

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

PRINTED: 01/25/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWAY REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2030 HARPER AVENUE NW LENOIR, NC 28645</b>	
(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		
F 000	INITIAL COMMENTS	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>	F 880		1/27/21

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

TITLE

(X6) DATE

Electronically Signed

01/22/2021

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	Continued From page 1  §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 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.	F 880			

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F 880	<p>Continued From page 2</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 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 record review and staff interviews, the facility failed to complete the COVID screening form for 3 of 28 staff members before entering the facility for work on 12/11/20. This failure occurred during a global pandemic.</p> <p>The Findings Included:</p> <p>Review of that facility's policy entitled "COVID-19 Pandemic Plan" last updated on 12/10/20 stated "employees including contract employees, should be evaluated at the beginning of each shift for signs and symptoms" of COVID-19.</p> <p>Review of the COVID-19 "Staff Screening" forms dated 12/11/20 revealed three incomplete staff screening forms. The required information had either not been filled out or had been left unanswered.</p> <p>The incomplete forms belonged to Nurse Aide (NA) #1, NA #2 and Nurse #1. Further review of the staff screening forms revealed the signatures of the staff who had screened the employees entering the facility.</p>	F 880	<p>F880</p> <p>1. Nurse Aide #1, Nurse Aide #2, and Nurse #1 failed to complete COVID screening form in its entirety before entering facility for work on 12/11/20. Nurse Aide #1, Nurse Aide #2, and Nurse #1 were reeducated on COVID-19 screening process by the Director of Nursing on 1/19/21.</p> <p>2. On 1/18/21 through 1/27/21 the Director of Nursing and/or designee performed a Quality Improvement Monitoring for staff to include: Nursing, Housekeeping, Dietary, Therapy, and Administrative staff to ensure proper completion of COVID-19 Screening form by completion of COVID-19 Screening Competency. The Root Cause Analysis was completed by the Regional Director of Clinical Services, Executive Director, and the Director of Nursing on 1/20/21.</p> <p>3. The Director of Nursing and/or designee will re-educate staff to include:</p>		

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F 880	Continued From page 3  An interview with Nurse #1 on 12/29/20 at 2:21 PM revealed she was supposed to complete the staff screening form before reporting for her shift. She verified that completion of the screening form included having her temperature checked and answering COVID symptom questions. She indicated she had worked on 12/11/20 and must have been in a hurry and did not complete the screening form in its entirety. She reported she had received training and knew the screening form should be completed entirely before reporting for work.  Phone interviews were attempted on 12/29/20 and 12/30/20 with NA #1 and NA #2. Neither NA was available for an interview.  During a phone interview with Receptionist #1 on 12/29/20 at 3:16 PM, she reported she was responsible for completing the screening of all staff and visitors who entered the building. She reported if she was not available the responsibility for screening staff and visitors fell to the Director of Nursing or other nurses who were working. She stated she did not remember if she screened Nurse #1 on 12/11/20. She also reported she collected all the screening forms from the week and filed them in a larger binder. She explained this would be the only time she might notice an incomplete screening form and would notify the Director of Nursing. She stated she did not know why she had missed three incomplete screening forms from 12/11/20.  An interview with Admissions Coordinator #1 on 12/29/20 at 3:49 PM verified that she had screened NA #1 and NA #2. She reported she had been trained to screen staff and visitors and	F 880	All Nursing Staff (Licensed Nurses, Certified Nursing Assistant, Medication Aides, and Patient Care Assistant), Receptionist, Administrator, Department Managers, Housekeeping, Dietary, Therapy, and Administrative staff on the COVID-19 Screening Process to include the updated Staff Screening and Screening Competency forms. Employees including contract employees, will be evaluated at the beginning of each shift for signs and symptoms of COVID-19 by completing a Staff Screening Questionnaire form in its entirety. Also employees may self <input type="checkbox"/> answer the screening questions and complete the screening form after successful completion of the screening competency. The Receptionist, Department Managers, and Administrator received specific education to reconcile the COVID-19 screening forms to the daily staffing schedule by the Regional Director of Clinical Services on 1/19/21. The Receptionist will be responsible for completing staff screening for employees Monday-Friday with Department Managers designated as back-up in case of absence and during breaks. The receptionist/designee will ensure to have a back-up in place for breaks or when away from desk. The Administrator will ensure back-up in place when receptionist is absent. The back-up person will sit in receptionist area to ensure all employees are screened prior to reporting to work. On the weekends and during shifts without receptionist, there will be a screener designated on the daily staffing		

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F 880	Continued From page 4 forms should be completely filled out. She stated she was "just rushing" and did not fully complete the screening form.  On 12/29/20 at 6:04 PM an interview with the Director of Nursing was conducted. She reported there were trained staff to screen all employees and visitors entering the facility. She stated she expected all screening forms to be completed fully and for the forms to be thoroughly reviewed by the Receptionist before filing them weekly. She explained any irregularities should be reported to her by the Receptionist. She stated there was no excuse for incomplete screening forms. The DON verified there was no staff member assigned to review the screenings daily for any irregularities.	F 880	assignment sheet to conduct staff screenings. Employee screening forms will be reviewed daily by the receptionist/designee to ensure compliance, any discrepancies will be reported to the Director of Nursing and Administrator. The receptionist/designee will reconcile staffing sheets to completed screening forms to ensure that all staff who worked completed a screening form. The receptionist will file completed staff screening forms in a binder once reviewed. Additionally the Interdisciplinary Team will review staff screening forms during stand-up and stand-down meeting. The education will be completed by 1/27/21. This education will be provided to all new employees as part of new hire orientation, contract staff and agency staff, this education will be provided prior to starting work. All current staff will be educated prior to their next scheduled shift.  4. The Director of Nursing and/or Nursing designee to perform Quality Improvement monitoring of 5 random staff member's COVID-19 Screening Form to ensure completion and compliance of the form 2 times a week for 4 weeks, then weekly x 2 months, and then 1 x monthly for 3 months.  On 1/19/21 the Executive Director and Director of Nursing introduced the direct plan of correction for Infection Prevention and Control (COVID-19 Screening) to the Quality Assurance Performance Improvement Committee. The Executive Director is responsible for implementing		

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F 880	Continued From page 5	F 880	<p>this plan. The Quality Assurance Performance Improvement Committee Members consist of but not limited to Executive Director, Director of Nursing, Staff Development Coordinator, Unit Manager, Social Services, Medical Director, Maintenance Director, Housekeeping Services, Dietary Manager, and Minimum Data Set Nurse and a minimum of one direct Care giver. Quality Improvement Quality Monitoring schedule modified based on findings</p> <p>Date of Compliance: 1/27/21</p>		