STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345223	A. BUILDING _____ B. WING _____	C 11/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIDGE HEALTH AND REHABILITATION CENTER	1510 HEBRON STREET HENDERSONVILLE, NC 28739

(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 An unannounced COVID-19 Focused Survey was conducted on 11/12/20. Additional information was obtained through 11/30/20; therefore, the exit date was changed to 11/30/20. 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# FT0M11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 11/12/20. The survey team returned to the facility on 11/30/20 to validate the credible allegation; therefore, the exit date was changed to 11/30/20. A total of 13 allegations were investigated, 11 allegations were unsubstantiated and 2 allegations were substantiated without deficiency. Event ID# FT0M11. Immediate Jeopardy (IJ) was identified at CFR 483.80 at tag F880 at a scope and severity of K. Immediate Jeopardy (IJ) began on 11/09/20 and was removed on 11/17/20.	F 000		
F 880 SS=K	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.	F 880		12/23/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/16/2020

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F 880	Continued From page 1 §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 conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct	F 880		

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F 880	Continued From page 2 contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 record review, and staff interviews: 1) Nurse #1 and Physical Therapy Assistant (PTA) #1 failed to follow work criteria outlined in the policy and procedure for not working if experiencing symptoms consistent with suspected COVID-19; 2) failed to review the screening log for Nurse #1 who documented yes to symptoms of COVID-19 and yes to the use of fever reducing medication; 3) failed to ensure Physical Therapist Assistant (PTA) #1 was screened upon entrance and/or at the beginning of the shift and prior to working with residents for 2 of 3 staff reviewed for screening. From 11/09/20 to 11/12/20, a total of 6 residents out of 82 and 3 staff have tested positive for COVID-19. Immediate Jeopardy began on 11/09/20 when facility staff, Nurse #1 and PTA #1 reported to work and completed a resident assignment when experiencing symptoms consistent with	F 880	F880 This alleged deficiency was caused by the facility's failure to review the daily screening logs and staffs failure to follow policies and procedures for screening for signs and symptoms consistent with suspected Covid 19. All residents have the potential to be affected by this deficient practice. A root cause analysis was completed involving the Infection Preventionist, Governing Body and QAPI committee members and was reviewed as part of the QAPI meeting held on 12/18/20. Following root cause analysis, it was determined that a lack of staff education on the signs and symptoms of Covid-19 and screening requirements, and	

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F 880	Continued From page 3 suspected COVID-19. Immediate Jeopardy was removed on 11/17/20 when the facility implemented an acceptable credible allegation of Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity of "E" (no actual harm with the potential for more than minimal harm that is not Immediate Jeopardy) to ensure monitoring symptoms put into place are effective. The findings included: The facility Policies and Procedures titled, "Tool Kit A-Section 1 Center Preparedness: Infection Prevention Strategies and Guidance for COVID-19" updated 10/29/20 read in part: the focus of Quality Assurance Performance Improvement (QAPI) efforts should be on Infection Prevention and Control efforts and included the following: review the special process that have been implemented to make sure each one is working effectively such as employee screening each shift. Under the section titled, "Employee and Essential Healthcare Screening" stated, "center staff, agency personnel and other essential healthcare personnel must be screened on entrance and/or at the beginning of their shift and prior to working with residents by the Infection Preventionist or a designated charge nurse" and included the following: An employee screening log will be used to document essential healthcare personnel responses. Mandatory restriction on entrance will apply in the following individual circumstances: Individuals that screen positively with symptoms consistent with suspected COVID-19 (see symptom list in the tool kit introduction). The introduction of the tool kit stated, "people with these symptoms may have COVID-19" which included: muscle or body	F 880	inconsistent monitoring of the facility entry point led to this deficiency. In addition, the facility Infection Preventionist in conjunction with the Medical Director and clinical management team completed a new LTC Infection Control Self- Assessment on 12/17/20 and reviewed it during the QAPI meeting held on 12/18/20. Blue Ridge Health & Rehabilitation contracted with a clinical consulting firm on 12/22/20. This firm will provide oversight of the facility's infection prevention and intervention plan by qualified clinician(s) certified in infection control for a minimum of the next six (6) months. This firm reviewed the facility's LTC Infection Control Self- Assessment and Root Cause analysis on 12/23/20. Facility staff in all departments, including contracted Dietary and Housekeeping/ Laundry, Agency employees and all new hires were re-educated beginning 11/16/20 and concluding 12/21/20 by the Director of Nursing or designee on Employee and Essential Healthcare Personnel (HCP) Screening requirements as outlined in the Sava Toolkit on Center Preparedness: Infection Prevention Strategies and Guidance for Covid- 19 Updated 10/29/20. This training included the requirement that all employees and HCP's complete the screening log located at the main entrance prior to entry into the facility and resident care areas. Education included properly identifying and	

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F 880	Continued From page 4 aches, a new loss of taste or smell, sore throat, congestion or a runny nose. 1. The facility's screening process titled, "The Employee and Essential Healthcare Personnel Screening Log," noted the following information: -Date: 11/9/20 -Shift: first -Employee name: Nurse #1's signature -Temperature check results: 97.9 -Screening question: Do you have any of the following symptoms: fever, cough, shortness of breath, sore throat, chills, rigors, muscle pain, headache, or new loss of taste or smell? *if yes, indicate symptoms(s). Nurse #1 answered with a Y to indicate yes. There were no symptoms listed. -Screening question: Have you taken any fever reducing medications containing acetaminophen, ibuprofen, or cold/sinus medication within the last 24 hours? Nurse #1 answered with a Y to indicate yes. -Screening question: In the past 14 days have you had contact with any person with known coronavirus or who may be under evaluation for exposure to coronavirus, or a person who is ill with respiratory illness? Nurse #1 answered Y to indicate yes. -Screening question: Is there evidence of COVID-19 or possible exposure? *If yes notify Infection Preventionist for further action. Nurse #1 answered Y to indicate yes. The last column asked for the nurse's name who completed the screen. There was no name to indicate Nurse #1 had been screened by someone other than herself. The nursing schedule dated 11/9/20 revealed Nurse #1 was assigned to provide care to	F 880	documenting any symptoms being experienced including fever, shortness of breath, sore throat, chills, rigors, muscle pain, headache, nausea, vomiting, diarrhea, congestion/ runny nose, or new loss of taste or smell. Staff were also educated to immediately report to their supervisor when they experience symptoms consistent with Covid- 19. Future updates/ revisions to these toolkits will be communicated to all staff via in-service education provided by the Director of Nursing, Infection Preventionist or designated nurse as they become available. Newly hired staff members and agency staff will also be in-serviced on the most current tool kit by the Director of Nursing, Infection Preventionist or designated nurse as part of the facility orientation. Designated facility will be assigned to the facility check point daily, seven days per week, by the Administrator (non- Nursing staff) and Director of Nursing (nursing staff) for all identified shift changes (ranging from 5:30AM- 11:00PM). These designated staff are being scheduled beginning 11/17/20 and were trained by the Director of Nursing or designee on the components of the screening log and notification of the assigned nurse as required for the evaluation of staff who report symptoms. Symptomatic employees are instructed to call their immediate supervisor or the designated on call manager as soon as possible prior to their next scheduled shift to avoid	

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F 880	Continued From page 5 residents on the east wing from 6:45 AM through 7:15 PM. There were 7 other employees assigned on the east wing during the time Nurse #1 worked. The facility census with resident names and room numbers was compared to the list of residents identified as COVID-19 positive. From 11/09/20 through 11/12/20 6 residents residing on the east wing were identified as being positive. A review of employees identified as being COVID-19 positive revealed 3 staff were identified from 11/9/20 through 11/12/20. This included Nurse #1, PTA #1, and 1 nurse who worked on the east wing on 11/9/20. During an interview on 11/13/20 at 9:51 AM Nurse #1 confirmed on 11/9/20 she answered yes for having symptoms on the Healthcare Screening Log. She called her symptoms, "bad allergies and a scratchy throat." Nurse #1 also had taken ibuprofen and explained she recently worked out at the gym and worked around her home and felt those activities contributed to her body aches and was why she answered yes to taking medication. Nurse #1 indicated she told the Infection Preventionist/Director of Nursing (IP/DON) about her symptoms around 9:00 AM or 10:00 AM and was told it was okay to work. Nurse #1 explained if she answered yes to screening question, she lets the IP/DON know immediately and that's what she did. During her shift on 11/9/20 Nurse #1 revealed she reported to the IP/DON a family member began to have what she called, "a funny taste in his mouth," and it was decided then she should go get tested at the Local Health Department (LHD). Nurse #1 left the facility at approximately 3:30 PM, went to the LHD and	F 880	having them report to work unnecessarily. For non- nursing departments, the supervisors were instructed to notify the nursing manager on call immediately if these calls are received. Training was provided to department managers on this requirement on 11/17/20 by the Director of Nursing. Employees and HCP's reporting symptoms consistent with suspected Covid-19 as documented on the screening log will be restricted from entering the facility past the check point until additional review of these symptoms is performed by the Infection Preventionist nurse or other designated licensed nurse. These nurses will be assigned and scheduled by the Director of Nursing and training for these individuals was provided by the Director of Nursing. These nurses will also be responsible for answering the door for, and screening employees at the check point who arrive at the facility between the hours of 11:00 PM and 5:30 AM. Symptoms identified on the screening log include fever, shortness of breath, sore throat, chills, rigors, muscle pain, headache, nausea, vomiting, diarrhea, congestion/ runny nose, or new loss of taste or smell. Staff will also be educated to identify and report new onset of symptoms of what they believe to be seasonal allergies. Additional information will be requested by the nurse and documented on a newly developed clinical surveillance follow up form. Any symptoms noted that are outside of the employee/ HCP's baseline will be evaluated by the nurse and a decision made as to whether or not to allow the	

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F 880	Continued From page 6 received a rapid test which resulted positive on 11/9/20. Nurse #1 did not return to the facility after her positive test results and as of 11/12/20 was still out of work. During an interview on 11/13/20 at 1:32 PM the Infection Preventionist/Director of Nursing (IP/DON) revealed COVID-19 surveillance included daily monitoring of staff who were screened prior to work. The IP/DON explained the screening logs were reviewed by either her or the assigned nurse each day. The IP/DON also expected staff to report symptoms prior to coming to work or upon onset to their department head, the nurse, or her. Nurse #1 sent a text to her on the morning of 11/9/20. The text only stated Nurse #1 needed to talk with the IP/DON when she had a free moment. The IP/DON stated she did not speak with Nurse #1 until midafternoon but did not recall the exact time. Nurse #1 told the IP/DON her allergies were acting up and she had body aches which she attributed to working out at the gym and around the house. The IP/DON felt she was led to believe there was no new onset of symptoms or nothing abnormal by Nurse #1. The IP/DON indicated Nurse #1 did not tell her about having a scratchy throat and was not told about the family member having a funny taste in his mouth until approximately 1:30 PM and that's when she told Nurse #1 to get tested at the Local Health Department. Nurse #1 completed her charting and medication count then left the facility. The IP/DON was not aware of Nurse #1 having a scratchy throat and indicated if she was, she would have sent Nurse #1 home. The IP/DON explained all staff sign the screening log and logs were monitored by the department heads, nurses, and her. The IP/DON expected Nurse #1 would have reported her symptoms	F 880	employee/ HCP to work. Any questionable cases will be called to the nurse manager on call for further review. Those noting a fever or using a fever reducing medication for the purpose of reducing a fever within the previous 24 hours will not be permitted access to the facility. This information was included in the training provided to these staff member that began on 11/16/20, and this new process was reviewed during an Ad Hoc QAPI meeting on 11/17/20. Employees noted with new onset symptoms and symptoms outside of their baseline will be required to be tested for Covid-19 at the facility or another qualified testing site and will not be permitted to return to work until a negative test result is obtained or, if positive, until they remain out of work for the necessary time period per current CDC guidelines. Employees who become symptomatic while at work will receive a Covid test immediately, as soon as possible, by the Infection Preventionist or designee at the facility and leave work immediately pending test results. The facility continues to test employees weekly per CDC and local health department guidelines. Any newly identified positive Covid-19 cases will be addressed per current guidelines and employees/ HCP's will not be permitted in the facility per established guidelines. To ensure ongoing compliance, daily audits of all sign in sheets sheet will be	

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F 880	Continued From page 7 before she came to work and further explained if an employee had a cough, runny nose, scratchy or sore throat, headache, or body aches she considered those symptoms consistent of COVID-19. The IP/DON expected an employee to call and report their symptoms before coming to work and there was always an on-call nurse available to provide guidance and employees should not assume their symptoms were allergies. The IP/DON indicated staff were in trained if they answered yes to any of the questions on the screening log to inform their department head, a nurse, or her to determine if the employee could work. A second interview was conducted on 11/16/20 at 8:16 AM with the IP/DON who confirmed Nurse #1 was assigned to work with residents on the east wing a non-COVID unit. The IP/DON expected Nurse #1 to call in and report her symptoms before reporting to work or entering the facility. The IP/DON revealed allergy symptoms were similar to COVID and she asked staff to report a new onset of symptoms and indicated she can only go by what the staff report to her. 2. A review of the facility's screening process titled, "The Employee and Essential Healthcare Personnel Screening Log," noted the following information: -Date: 11/9/20 -Shift: first -Employee name: PTA #1 -Temperature check results: 97.5 -Screening question: Do you have any of the following symptoms: fever, cough, shortness of breath, sore throat, chills, rigors, muscle pain, headache, or new loss of taste or smell? *if yes,	F 880	performed twice daily for six (6) weeks beginning 11/17/20 by the DON, Infection Preventionist, Unit Managers, or designated nurse referencing employee schedules. Thereafter, audits will be completed five (5) times per week for six (6) weeks, and then three (3) times per week for six (6) weeks. The Infection Preventionist and Unit Managers will be assigned as necessary by the Director of Nursing and were trained on the requirement that all staff working in the facility complete the screening log prior to entry to the facility, that notification to the assigned nurse is made as required when symptoms are reported, and that the designated nurse signs the log. These audits will assess compliance with the mandatory sign in requirement and employee responses to the screening log to ensure proper screening prior to entry. Any deficiencies noted will be addressed immediately and corrective action taken as necessary. The results of these audits will be reviewed as part of the facility Quality Assurance & Process Improvement (QAPI) program monthly until such time substantial compliance has been achieved. The Administrator is responsible for implementing the acceptable plan of correction. Completion Date 12/23/20.	

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F 880	Continued From page 8	F 880		

indicate symptoms(s). PTA #1 answered with a N to indicate no.
-Screening question: Have you taken any fever reducing medications containing acetaminophen, ibuprofen, or cold/sinus medication within the last 24 hours? PTA #1 answered with a N to indicate no.
-Screening question: In the past 14 days have you had contact with any person with known coronavirus or who may be under evaluation for exposure to coronavirus, or a person who is ill with respiratory illness? PTA #1 answered Y to indicate yes.
-Screening question: Is there evidence of COVID-19 or possible exposure? *If yes notify Infection Preventionist for further action. PTA #1 answered Y to indicate yes. The last column asked for the nurse's name who completed the screen. There was no name to indicate PTA #1 had been screened by someone other than herself. There was no screening entry for PTA #1 on 11/10/20 to indicate she had been screened prior to entering the facility.

A review of the assignment for PTA #1 revealed she provided 10 residents therapy on 11/09/20 and 8 on 11/10/20. The rooms numbers revealed the PTA #1 encountered residents on the non-COVID east and west wings of the facility on both days.

A review of the COVID-19 positive employee list revealed Physical Therapist Assistant (PTA) #1 was tested on 11/10/20 and resulted positive on 11/12/20.

A review of the COVID positive list of residents revealed none seen by the PTA were identified as being positive from 11/9/20 through 11/12/20.

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F 880	Continued From page 9 During an interview on 11/13/20 at 8:30 AM PTA #1 revealed over the weekend on 11/8/20 she began to have congestion and a sore throat. She rested all that day and began to feel better, so she did not report her symptoms on 11/08/20. On 11/9/20 PTA #1 went to work and indicated she did inform her supervisor The Director of Rehab (DOR) of her congestion and sore throat. PTA #1 revealed she did not have a temperature or body aches or the other symptoms and did not think she had COVID-19 instead described her symptoms as, "a simple cold." PTA #1 was told by her supervisor the DOR to make sure she was tested 11/10/20 the day of facility-wide scheduled testing and to let the DOR know if her symptoms worsened or changed. PTA #1 confirmed she worked her regular shift on 11/09/20 and 11/10/20 and worked with residents both days. On 11/11/20 PTA #1 revealed her symptoms worsened so she did what she was instructed and called her supervisor the DOR and was told not to report to work. PTA #1 implied she checked her temperature and answered the screening questions each time she entered the facility but did not recall how she answered the screening log questions on 11/10/20. PTA #1 indicated there was a person at the screening station but could not recall who. PTA #1 revealed the system in place was for PTA #1 to check her own temperature and document her answers to the questions on the screening log herself and report symptoms to your supervisor and that was what she did. PTA #1 revealed the DOR attended morning meetings and felt if there was a concern the DOR would have reported to the IP/DON during their meeting. On 11/12/20 PTA #1 received a call from the DOR to inform her she was positive for COVID-19.	F 880		

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F 880	Continued From page 10 During an interview on 11/13/20 at 9:16 AM the DOR did not recall having a conversation with PTA #1 on 11/9/20 to discuss symptoms of congestion and sore throat. The DOR did recall on 11/10/20 PTA #1 reported symptoms of congestion with a runny and stuffy nose. The DOR asked PTA #1 if she had a temperature which PTA #1 denied having or any other symptoms and PTA #1 stated, "I get this every year at this time." The DOR said this led her to believe and with PTA #1 history that it was allergy symptoms. The next morning 11/11/20 PTA #1 sent her a text saying she didn't feel well enough to work. The DOR did not share PTA #1's symptoms with the IP/DON and stated there was a screening process and assumed PTA #1 had reported her symptoms on the log and was allowed to work and reiterated she was not a nurse. The DOR was unsure if she was to notify the Infection Preventionist when an employee reported symptoms such as congestion or a stuffy, runny nose and stated she would have to look up the information. During an interview on 11/13/20 at 1:32 PM the IP/DON explained if an employee had symptoms of cough, runny nose, scratchy or sore throat, headache, or body aches she considered those symptoms of COVID-19 and employees should not assume it was allergies. The IP/DON expected an employee to call and report their symptoms before coming to work and there was always an on-call nurse available to provide guidance. Staff were trained if they answered yes to any of the questions on the screening log to inform their department head, a nurse, or her and it would be determined if the employee could work. The IP/DON expected department heads to	F 880		

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report any symptoms reported by a staff member to her. She was unaware PTA #1 had reported symptoms and didn't find out until 11/12/20 after she called to speak with the DOR.

During a second interview on 11/16/20 at 8:16 AM the IP/DON explained the symptoms of allergies were similar to COVID and she asked staff to report a new onset of symptoms. The IP/DON revealed the screening system in place was for staff who come in early around 5:30 AM to 8:00 AM were expected to screen themselves and if answered yes to having symptoms to notify her or the nurse. The nurses were trained to ask why the staff member answered yes and to call her or the on-call nurse for guidance. The screening station was monitored from 8 AM till 5 PM Monday through Friday by the Scheduler who monitors the log. After 5 PM the nurse assigned took over. Prior to the Scheduler being assigned the IP/DON asked each department head who had the lightest work load that week and that person would monitor the screening logs. The department heads were trained to inform her or the nurse when any of the symptom screening questions were answered yes. On the weekend the charge nurse screened employees entering from 6:45 AM to 7:15 PM and after 7:15 PM the assigned nurse took over.

During an interview on 11/16/20 at 12:03 PM the Administrator revealed the facility expected staff to report their symptoms before entering the facility and indicated staff were screened prior to entry. The Administrator stated the facility relied on staff to report their symptoms and know their own body and what to report to the nurse or IP/DON. He felt Nurse #1 attributed her symptoms to allergies and not COVID and he

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was aware of the similarities. The Administrator explained the employee screening system in place was for staff to report symptoms to the nurse and IP/DON who determined if an employee should be sent home and tested based on their symptoms. The department heads were to report to the charge nurse or IP/DON when an employee informed them of their symptoms to determine if the employee could report to work or should leave. The employees were expected to report symptoms and fill out the screening log and if they do answer yes to having symptoms consult with the charge nurse or IP/DON and a decision would be made to determine if the employee could work. The department heads monitor the screening logs and were to follow-up with staff who answered yes to having symptoms.

The Administrator and IP/DON were notified of Immediate Jeopardy on 11/16/20 at 3:11 PM. The facility provided the following credible allegation of Immediate Jeopardy removal:

Blue Ridge Health & Rehabilitation Credible Allegation for F880 for removal of Immediate Jeopardy completed on November 17, 2020.

Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance:

1. Nurse #1 documented on the employee screening log that Yes she was having symptoms consistent with suspected Covid-19, taking fever reducing medications, had contact with a person with known coronavirus, and that there was evidence of Covid-19 exposure. There was also no nurse signature to indicate she was screened by anyone other than herself. This nurse

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proceeded to provide care to a group of residents assigned to her on the East Wing unit. This nurse states that at approximately 9:00 AM or 10:00 AM she told the Director of Nursing (DON) about the symptoms she was experiencing and was told it was OK for her to work. The nurse later during her shift reported to the DON that a family member (her husband) told her that he had "a funny taste in his mouth". The DON advised her to get tested at our local health department and she left the facility. Per health department documentation, the nurse received a rapid test at approximately 1:53 PM. She later learned that the test result was positive for Covid-19.

2. On 11/9/20 A Physical Therapy Assistant (PTA) stated she notified her supervisor that she had had symptoms consistent with suspected Covid-19 but was instructed to get tested at the facility and proceeded to work the next two days. The PTA stated during interview with the surveyor that on 11/8/20 she experienced symptoms of congestion and a sore throat. On 11/9/20 this PTA reported to work and completed the screening log with N (indicating no) documented under the listed symptoms, a temperature of 97.5 documented, and N (indicating no) for taking any fever reducing medications the previous 24 hours. She answered Y (indicating yes) that in the past 14 days she had contact with any person with known Coronavirus Covid-19 or who may be under evaluation for exposure to Coronavirus Covid-19 or a person who is ill with respiratory illness. She also answered Y (indicating yes) that in the past 14 days she worked in a facility with suspected or confirmed Covid-19 infection, and Y (indicating yes) that there is evidence of Covid-19 or possible exposure and *if yes, notify infection preventionist for further action. On 11/10/20 this

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PTA reported to work and failed to complete the screening log but states that she took her temperature and was afebrile, further stating that she forgot to complete the screening log because she was distracted as she began having a conversation with the Nurse Practitioner. Later that day she received a Covid-19 test at the facility as part of our facility- wide testing of residents and staff members. On both 11/9/20 and 11/10/20 this PTA worked her scheduled hours and treated residents on her caseload. On 11/11/20 this PTA stated that her symptoms worsened, and she called off for her shift. Early on 11/12/20, when test results were coming back, the facility was notified that she tested positive for Covid-19. She was notified and taken off the schedule.

Immediate action the Facility will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring:

Facility staff in all departments, including contracted Dietary and Housekeeping/ Laundry, Agency employees and all new hires will be re-educated beginning 11/16/20 by the Director of Nursing or designee on Employee and Essential Healthcare Personnel (HCP) Screening requirements as outlined in the Sava Toolkit on Center Preparedness: Infection Prevention Strategies and Guidance for COVID- 19 Updated 10/29/20 which is our most current policy. All staff members not yet in-serviced will be required to receive training prior to their next scheduled shift and new hires and future agency staff will be trained as part of the facility orientation. Training will be provided by the Director of Nursing or designee daily, as necessary, until all staff have been educated. This training includes the

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requirement that all employees and HCP ' s complete the screening log located at the main entrance prior to entry into the facility and resident care areas. Education will include properly identifying and documenting any symptoms being experienced including fever, shortness of breath, sore throat, chills, rigors, muscle pain, headache, nausea, vomiting, diarrhea, congestion/ runny nose, or new loss of taste or smell.

Designated facility staff will be assigned to the facility check point daily, seven days per week, by the Administrator (non- Nursing staff) and Director of Nursing (nursing staff) for all identified shift changes (ranging from 5:30AM- 11:00PM). These designated staff are being scheduled beginning 11/17/20 and will be trained by the Director of Nursing or designee on the components of the screening log and notification of the assigned nurse as required for the evaluation of staff who report symptoms. Symptomatic employees are instructed to call their immediate supervisor or the designated on-call manager as soon as possible prior to their next scheduled shift to avoid having them report to work unnecessarily. For non- nursing departments, the supervisors were instructed to notify the nursing manager on call immediately if these calls are received. Training was provided to department managers on this requirement on 11/17/20 by the Director of Nursing. Employees and HCP ' s reporting symptoms consistent with suspected Covid-19 as documented on the screening log will be restricted from entering the facility past the check point until additional review of these symptoms is performed by the Infection Preventionist nurse or other designated licensed nurse. These nurses will be assigned and

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scheduled by the Director of Nursing. Training by the Director of Nursing for these individuals commenced on 11/16/20 and will continue until all the designated nurses have been educated; assignments for this duty will not be made until training is provided. These nurses will also be responsible for answering the door for and screening employees at the check point who arrive at the facility between the hours of 11:00 PM and 5:30 AM. Symptoms identified on the screening log include fever, shortness of breath, sore throat, chills, rigors, muscle pain, headache, nausea, vomiting, diarrhea, congestion/ runny nose, or new loss of taste or smell. Staff will be educated to identify and report new onset of symptoms of what they believe to be seasonal allergies. Symptoms should be reported to the employee's immediate supervisor as soon as possible. Additional information will be requested by the nurse and documented on a newly developed clinical surveillance follow up form. Any symptoms noted that are outside of the employee/ HCP ' s baseline will be evaluated by the nurse and a decision made as to whether or not to allow the employee/ HCP to work. Any questionable cases will be called to the nurse manager on call for further review. Those noting a fever or using a fever reducing medication for the purpose of reducing a fever within the previous 24 hours will not be permitted access to the facility. This information was included in the training provided to these staff member that began on 11/16/20, and this new process was reviewed during an Ad Hoc QAPI meeting on 11/17/20.

Employees noted with new onset symptoms and symptoms outside of their baseline will be required to be tested for Covid-19 at the facility or

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another qualified testing site and will not be permitted to return to work until a negative test result is obtained or, if positive, until they remain out of work for the necessary time period per current CDC guidelines. Employees who become symptomatic while at work will receive a COVID test immediately, as soon as possible, by the Infection Preventionist or designee at the facility and leave work immediately pending test results.

The facility is performing COVID 19 testing for all residents, with the exception of those who have tested positive within the last 90 days, and active staff members on 11/17/20. Additional testing will continue to be performed weekly or more frequently as necessary per CDC and local health department guidelines. Any newly identified positive Covid-19 cases will be addressed per current guidelines and employees/ HCP ' s will not be permitted in the facility per established guidelines.

To ensure compliance with this plan, daily audits of all sign in sheets sheet will be performed twice daily beginning 11/17/20 by the DON, Infection Preventionist, or Unit Managers referencing employee schedules. The Infection Preventionist and Unit Managers will be assigned as necessary by the Director of Nursing and trained on the requirement that all staff working in the facility complete the screening log prior to entry to the facility, that notification to the assigned nurse is made as required when symptoms are reported, and that the designated nurse signs the log. These audits will assess compliance with the mandatory sign in requirement and employee responses to the screening log to ensure proper screening prior to entry. Any deficiencies noted with the plan will addressed immediately as

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necessary.

The Administrator and DON were educated on 11/16/20 and 11/17/20 regarding the importance of following the Sava Toolkits on Center Preparedness: Infection Prevention Strategies and Guidance for COVID- 19 and Managing COVID- 19 in the Center.

The Facility alleges the removal of the immediate jeopardy on 11/17/20.

On 11/30/20 the facility's credible allegation for Immediate Jeopardy removal was validated by the following: a review of in-service training records dated 11/16/20 and 11/17/20 titled, "Signs and Symptoms of COVID-19 and the New Sign-In Process." Attendance of staff trained included department heads from Dietary, Maintenance, Nursing, and Therapy. Interviews with: department heads, Healthcare Personnel, designated check point staff, the Administrator, the Director of Nursing, and Infection Control Nurse related to their understanding of the facility ' s policy and procedure for reporting signs and symptoms consistent of COVID-19 and the sign-in process upon entry. A review of the facility's Healthcare Screening Log for accuracy and adherence to the monitoring process put into place. A review of the Healthcare Screening Log daily audits preformed twice a day. A review of facility weekly testing of negative staff and residents. An observation of the check point entrance screening area. A review of the nursing and department heads scheduled times to monitor the check point entrance area. The facility's date of Immediate Jeopardy removal of 11/17/20 was validated.