

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

PRINTED: 12/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345332</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/19/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2501 DOWNING STREET SW WILSON, NC 27895</b>
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced COVID-19 Focused Survey was conducted on 11/19/2020. 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# SUHW11.</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/19/2020. The facility was found not in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p>	F 000		
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <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 and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual</p>	F 880		12/18/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 12/08/2020
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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>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> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 policy and procedures and in-servicing records, 2 of 2 staff (Physical Therapy Assistant #1 and Resident Care Specialist #1) who worked on the facility's quarantine unit failed to implement the facility's infection control policies and procedures. Physical Therapy Assistant #1 failed to doff personal protective equipment (PPE) and perform hand hygiene when she exited the room of a resident who was on enhanced contact droplet precautions and resided on the facility's quarantine unit. Resident Care Specialist #1 failed to disinfect shared resident equipment between use on residents (Resident #7 and Resident #3) who were on enhanced contact droplet precautions and resided on the quarantine unit. This failure occurred during the COVID-19 pandemic. Findings included:</p> <p>1. The facility's Hand Hygiene policy revised February 2018 revealed that "Handwashing/hand hygiene is generally considered the most important single procedure for preventing healthcare associated infections."</p> <p>The facility's in-servicing record dated 09/08/20 included a hand out titled "How to Safely Remove Personal Protective Equipment (PPE) Example 1. The hand out read, "Remove all PPE before exiting the patient room except a respirator, if</p>	F 880	<p>A fishbone /root cause analysis was conducted 11/19/2020 through 12/7/2020 to identify the root cause of areas identified in the 2567:</p> <p>Element 1- The Physical therapy assistant #1 failed to doff personal protective equipment (PPE) and perform hand hygiene when she exited the room of a resident on Enhanced droplet secretion precautions.</p> <p>Element 2- Resident care specialist #1 failed to disinfect shared resident equipment between use on residents #7 and Resident #3 that were on enhanced droplet secretion precautions.</p> <p>The root cause analysis was facilitated by the Administrator, with in-put from the Vice President of operations, District Director of Clinical services, Director of Nursing, Infection preventionst, Staff developer manager, and the Assistant Director of Nursing.</p> <p>The results of the Root cause analysis was reviewed with the QAPI committee on 12/7/2020 and incorporated into the facility plan of correction below. The directed plan of correction will be completed on 12/18/2020 with training conducted by the Infection control preventionist and the Director of Nursing.</p>		

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F 880	<p>Continued From page 3</p> <p>worn. "There were 5 steps and step number 5 read (in all capital letters): WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE." Physical Therapy Assistant (PTA) #1 signed the in-service form indicating that she had read the information provided.</p> <p>In an observation of the quarantine unit (400 hall) on 11/18/20 at 11:59 AM PTA #1 was observed coming out of room #405 wearing an isolation gown, goggles, and a mask. Enhanced droplet contact precaution signage was posted outside room #405. PTA #1 removed the isolation gown in the hallway and disposed of it in the resident's room. She did not wash her hands or use alcohol-based hand rub (abhr) after doing so. PTA #1 pushed an overbed table that had a laptop computer on it, down the quarantine hallway still without performing hand hygiene.</p> <p>In an interview on 11/18/20 at 12:01 PM PTA #1 stated that she always removed her isolation gown in the hallway and not in resident's rooms. She confirmed that she had not washed her hands or used abhr and that she became nervous when she realized she was being observed and forgot to wash her hands.</p> <p>In an interview on 11/18/20 at 12:11 PM the Administrator stated that isolation gowns should be removed while staff were in the resident's room, they should then wash their hands, and then leave the room.</p> <p>In an interview on 11/18/20 at 12:20 PM the Infection Control (IC) Nurse/Assistant Director of Nursing (ADON) stated that in-servicing had been done with the therapy department on PPE and</p>	F 880	<p>Element #1 No resident was identified related to this alleged deficient practice, but all residents have the potential to be affected by the alleged deficient practice. The PTA was suspended 11/18/20 after reviewing the findings by the surveyor with her, she no longer works in the facility. All staff will be educated on Doffing PPE and hand washing when exiting resident's rooms that are on Enhanced Droplet secretion precautions. This education will be completed on 12/18/2020 by the Director of nursing and/or Infection control preventionist. 10 Random compliance audits will be conducted weekly x 8 weeks on all shifts with immediate education provided for any noted areas of concern. The results of the audits will be brought to the monthly QAPI meeting x 2 months for review and further recommendations.</p> <p>Element #2 Resident #7 and #3 no longer are on Enhanced Droplet secretion precautions. Resident #3 remains in the facility without any signs or symptoms of Covid. Resident #7 was discharged home on 11/14/20 without any signs or symptoms of Covid. All residents have the potential to be affected by the alleged deficient practice. The RCS was suspended on 11/18/20 after reviewing the findings by the surveyor. She was provided 1:1 education by the Director of Nursing prior to her next scheduled shift.</p>		

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F 880	<p>Continued From page 4</p> <p>handwashing. She indicated that they had been instructed to dispose of contaminated isolation equipment in the bins in the resident's room and then to wash their hands or use abhr prior to leaving the room. The IC Nurse/ADON indicated it was important for staff to wash their hands so that other items were not contaminated.</p> <p>In an interview on 11/18/20 at 12:39 PM Nurse #1, who worked on the quarantine unit at the time of the incident, stated that PTA #1 may have been in a hurry because Resident #1 was going out for an appointment. She indicated that all staff had been in-serviced on hand washing and the correct procedures for putting on and taking off PPE.</p> <p>In a telephone interview on 11/19/20 at 1:19 PM the Director of Nursing (DON) stated that the purpose of the quarantine unit was to separate new hospital admissions from the general population to monitor them for 14 days for COVID-19 symptoms. The DON confirmed that the resident in room #405 was a new admission and that the resident was on enhanced droplet contact precautions. She stated that staff were required to follow the facility policy for handwashing and to follow the instructions on all transmission-based precaution signs to help prevent the spread of diseases like COVID-19. She indicated that not following the facility policies could put residents and staff at risk for contracting the disease.</p> <p>2. The Lippincott Procedures revised 11/15/19 titled: Disinfection, noncritical patient care equipment and presented as facility policy read, "If dedicated disposable items aren't available for a patient who requires contact precautions,</p>	F 880	<p>All staff will be educated on the procedure related to disinfecting shared resident equipment between residents on Enhanced droplet secretion precautions. This education will be completed on 12/18/2020 by the Director of nursing and/or Infection control preventionist. 10 Random Compliance audits will be conducted weekly x 8 weeks on all shifts with immediate education provided for any noted areas of concern. The results of the audits will be brought to the monthly QAPI meeting x 2 months for review and further recommendations</p>		

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F 880	<p>Continued From page 5</p> <p>disinfect reusable noncritical patient care equipment after using it on the patient before using it for another patient."</p> <p>The in-service titled: Cleaning All Equipment B/T (between) Patient Use read: "*All equipment must be cleaned between each resident use. Lifts, scales, vital sign equipment etc ..." The Attendance Form was dated 06/05/20 and was signed by Resident Care Specialist (RCS) #1.</p> <p>An observation of the facility's quarantine unit (400 hall) on 11/18/20 at 5:01 PM revealed RCS #1 opened the door of room #404 and pushed the vital sign equipment that was on a wheeled stand out of the room. RCS #1 wheeled the cart to the door of room #403 and put on PPE. She then knocked on the door, opened it, and started to enter the room. RCS #1 was stopped before the equipment entered the room. There was enhanced droplet contact precaution signage posted outside room #403 and room #404.</p> <p>In an interview on 11/18/20 at 5:06 PM RCS #1 confirmed that she was going into room #403 to take the resident's vital signs. When asked, she stated that she had not disinfected the vital sign equipment after using it to obtain the residents vital signs in room #404 but that she should have. She indicated that disinfecting wipes were not kept with the equipment or in resident rooms and that she had forgotten to disinfect the equipment after exiting room #404 and before being stopped from entering room #403 with the vital sign equipment.</p> <p>In an interview on 11/18/20 at 5:13 PM the Infection Control (IC) Nurse/Assistant Director of Nursing (DON) stated the equipment disinfecting</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>wipes were kept on the covered cart on the hallway and was located next to room #403 and across from room #404. She indicated that staff were required to disinfect shared equipment prior to using on another resident. The IC Nurse/ADON stated that RCS #1 had been in-serviced on disinfecting equipment between being used on residents and that she did not understand why RCS #1 did not disinfect it as required because both residents were on enhanced contact droplet precautions.</p> <p>In a telephone interview on 11/19/20 at 1:19 PM the Director of Nursing (DON) stated that shared equipment should be sanitized and disinfected prior to and after use on residents. She stated that staff were required to follow the facility policy for disinfecting equipment between residents. She indicated that not following the policies could put residents and staff at risk of contracting a disease. The DON stated that she did not know why RCS #1 did not disinfect the vital sign equipment, but it was her expectation that all shared equipment be disinfected between resident uses especially when the residents were on enhanced contact droplet precautions.</p>	F 880			