

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

PRINTED: 02/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/29/2021
NAME OF PROVIDER OR SUPPLIER WILKESBORO HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659		
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E 000	Initial Comments An unannounced COVID-19 focused infection control survey was conducted from 01/26/21 through 01/27/21 with exit from the facility 01/27/21. Additional information was obtained through 01/29/21. Therefore, the exit date was changed to 01/29/21. 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 #GHO411.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was conducted onsite from 1/26/21 through 1/27/21 with exit from the facility on 01/27/21. Additional information was obtained remotely through 1/29/21. Therefore, the exit date was changed to 01/29/21. The facility was found not in 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. Event ID # GHO411.	F 000			
F 880 SS=D	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		3/1/21	

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

TITLE

(X6) DATE

Electronically Signed

02/19/2021

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) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and 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, and staff interviews, the facility failed to implement their infection control policies when facility staff members failed to don and doff Personal Protective Equipment (PPE), perform hand hygiene before entering or after contact with objects in resident's rooms who were under enhanced droplet isolation precautions and disinfect reusable equipment between residents on the general population halls (Resident #1, #2) for 2 of 5 staff observed for infection control practices. The failures in infection control practices occurred during a global COVID-19 pandemic. A total of 28 residents and 2 staff members were confirmed positive for COVID-19 as of 01/27/21.</p> <p>The findings included:</p> <p>Review of an undated facility document titled</p>	F 880	<p>1) Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> • Housekeeper immediately re-educated by infection preventionist on infection control to include disinfecting of equipment. • CNA immediately re-educated by Infection Preventionist on Infection Control to include appropriate PPE to be utilized on PUI and COVID halls as well as disinfecting equipment between resident use. <p>2) Address the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> • 100% re-education provided by Assistant Director of Nursing/ Infection 		

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F 880	<p>Continued From page 3</p> <p>Infection Prevention and Control Manual Policy for Suspected and Confirmed Coronavirus (COVID-19) revealed, when a resident has a suspected or confirmed case of COVID-19 essential personnel enter the room with appropriate PPE and respiratory protection. The PPE included gloves, gowns, facemasks, eye protection and hand hygiene using alcohol-based hand sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves, if hands are soiled, washing hands with soap and water is required for at least 20 seconds.</p> <p>Review of an undated facility document titled, Infection Prevention and Control Manual Policy for Suspected and Confirmed Coronavirus (COVID-19) revealed, dedicated or disposable patient care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations. Cleaning and disinfecting room and equipment will be performed using products that have EPA-approved emerging viral pathogen claims that have demonstrated effectiveness against viruses like COVID-19 on hard porous surfaces.</p> <p>A review of the facility's Infection Control education record dated 01/19/21, indicated Nurse Aide #1 (NA) and Housekeeper #1 attended in-service training which included: ** Disinfecting reusable equipment between residents using a bleach wipe ** Don and doff PPE which included face mask, gloves, gowns ** Hand hygiene including washing hands for 20 seconds</p>	F 880	<p>Preventionist to all employees, including contract, in regards to COVID19 infection control policy and procedure related to donning and doffing of PPE, hand hygiene, and disinfecting equipment in between residents.</p> <ul style="list-style-type: none"> Infection Control Committee initiated to meet weekly to discuss policies/procedures and review of daily/weekly audits. <p>3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <ul style="list-style-type: none"> 100% re-education provided by Assistant Director of Nursing/ Infection Preventionist to all employees in regards to COVID19 infection control policy and procedure related to donning and doffing of PPE, hand hygiene, transmission based precautions, and disinfecting equipment in between residents. Infection Control Committee initiated to meet weekly to discuss policies/procedures and review of daily/weekly audits. <p>4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <ul style="list-style-type: none"> An audit tool titled "Audit Tool for PPE Usage and disinfecting equipment", has been developed to monitor performance. Random Audits will be conducted by members of infection control committee 5 times a week x 4 weeks, then weekly x 4 weeks, and as needed to ensure compliance with accuracy. 		

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F 880	<p>Continued From page 4</p> <p>** "If the PPE supplies are low or out, you can find PPE in reception and medical records"</p> <p>** Enhanced Droplet Isolation signage</p> <p>1. An observation on the general population hall 01/27/21 beginning at 9:35 AM and ending at 10:05 AM revealed facility staff posted an "Enhanced Droplet Isolation" sign on Resident #1's room. The sign indicated hand hygiene and full PPE which included gown, gloves, face mask and eye wear was required before entering the room. Resident #1 tested positive for COVID-19 on 01/27/21. At 9:38 AM Resident #1's call light was on and Nurse Aide (NA) #1 who was wearing a mask and goggles and pushing the vital signs unit, (a portable unit equipped with vital sign devices) was observed to enter Resident #1's room without performing hand hygiene or donning a gown and gloves then closed the door behind her. At 9:45 AM NA #1 came out of Resident #1's room wearing her mask and goggles and parked the vital signs unit outside the door of Resident #1's room. She then proceeded to walk to the next room to talk with a resident who was standing in the doorway of his room. At 9:46 AM the NA walked down the hall and used the hand sanitizer which was mounted on the wall in the hall. The NA then walked into the dining room to talk with a staff member and took a drink from a cup that was sitting on the table before she left the dining room. At 9:50 AM NA #1 walked back to Resident #1's door and retrieved the vital signs unit, did not perform hand hygiene and then proceeded to push it across the hall into another resident's room, who was not on isolation precautions, without sanitizing the equipment to obtain the resident's vital signs.</p> <p>An interview on 01/27/21 at 10:05 AM with NA #1</p>	F 880	<ul style="list-style-type: none"> Audit Compliance will be discussed weekly by the DON/designee during Infection Control Committee Meetings where the Quality Assurance (QA) Committee members attend, X 8 weeks, and as needed. The DON/designee will bring results of audit to the facility monthly QA meetings for committee review and input monthly X 3 months, and as needed during the pandemic. All discussion will be maintained in meeting minute notes. Any non-compliance will be noted and corrective actions taken. Any change to the monitoring plan will require re-in servicing by the DON/designee and monitoring to begin again at the daily audits until compliance is met. <p>The outlined plan above will be implemented and monitored by the facility ED (Executive Director). The Director of Nursing Service (DNS) will be responsible for plan in the ED's absence.</p>		

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F 880	<p>Continued From page 5</p> <p>revealed she went into Resident #1's room to answer the call light and to take his vital signs. She acknowledged that she knew Resident #1 was positive for COVID-19 and that she should have followed the enhanced droplet isolation precaution sign on Resident #1's door which included, performing hand hygiene and donning gown and gloves before she entered Resident #1's room but stated she did not pay attention to the enhanced droplet isolation precaution sign. The NA also explained that she normally sanitized the vital signs unit after she left the residents' rooms but was distracted by the resident next door to Resident #1 after she came out of his room and thought she had already sanitized the vital signs unit before she continued to take other resident's vital signs. The NA explained that she had been educated on following the protocol for enhanced droplet isolation precautions.</p> <p>During an interview with Nurse #1 on 01/27/21 at 1:10 PM she explained that she informed NA #1 of Resident #1's positive COVID-19 results before the isolation sign was posted on the door to his room that morning. She stated that all staff had been educated on the procedures for enhanced droplet isolation precautions which included how to don and doff the PPE and to use hand hygiene before you enter the rooms with the isolation precaution sign posted on the doors as well as being educated on disinfecting the reusable equipment between residents.</p> <p>An interview was conducted with the Infection Control Nurse (ICN) on 01/27/21 at 3:30 PM. The ICN stated NA #1's actions were not what the facility expected, the NA should have paid attention to the enhanced droplet isolation precaution sign posted on Resident #1's door and</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>worn the appropriate PPE, performed hand hygiene and disinfected reusable equipment between resident use. The ICN explained, that she educated NA #1 in orientation on the infection control procedures which included hand hygiene, donning and doffing PPE and disinfecting reusable equipment between residents.</p> <p>During a telephone interview with the Director of Nursing (DON) on 01/29/21 at 4:30 PM she explained that the morning of 01/27/21 was hectic but nevertheless, NA #1 should have noticed the enhanced droplet isolation precaution sign that was posted on Resident #1's door. The DON stated that NA #1 was a float aide who was not permanently assigned to the hall that day but that was no excuse because all the staff were educated on the proper infection control procedures which included the enhanced droplet isolation precaution procedures of hand hygiene and donning and doffing PPE. The DON also explained that NA #1 had also been educated on disinfecting reusable equipment between residents.</p> <p>On 01/29/21 at 4:40 PM a telephone interview was conducted with the Administrator who explained that NA #1 had been educated on infection control and that the facility could never have enough education. The Administrator stated they needed to educate the staff on how quickly things could change from one minute to the next and that they needed to pay attention for when the changes occurred.</p> <p>2. Observation on 01/26/21 beginning at 11:45 AM and ending at 12:00 PM on the general population hall revealed Housekeeper #1 was in Resident #2's room which had an enhanced</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>droplet isolation precaution sign posted on the door that indicated hand hygiene, face mask, gown, gloves and eye protection were required before entering the room. Housekeeper #1 was observed to have on a face mask, goggles, gown and gloves and walked from inside Resident #2's room to the housekeeping cart which was parked in front of the resident's door and with her gloved hands she reached into the mop water bucket to retrieve a cloth mop pad and wrung the excessive water out into the mop water and laid the mop pad on the floor. The Housekeeper then reached over the housekeeping cart to retrieve the mop stick and removed it from the cart and attached it to the cloth mop pad she had laid on the floor. When the Housekeeper finished mopping the floor in Resident #2's room, she removed the mop pad from the stick, left the mop pad on the floor and placed the mop stick back on the housekeeping cart. The Housekeeper then reached onto the housekeeping cart with her gloved hand to retrieve a roll of plastic bags then proceeded to unroll a bag and replaced the roll of plastic bags back onto the housekeeping cart. She then picked up the mop pad from the floor and put the used mop pad into the plastic bag and put it into a red container on the bottom of the housekeeping cart. The Housekeeper then removed her PPE while she was still in the resident's room and walked to the central bath to wash her hands.</p> <p>An interview was conducted with Housekeeper #1 on 01/26/21 at 12:05 PM. The Housekeeper acknowledged she knew Resident #2 was on enhanced droplet isolation precautions which meant that she should have taken all the items she needed to use for that room in with her and that she should have disinfected all the items she</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>used before she returned them to her housekeeping cart. She stated she realized what she had done after she came out of the room. The Housekeeper then reached onto the housekeeping cart and picked up the rolled plastic bags and threw them in the trash. The Housekeeper explained that she had been educated on the infection control procedures which included disinfecting the items she used in the residents' rooms that were on enhanced droplet isolation precautions before she returned them the housekeeping cart.</p> <p>During an interview with the Housekeeping Supervisor (HS) on 01/27/21 at 12:05 PM she explained that all the housekeepers were educated on the infection control process including when to sanitize items they used between residents' rooms which included housekeeping supplies. The HS continued to explain that she monitored the housekeepers to make sure they performed the tasks correctly. She stated Housekeeper #1 should have taken all the supplies she needed when she entered the room and disinfected them before she put them back onto the housekeeping cart.</p> <p>An interview was conducted with the Infection Control Nurse (ICN) on 01/27/21 at 3:40 PM. The ICN explained the housekeepers were educated on the proper infection control procedures which included disinfecting the items they used between residents' rooms and Housekeeper #1 should have taken all the supplies into Resident #2's room before she started to clean the room. She continued to explain that she made spot checks on the halls to ensure the staff were following the proper infection control procedures but had not noticed an issue with Housekeeper #1.</p>	F 880			

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F 880	Continued From page 9 During a telephone interview with the Administrator on 01/29/21 at 4:40 PM she explained that Housekeeper #1 had been educated on the infection control procedures but that the facility could never have enough education. She stated that Housekeeper #1 was on the Long-Term Care hall that normally did not have COVID positive residents, but they needed to educate the staff on how quick things could change from one minute to the next and they needed to pay attention for when the changes occurred.	F 880		