:14 AM to 11:21 AM of Housekeeper #1 cleaning resident rooms revealed the following:</p> <p>On 10/13/20 at 11:14 AM Housekeeper #1 exited Resident #1's room with a mop and she was not wearing gloves. She then removed the dirty mop cloth from the mop, discarded the used mop cloth, placed the mop in the mop water, reentered Resident #1's room and swept up the trash from the room. At 11:15 AM Housekeeper #1 exited the room and did not perform hand hygiene.</p> <p>On 10/13/20 at 11:16 AM Housekeeper #1 was observed to put on a clean pair of gloves but did not perform hand hygiene prior to putting on the gloves. She entered Resident #3's room and emptied the trash can in the room. She exited the room with a bag of trash. Housekeeper #1 did not remove her gloves or perform hand hygiene prior to exiting the room. She placed the bag of trash on her cart that was in the hallway, walked down the hall, picked up a floor caution sign, brought it to her cart, obtained a cloth from her cart, sprayed cleaner on the cloth, and returned to Resident #3's room. Housekeeper #1 was still wearing the same gloves when she reentered Resident #3's room. While in the room she wiped down the sink, door knob, and over bed table. The housekeeper then opened the bathroom door, touched a stethoscope hanging on the bathroom door, closed the bathroom door, and the stethoscope fell in the floor. She picked up the stethoscope from the floor and placed it in a bath basin of Resident #3's supplies.</p>	F 880	<p>3. The Housekeeping Supervisor will be monitoring her housekeepers/floor techs and laundry on proper procedures using gloves and sanitizing hands while cleaning rooms. The Infection Preventionist will monitor all staff to see that proper handwashing and use of PPE is followed.</p> <p>4. The Housekeeping Supervisor or Nursing Staff Designee will monitor the housekeepers/floor techs and laundry 5 x weekly for 1 month then 2 x weekly for 1 month and then 1 x weekly for 1 month. They will be demonstrating the proper use of gloves and when to hand sanitize. The Infection Preventionist will be monitoring all other staff 3 x weekly on different shifts for 1 month and then 1 x weekly for 8 weeks again on different shifts. They will present their monitoring tools to the Administrator who will present findings to the QAPI monthly meeting for 3 months or longer if the committee advises.</p> <p>5. Compliance to be reached by 11/8/2020.</p>		

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F 880	<p>Continued From page 4</p> <p>Housekeeper #1 then wiped down the chest of drawers, call light, and window sill. At 11:18 AM Housekeeper #1 exited Resident #3's room without performing hand hygiene. She then placed the used cloth in a bag on her cart, pulled up her goggles, removed her gloves and discarded them in a trash bag on her cart. Housekeeper #1 did not perform hand hygiene after she removed her gloves. She removed her cell phone and keys from her pants pocket, opened her cart, got a bottle of cleaner, and a toilet brush, set the cleaner and toilet brush on her cart, and put on a clean pair of gloves. She did not perform hand hygiene prior to putting on the gloves.</p> <p>On 10/13/20 at 11:18 AM Housekeeper #1 entered Resident #4's room with the toilet brush and cleaner. Housekeeper #1 opened Resident #4's bathroom door, cleaned the toilet, removed the trash bag from the trash can, placed a clean trash bag in the trash can, gathered the trash bag, toilet brush, a roll of trash bags, and cleaner, and exited Resident #4's room. She did not perform hand hygiene or remove her gloves prior to exiting the room. She opened her housekeeping cart, got out a cloth, reentered Resident #4's room, wiped down the toilet, cleaned around the base of the toilet, exited the bathroom, and exited the room. She removed her gloves and discarded them in the trash on her cart. The housekeeper did not perform hand hygiene prior to leaving the resident's room or after she removed her gloves. Housekeeper #1 then opened her cart, removed 2 toilet paper rolls, reentered Resident #4's room, opened the bathroom door, placed the toilet paper in the bathroom, and exited the bathroom. At 11:21 AM Housekeeper #1 exited and closed the door to</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Resident #4's room. Housekeeper #1 did not perform hand hygiene prior to exiting this room.</p> <p>An interview with Housekeeper #1 on 10/13/20 at 11:21 AM revealed she should have washed her hands or used hand sanitizer after exiting resident rooms, not worn used gloves in the hall, and sanitized her hands after cleaning each resident room. She stated she just forgot to wash her hands and wear gloves and she should not have worn used gloves in the hall. Housekeeper #1 acknowledged she had received training on hand hygiene and PPE use.</p> <p>An interview with the Housekeeping Supervisor on 10/13/20 at 12:10 PM revealed housekeeping staff had received multiple in-services on hand hygiene and PPE use. She stated Housekeeper #1 should have washed her hands or used hand sanitizer after exiting Resident #1's room and before and after cleaning each room. She further stated used gloves should not be worn in the hall.</p> <p>An interview with the Administrator on 10/13/20 at 12:30 PM revealed staff had been in-serviced on hand hygiene and PPE use multiple times. She stated in addition to in-services from nursing staff the Housekeeping Supervisor also conducted in-services on hand hygiene and PPE use. The Administrator further stated spot checks were done to check compliance with hand hygiene and PPE and staff were compliant. She stated the housekeeper should have cleaned her hands after exiting Resident #1's room, before and after cleaning each room, and not worn used gloves in the hall.</p>	F 880			