

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

PRINTED: 02/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613		
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E 000	Initial Comments	E 000			
	An unannounced onsite Focused infection control survey was conducted on 01/11/21. Additional information was obtained offsite on 01/12/21; therefore, the exit date was 01/12/21. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 5COM11.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced onsite Focused infection control survey was conducted on 01/11/21. Additional information was obtained offsite on 01/12/21; therefore, the exit date was 01/12/21. The facility was not found 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. Event ID# 5COM11.				
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		1/29/21	
	§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.				
	§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:				

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

TITLE

(X6) DATE

Electronically Signed

01/29/2021

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	<p>Continued From page 1</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 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 observations, record reviews, staff interviews and a Health Department nurse interview, the facility failed to implement their infection control measures for the use of Personal Protective Equipment (PPE) when 3 of 3 staff (Nurse #2, NA #3 and NA #4) on the Isolation/Quarantine hall failed to change their mask and isolation gowns between residents. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>The Centers for Disease Control and Prevention (CDC) guideline entitled "Responding to Coronavirus (COVID-19) in Nursing Homes" last reviewed and updated on 04/30/20 indicated the following statements:</p> <ul style="list-style-type: none"> Place signage at the entrance to the COVID-19 unit that instructs healthcare personnel (HCP) they must wear eye protection and an N95 or higher-level respirator (or facemask if respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. All recommended COVID-19 Personal 	F 880	<p># 1 - Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>There were no residents identified to have been affected by this deficient practice.</p> <p># - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>Residents residing on the Isolation/Quarantine hall were all tested by staff nurses for COVID on 1/12/21, 1/19/21, and 1/26/21 and none were positive.</p> <p># -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>A) A root cause analysis was conducted on January 28, 2021 with assistance from the Infection Preventionist, Quality</p>		

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F 880	<p>Continued From page 3</p> <p>Protective Equipment (PPE) should be worn during care of residents under observation which includes use of an N95 or higher-level respirator (or facemask if respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and gown.</p> <p>· A single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted resident should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</p> <p>The CDC guideline entitled "Strategies for Optimizing the Supply of Isolation Gowns" last reviewed and updated on 10/09/20 under the section "Re-use of Isolation Gowns" read: "The risks to Health Care Personnel (HCP) and patient safety must be carefully considered before implementing a gown reuse strategy. Disposable gowns generally should NOT be re-used, and reusable gowns should NOT be reused before laundering, because reuse poses risk for possible transmission among HCP and patients that likely outweigh any potential benefits. Similar to extended gown use, gown re-use has the potential to facilitate transmission of organisms among patients. However, unlike extended use, repeatedly donning and doffing a contaminated gown may increase risk for HCP self-contamination. If re-use is considered, gowns should be dedicated to care of individual patients. Any gown that becomes visibly soiled during patient care should be disposed of or, if reusable laundered."</p> <p>A review of the facility's COVID-19 Emergency</p>	F 880	<p>Assurance and Performance Improvement (QAPI) committee and President of the organization that resulted in the corrective action plan implemented in this plan of correction.</p> <p>B) Training was conducted as follows by the Infection Preventionist from January 12, 2021 to January 19, 2021.</p> <ul style="list-style-type: none"> All staff were re-educated on the use of personal protective equipment and changing gowns and masks between residents on isolation/quarantine hall per Centers for Disease Control and Prevention guidance. The Administrator, Director of Nursing and Infection Preventionist will utilize Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services guidelines for COVID-19 response by reviewing data published via their websites, updates from other regulatory agencies such as North Carolina Department of Health and Human Services, University of North Carolina Statewide Program for Infection Control and Epidemiology etc. in conjunction with guidance from the Local Health Department. <p># - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed.</p> <ul style="list-style-type: none"> The Director of Nursing Services or designee will observe at least 6 staff weekly during daily rounds on the isolation/quarantine unit x 4 weeks to 		

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F 880	<p>Continued From page 4</p> <p>Plan read in part "The COVID-19 pandemic is a fluid event and changes to the plan may be made without notice based on guidance from the Centers for Medicare and Medicaid Services (CMS), CDC and the local Health Department. The Facility will adhere to the Core Principles of COVID-19 Infection Prevention:</p> <ul style="list-style-type: none"> · Screening of all who enter the facility · Hand hygiene · Face covering or mask · Social distancing · Instrumental signage throughout the facility · Cleaning and disinfecting high frequency touched surfaces in the facility often · Appropriate staff use of PPE · Effective cohorting of residents. <p>During the entrance conference on 01/11/21 at 9:15AM, the Administrator indicated the 100 hall was the COVID-19 positive hall and the 400 hall was the Isolation/Quarantine Hall for new admissions and readmissions.</p> <p>A review of the facility census revealed there were 10 residents on the COVID-19 positive hall and 10 residents on the Isolation/Quarantine hall.</p> <p>A continuous observation on 01/11/21 from 2:00PM to 2:20PM on the Isolation/Quarantine hall for the new admissions and readmissions revealed Nurse #2, NA (Nurse Aide) #3 and NA #4 were providing care on the unit.</p> <p>An interview on 01/11/21 at 2:20PM with NA #3 and NA #4 both dressed in a mask, goggles and gown revealed they worked on the Isolation/Quarantine unit and were assigned to the unit on 01/11/21. NA #3 and NA #4 stated they had worn the same mask, goggles and gown</p>	F 880	<p>determine if personal protective equipment and masks are worn appropriately. This will be documented on the audit tool titled "Proper Use of Personal Protective Equipment".</p> <ul style="list-style-type: none"> • Results will be presented to the Quality Assurance Performance Committee by Director of Nursing Services to review and discuss. The Quality Assurance Performance Committee will assess and modify the action plan as needed to ensure continued compliance. <p>Date of Completion: January 29, 2021</p>		

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F 880	<p>Continued From page 5</p> <p>into resident's rooms. NA #3 and NA #4 both stated they had been told by the Infection Preventionist (IP) and Director of Nursing (DON) they could wear the same mask and gown all day in the Isolation/Quarantine Unit unless they got soiled. According to NA #3 and NA #4 this had been the practice every day they had worked in the unit.</p> <p>An interview with Nurse #2 on 01/11/21 at 3:00PM revealed she had worked on the Isolation/Quarantine unit and was assigned to the unit on 01/11/21. Nurse #2 stated she had worn the same gown, mask and goggles into all the resident rooms in the unit but stated she disinfected her goggles between residents but had not changed her mask or gown. Nurse #2 further stated that had been the practice of everyone working in the unit because they had been told by Administration they could wear the same mask and gown all day unless it was soiled. Nurse #2 indicated she, the NAs and therapy had all worn the same gown all day when working with the residents on the Isolation/Quarantine unit.</p> <p>An interview on 01/11/21 at 3:30PM with the Administrator and Director of Nursing (DON) revealed they had followed guidance they had been given by the local Health Department and another team of consultants. The Administrator stated no one had told them they were doing anything incorrectly on COVID-19 unit or the Isolation/Quarantine unit. He further stated they had been told they were doing everything correctly for the residents on the units. The Administrator and DON indicated they were not aware that staff were required to change masks and gowns between residents on the Isolation/Quarantine unit. They further indicated</p>	F 880			

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F 880	Continued From page 6 they were not aware the staff needed to sanitize their eye protection between residents. The Administrator stated they had had the Isolation/Quarantine hall since the beginning of COVID-19 and residents had been admitted or readmitted to the unit if they were negative for the virus. A phone interview on 01/11/21 at 4:35PM with the local health department nurse who was the liaison for the facility revealed she had worked closely with the facility administration to ensure they had all precautionary measures in place for COVID-19 for the protection of the residents and staff. The nurse stated she had worked closely with the Administrator in advising guidance for the COVID-19 positive residents and Isolation/Quarantine residents admitted to the facility. The health department nurse indicated she was not aware staff had to change PPE between the residents on the Isolation/Quarantine hall.	F 880		