STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345177	A. BUILDING _____ B. WING _____	C 12/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GREENS AT PINEHURST REHAB & LIVING CENTER	205 RATTLESNAKE TRAIL PINEHURST, NC 28374

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/8/20 through 12/15/20. 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# EJIM11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/8/20 through 12/15/20. The facility was found out of 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 in the area of testing. Immediate Jeopardy began 12/11/20 at 8:00 PM and lowered in severity on 12/12/20 at 1:45 PM when the facility provided a Creditable Allegation dated 12/12/20. The Creditable Allegation was validated on 12/15/20. The current number of COVID-19 positive residents was 82 and the number of COVID-19 positive staff was 22 as of 12/15/20. The 1 complaint allegation was substantiated. See Event EJIM11.	F 000		
F 886 SS=L	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on	F 886		12/15/20

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

Electronically Signed | 01/06/2021

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F 886	Continued From page 1 parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests; §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.	F 886		

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F 886	Continued From page 2 §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and physician interview the facility failed to implement their coronavirus (COVID-19) testing policy when staff failed to conduct required COVID-19 testing on 103 of 103 residents and 28 of 28 staff after receiving a positive test result for Nursing Assistant (NA) #1 on 11/18/20 and failed to ensure NA #2 did not work at the facility after a known community exposure. These failures occurred during the COVID-19 Pandemic. As of 12/15/20, the facility reported 82 residents and 22 staff had tested positive for the COVID-19 virus. Immediate Jeopardy began on 11/18/20 when NA #1 tested positive for the COVID-19 virus and the facility failed to initiate testing of all residents for the virus. Immediate Jeopardy was removed on 12/12/20 when the facility provided and implemented an acceptable credible allegation of Immediate Jeopardy removal. The facility will remain out of compliance at a lower scope and severity level F (no actual harm with the potential for more than minimal harm).	F 886	F 886 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; The facility conducted testing for facility residents and staff on 12/01/20, following a staff member that tested positive on 11/18/20. This testing resulted in 43 positive residents and 1 positive employees. Residents that tested positive were placed in the facility□s designated Covid -19 unit and treated and/or monitored according to their needs. A. Resident #6 expired at the facility on 12/3/20. B. Resident #7 recovered and isolation discontinued on 12/21/20. C. Resident # 8 recovered and isolation discontinued on 12/21/20. D. Resident #9 recovered and isolation discontinued on 12/21/20.	

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F 886	Continued From page 3 Findings included: Review of the facility's policy titled: COVID-19 CMS Mandated Long Term Care (LTC) Facility Testing Requirements dated 9/2/20 read as follows at item #4b:" Outbreak any new case (employee or resident) arises in facility: test all staff and residents that previously tested negative every 3-7 days until no new cases are identified for a period of at least 14 days since the most recent positive result." Review of COVID-19 test results revealed NA #1 tested positive on 11/18/20 and NA #2 tested positive on 11/19/20. A telephone interview was conducted with NA #1 on 12/11/20 at 11:00 AM. NA #1 stated she had been caring for a sick family member who tested COVID-19 positive at the hospital on 11/13/20. She stated she last worked at the facility on 11/11/20 because she was a prn (as needed) employee. NA #1 stated she notified the facility on 11/13/20 that she had been exposed to a COVID-19 positive family member and asked about whether she needed to be tested at that time. She stated the IP told her to wait and be tested the following week and that she could not work the following week unless she tested negative for COVID-19. She stated the facility did not say anything to her about quarantining herself at that time. She stated she went to the facility on 11/18/20 and she tested COVID-19 positive on the POC test and the facility sent her to the health department to be PCR tested that same day.	F 886	E. Resident #10 recovered and isolation discontinued on 12/21/20. F. Resident #11 expired on 12/20/20. Employees that tested positive did not return to work until released by the local Health Department or their physician. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; Current facility residents and staff members that have tested negative for Covid 19 have been tested every 3-7 days since 12/01/20 and continue to be tested for Covid-19 every 3-7 days while in outbreak status and/or guidance from CMS and health department. The last positive result for Covid 19 was a staff member on 12/21/20. The facility□s last testing date was 1/4/21, and all staff and residents that were tested, resulted negative for Covid-19. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; Education was provided by the Regional Clinical Director on 12/11/20, for the Administrator, Director of Nursing and Infection Preventionist, regarding following the facility□s policy CMS mandated LTC Facility Testing Requirements dated September 2020, which addresses outbreak status and the requirement to test all employees and residents once one confirmed case of Covid-19 is identified. The facility will follow the guidance set forth by CMS and our policy and will	

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F 886	Continued From page 4 She stated the PCR test done at the health department on 11/18/20 was also COVID-19 positive. A telephone interview was conducted with NA #2 on 12/10/20 at 11:59 AM. NA #2 confirmed she was POC tested the night of 11/19/20 and was sent home because she tested positive for the COVID-19 virus. NA #2 denied any symptoms of COVID-19 on 11/19/20. She stated the next day was a routine testing day at the facility, so she was PCR tested for COVID-19 on 11/20/20 and again tested positive. A telephone interview was conducted with Nurse #1 on 12/10/20 at 11:47 AM. She stated she went to work on 11/18/20 at 7:00 PM. She stated when the third shift aides came in at 11:00 PM, a few hours into the shift she overheard NA #2 saying she had 2 family members who were COVID-19 positive. Nurse #1 stated she told NA #2 she should not be at work. She stated NA #2 tested COVID-19 positive on 11/19/20 and was sent home. NA #2 was instructed to come back the next day to be PCR tested. Nurse #1 stated she was upset that NA #2 put the residents and staff at risk. Nurse #1 stated she was scheduled to work on 11/25/20 but called out sick because on 11/24/20 she had a scratchy throat and did not feel well. She was instructed to come to the facility on 11/25/20 for a POC and PCR tested. Both test results were COVID-19 positive. During an interview on 12/8/20 at 10:00 AM with the Administrator, Director of Nursing (DON) and Infection Preventionist (IP). The DON stated all routine COVID-19 testing for staff and residents was done every Wednesday. The DON specified	F 886	complete testing of all employees and residents if a outbreak occurs, which is one positive resident or employee. The Director of Nursing and/or the Infection Preventionist will monitor the outbreak status and complete daily audits of any new cases that occur, once the facility is clear from current out break status for the duration of 3 months. The Administrator will review the audits weekly to ensure compliance . The policy CMS Mandate LTC Facility Testing Requirements dated September 2020 includes that after initial testing of all staff and residents, all staff and residents that tested negative should be retested every 3-7 days until testing identifies no new cases of Covid-19 infection among staff or residents for a period of at least 14 days since the most recent positive results. Education was provided to the Director of Nursing and the Infection Preventionist on 12/11/20 by the Regional Director of Clinical Services, regarding ensuring that labs are picked up for delivery to the lab and the Health department is notified if lab results are not available within 48 hours. The DON and/or the Infection Preventionist will assure lab specimens are picked up and results are reported. If lab results are not reported within 48 hours the facility will contact the Health Department and will conduct POC antigen testing (rapid test). Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; The Director of Nursing and/or the	

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F 886	Continued From page 5 the first case of COVID-19 was identified on 11/18/20 when NA #1 tested positive using the Point of Contact (POC) test. She further stated NA #1 was tested because a family member tested COVID-19 positive on 11/13/20. The DON stated NA #2 was symptomatic and was sent home immediately the night of 11/19/20. During the interview on 12/18/20 at 10:00 AM, the IP stated that he did not contact the health department when NA #1 tested COVID-19 positive because NA #1 was sent to the health department on 11/18/20 to be Polymerase Chain Reaction (PCR) tested for COVID-19 that day. The IP specified NA #2 tested COVID-19 positive on 11/19/20 using the POC test. The IP stated he first contacted the health department on 11/20/20 for instructions as to what the facility should do at that time. He stated he was told by the health department DON that the two aides COVID-19 positive cases were unrelated, community acquired and the facility only needed to test the residents that NA #2 was assigned on 11/19/20. The IP stated NA #2 was told to come to the facility on 11/20/20 to be PCR tested. He stated NA #2's PCR test was also COVID-19 positive. He stated the residents that NA #2 was assigned on 11/19/20 were tested using the POC test and they all tested negative. He further stated on the advice of the health department, the facility completed a PCR test on those residents on 11/23/20 because waiting 5 to 7 days was more accurate for early detection. Those resident's PCR test results were negative again on 11/23/20. The IP stated the third case of COVID-19 was when Nurse #1 tested COVID-19 positive on 11/25/20. He stated he contacted the health department when Nurse #1 tested positive	F 886	Infection Preventionist will monitor the outbreak status and complete daily audits of any new cases that occur, to assure testing of residents and staff occur according to the CMS and facility guidelines. Monitors will continue for 3 months. The Administrator will review the audits weekly for 3 months to ensure compliance. The Director of Nursing and/or the Infection Preventionist will monitor lab pick up and receipt of lab results to assure results are received within 48 hours of testing and HD is notified if lab results are not received within 48 hours of testing. Monitors will continue for 3 months. The Regional Clinical Director will audit the facility weekly to assure the facility is following the facility and CMS guidelines regarding testing, receipt of lab results and surveillance of infections. Monitors will continue for 3 months. The Director of Nursing or the Infection Preventionist will review the audits monthly to identify patterns and trends and will adjust the plan as necessary to maintain compliance. The Director of Nursing or the Infection Preventionist will review the plan during the monthly QAPI meeting and the audits will continue at the discretion of the QAPI committee. Indicate dates when corrective action will be completed;	

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but since routine testing was completed on 11/25/20 anyway, there was no additional guidance offered by the health department.

In an email correspondence with the DON dated 12/11/20 at 9:31 AM, she indicated the health department told the facility that they did not think it was a COVID-19 outbreak because the two aides that tested COVID-19 positive on 11/18/20 and 11/19/20 were community acquired and the aides had not worked after testing COVID-19 positive. The email indicated the instruction from the health department was to only test the residents that NA #2 was assigned on 11/19/20.

A telephone interview was conducted with the health department DON on 12/9/20 at 1:49 PM. She stated the facility contacted her when two aides tested COVID-19 positive on 11/19/20. She stated she told the facility that she did not think the two staff COVID-19 positive cases were related and both were community acquired. She stated she directed the facility to only test those residents that NA #2 had cared for on 11/19/20.

A telephone interview was conducted with the Medical Director (MD) on 12/9/20 at 3:39 PM. He stated his understanding from the facility was that the 2 staff COVID-19 positive cases on 11/18/20 and 11/19/20 had not worked and the health department instructed the facility to only test the residents the NA #2 cared for on 11/19/20. The MD stated the facility followed the recommendations of the health department.

An interview was conducted with the DON and IP

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on 12/8/20 at 12:45 PM. The DON stated routine testing of all residents and staff was done on 11/25/20. She stated a Fed-Ex pick up was scheduled for 11/25/20 between 3:00 PM and 5:00 PM. The DON stated the facility contacted her stating the package had not been picked up by Fed-Ex so she picked up the package and placed it in a Fed-Ex drop box on 11/25/20. The DON stated she did not know until after the fact that the package would not have been picked up until 11/27/20. She stated she checked online on 11/28/20. The DON stated she called the lab on 11/28/20 because there was only 1 resident test result in the computer. She stated the lab told her the results were only waiting to be entered. The DON stated the lab was closed Sunday 11/29/20 so she called them again on 11/30/20 and the lab told her that the test results should be entered into the computer by the end of the day. The DON stated when still no results available on 12/1/20, the facility reached out to the health department for direction. The DON stated the facility began POC testing for all residents and staff on 12/1/20 in order to quickly identified any additional positive COVID-19 residents or staff.

Record review of facility COVID19 test results revealed the following: between 11/27/20 and 11/29/20, there were 5 symptomatic residents and 1 asymptomatic resident that POC tested positive for COVID-19. All 6 residents were moved to an isolation hall:

a. Resident #6's oxygen saturation on 11/29/20 dropped. He tested COVID-19 positive on the POC test, and he was moved to the isolation hall. Resident #6 expired at the facility on 12/3/20.

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b. Resident #7 developed a cough on 11/27/20. She tested COVID-19 positive on the POC test, and she was moved to the isolation hall.

c. Resident #8 reported a headache and sinus pain on 11/29/20. She tested COVID-19 positive on the POC test, and she was moved to the isolation hall.

d. Resident #9 became lethargic with a decreased appetite on 11/29/20. He tested COVID-19 positive on the POC test, and he was moved to the isolation hall.

e. Resident #10 had a temperature of 101.5 degrees on 11/28/20. He tested COVID-19 positive on the POC test, and he was moved to the isolation hall.

f. Resident #11 was identified as having COVID-19 exposure on 11/27/20. She tested COVID-19 positive on the POC test, and she was moved to the isolation hall.

In an email correspondence with the DON dated 12/9/20 at 4:41 PM, the DON was questioned as to why there was no facility wide POC testing completed prior to 12/1/20 after 6 residents had tested COVID-19 positive over the weekend, she indicated it was because she was assured the lab results would be available on 11/30/20 and that COVID-19 testing could be very intrusive especially to the dementia population.

In an email correspondence with the DON dated 12/9/20 at 4:46 PM, she indicated the facility did not have a set policy for COVID-19 testing due to the influx of testing materials but rather followed

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the direction of the health department. The DON indicated the health department was informed on 12/1/20 that the routine COVID-19 testing completed on 11/25/20 was still not available. She stated the health department instructed the facility to perform POC testing and PCR test all the residents and only POC test all staff on 12/1/20.

In an email correspondence with the DON dated 12/12/20 at 2:40 PM, she provided the policy regarding COVID-19 facility testing dated 9/2/20. The DON indicated the facility had overlooked the policy.

A telephone interview was conducted on 12/9/20 at 3:39 PM with the MD. He stated he was unaware of the delay in receiving the routine PCR test results completed on 11/25/20. He stated early testing may or may not have slowed the spread of COVID-19. The MD stated the delay in getting the PCR results from 11/25/20 would have not changed the outcome. He stated the six COVID-19 positive residents identified over the weekend using POC test were likely COVID-19 positive on the PCR test completed on 11/25/20.

Review of the 6 residents identified as COVID-19 positive using the POC test between 11/27/20 and 11/29/20, 2 were COVID-19 positive on the 11/25/20.

Review of cumulative COVID-19 test results from 11/25/20 to 12/15/20 revealed 82 of 103 residents and 22 staff had tested positive for the COVID-19 virus

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A telephone interview was conducted on 12/10/20 at 11:00 AM with the health department DON. She stated when the COVID-19 PCR testing results were not available within 48 hours, that should have prompted the facility to complete another facility wide test.

The Administrator and DON were notified of the Immediate Jeopardy on 12/11/20 at 8:00 PM.

On 12/13/20 at 1:45 PM, the facility provided the following credible allegation for Immediate Jeopardy Removal:

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

"An outbreak started on 11/18/20 with the identification of one employee who tested positive for COVID -19. A second employee tested positive on 11/19/20. The facility policy was to initiate testing of all staff and residents once an outbreak was determined. Facility wide testing of employees and residents due to a new outbreak was not completed 11/18/20. The facility does have a policy "CMS Mandated LTC Facility Testing Requirements" dated September 2020 however the DON and IP were unaware of it and the Infection Preventionist took directions from the Health Department. The facility conducted routine facility wide Covid-19 testing of employees and residents on 11/25/20. The facility did not receive results within 48 hours. The facility completed rapid Antigen testing on

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F 886	Continued From page 11	F 886		

12/01/20 for all residents and staff. The facility failed to call state and local health departments when the COVID test results were not returned within 48 hours. When the infection control survey started on 12/8/20 there were 48 positive residents and 10 positive staff members. The facility does in fact have a policy "CMS Mandated LTC Facility Testing Requirements" dated September 2020 that states if one resident or employee tests positive the facility must test all residents and employees. The facility followed the guidance from the local health department."
Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete:

"Education was provided by the Regional Clinical Director, to the Administrator, Director of Nursing and the infection preventionist on 12/11/20 regarding following the facility's policy "CMS Mandated LTC Facility Testing Requirements" dated September 2020 which addresses outbreak status and the requirement to test all employee and resident once one confirmed case of COVID-19 is identified. The facility will follow the guidance set forth by CMS and our policy and will complete testing of all employees and resident if a future outbreak as defined by one positive employee or resident occurs. The Director of Nursing and/or the Infection Preventionist, will monitor the outbreak status and complete daily audits of any new cases that occur once the facility is clear from current outbreak status for the duration of three months. The Administrator will review the audits weekly to ensure compliance. The policy "CMS Mandated LTC Facility Testing Requirements" dated September 2020 includes that after the initial

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	345177	A. BUILDING _____ B. WING _____	C 12/15/2020

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testing of all staff and residents, all staff that tested negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive results. Education provided to the DON/Infection preventionist, by the Regional Clinical Director of Clinical Operations on 12/11/20, regarding ensuring that labs are picked up and contacting the health department if COVID tests results are not received within 48 hours. The Don/Infection preventionist will be responsible for making sure specimens are picked up by the lab and specimens are reported. The Regional Clinical Director will monitor weekly and provide oversight since the facility did not follow policies and procedures for outbreak testing.
The facility alleges the removal of the IJ on December 12, 2020."

On 12/15/20 the credible allegation of Immediate Jeopardy removal was validated by an onsite visit. The facility provided evidence of education completed by the Regional Clinical Director with the Administrator, DON and IP dated 12/11/20. The Administrator stated they were instructed to follow the stricter guidance set forth by CMS. She stated the facility policy on COVID-19 testing was over looked until found on 12/12/20. She stated management would now sign off on any new policies henceforth. The education included the facility policy on CMS Mandated LTC Facility Testing Requirements and educated regarding the facility completing facility wide testing of residents and staff in the event that a future outbreak as defined as one positive case of a staff member or a resident. There was evidence of daily audits for new cases and surveillance for

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F 886	Continued From page 13 COVID-19 current as of 12/15/20. The Administrator confirmed the daily audits would continue until the facility resolved the current COVID-19 outbreak and continue for the next 3 months. The Administrator stated she would audit the results of the daily results every week and that the Regional Clinical Director would also visit weekly to review the facility's surveillance and auditing. The DON stated the facility was receiving the COVID-19 PCR test results with 48 hours. The IP stated PCR testing was last completed on 12/9/20 and as of 12/15/20, the he stated there were 82 residents who tested positive for COVID-19 and 22 staff who tested COVID-19 positive with a facility census of 94. The facility's Immediate Jeopardy removal date of 12/12/20 was validated.	F 886		