

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: 345191 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/05/2021 |
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| NAME OF PROVIDER OR SUPPLIER SURRY COMMUNITY HEALTH AND REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 542 ALLRED MILL ROAD MOUNT AIRY, NC 27030 | | |
| (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 and complaint survey was conducted onsite on 02/04/21. Additional interviews and record reviews were obtained offsite through 02/05/21. Therefore, the exit date was changed to 02/05/21. 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# 901511 | E 000 | | | |
| F 000 | INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and Complaint Survey was conducted onsite on 02/04/21. Additional record reviews and interviews were obtained offsite through 02/05/21. Therefore, the exit date was changed to 02/05/21. The facility was not 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. There were two complaint allegations and both allegations were substantiated. Event ID# 901511. | F 000 | | | |
| F 880 SS=E | 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. §483.80(a) Infection prevention and control program. | F 880 | | 2/25/21 | |

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

TITLE

(X6) DATE

Electronically Signed

02/22/2021

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 | <p>Continued From page 1</p> <p>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 contact with residents or their food, if direct contact will transmit the disease; and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 2</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 observation, record review, and staff interviews the facility failed to implement their policy on hand hygiene when 1 of 1 Housekeeper (Housekeeper #1) failed to perform hand hygiene upon entering and exiting a resident's rooms for 4 of 8 residents who resided on the facility's quarantine unit and were on Enhanced Droplet Precautions (Residents #1, #2, #3, and #4) These failures occurred during a global COVID19 pandemic.</p> <p>The findings included:</p> <p>Review of a facility policy revised on 05/15/20 read in part, according to the World Health Organization there are 5 key moments in patient care during which health care workers should perform hand hygiene: before touching a patient, before clean/aseptic procedure, after touching a patient, and after touching patient surroundings.</p> <p>A continuous observation was made on 02/04/21</p> | F 880 | <p>Please accept this plan of correction as Surry Community Health & Rehabilitation Centers credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission a deficiency exists or one was cited correctly. The Plan of Correction is submitted to meet requirements established by Federal and State laws, which requires an acceptable Plan of Correction a condition of continued certification.</p> <p>F880</p> <p>A Fishbone Diagram/ Root Cause Analysis was conducted on 2/19/2021 to</p> | | |

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| F 880 | Continued From page 3 from 10:23 AM to 11:15 AM of Housekeeper (HK) #1 cleaning rooms on the 400 hall (the facility's quarantine unit). HK #1 was observed to be dressed in a N95 respirator mask, goggles, gown, and gloves, she exited room #413 and shut the door and proceed to mop the floor in front of the doorway. When HK #1 was finished mopping the hallway outside of room #413 she removed her gown and gloves and disposed of them on her housekeeping cart. She proceeded to move her cart down the hallway just past the door of Resident #1 and #2's room. The door to the resident's room contained a sign that read, Enhanced Barrier Precautions Everyone Must: clean their hands including before entering and when leaving the room. Providers and staff must also wear gloves and gown for the following high contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use, and wound care. Resident #1 and #2 were observed resting in their beds. Without performing hand hygiene HK#1 donned a clean gown and clean gloves grabbed a bottle of disinfectant cleaner and a rag and entered the resident's room to clean. Once she had sprayed down surfaces in the room that included 2 bed side tables, a sink, window sill, bathroom surfaces, and the toilet, she returned to the hallway to put the bottle of disinfectant back onto the housekeeping cart and put the rag into a trash bag tied to the cart without removing her gloves or performing hand hygiene. With the same gloves as before she returned to the room to gather the trash. She grabbed the trash can liner that was overflowing and not tied shut and brought it to the hallway to dispose of in a trash can on her housekeeping cart. Again, without removing gloves and performing hand hygiene | F 880 | identify the root cause of areas identified in the 2567: Element #1 The housekeeper failed to perform hand hygiene upon entering/exiting residents room and after performing housekeeping services. The Root Cause Analysis was facilitated by the Administrator with input by the Vice President of Operation, District Director of Clinical Services, Director of Nursing, the Assistant Director of Nursing/ Infection Preventionist and Staff Development Manager. The results of the Root Cause Analysis were reviewed by the QAPI Committee on 2/22/2021 and incorporated into the facility Plan of Correction below. The Directed Plan of Correction will be completed on 2/25/2021 with training conducted by the Infection Preventionist and the Director of Nursing. *On 2-4-2021 an infection control/complaint survey was conducted and it was noted that during routine cleaning a housekeeper did not wash her hands per facility policy and prior training given. The facility requires all staff entering and exiting a resident's room to wash their hands or use hand sanitizer if hands have not been soiled. Upon notification of deficient practice, the Administrator sent Housekeeping services account manager back to the hall and had | | |

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| F 880 | Continued From page 4 she entered the room and began to wipe down the surfaces that she had sprayed with disinfectant earlier. Once she had wiped down the surfaces she exited the room and proceed to the housekeeping cart to put the cleaning rag into a trash bag tied to the cart and grabbed her dry mop and proceed back into the resident's room without performing hand hygiene and wearing the same gloves. HK #1 swept the room and brought the pile of dirt to the doorway and proceed to the hall to her housekeeping cart to get the dustpan where she picked up the trash she had just swept into a pile. With the same gloved hands and without performing hand hygiene HK #1 got the mop off of her cart and rung the excess water out of it and proceeded back into the room and mopped the floors. When HK #1 was finished mopping she again exited Resident #1 and #2's room and proceeded to her housekeeping cart which was approximately 3-4 feet from the door and put her mop back on the cart. She was observed to remove her gown and gloves and push her housekeeping cart further down the hallway across from Resident #3 and #4's room on the 400 hallway. The sign on the door of Resident #3 and #4's room read, Enhanced Barrier Precautions Everyone Must: clean their hands including before entering and when leaving the room. Resident #3 and #4 were resting in their beds. Before entering Resident #3 and #4's room, HK #1 donned a clean gown and gloves without performing hand hygiene. Once she had clean gloves and gown on HK #1 grabbed a bottle of disinfectant cleaner and entered the resident's room. She began to spay surfaces that included 2 bed side tables, side rails, sink, window sill, doorknobs, bathroom surfaces and toilet. Once HK #1 had sprayed the surfaces in the room she exited the room without removing her gloves and | F 880 | him reclean surfaces. Hand hygiene practices were observed during this task. No other issues were identified. Immediate education was provided to housekeeper #1 along with housekeeping staff present in the building at that time. *All residents and staff have the potential to be affected by this deficient practice. A random audit was performed of staff and their hand hygiene practices on 2/4/2021 with no other issues identified. All residents and staff were subsequently tested for COVID 19 after the Infection Control survey and all tested negative. *All staff will be receive re-education on hand hygiene and general infection control practices to prevent any breaches in our infection control efforts. Education will include proper hand washing techniques, and when to wash your hands. This education will be provided by the Infection Prevention Nurse and /or the Director of Nursing and will be completed by 2-25-2021. This education will be provided to all new staff during orientation. *The Director of Nursing and /or Infection Prevention Nurse, Staff Development Coordinator, Unit Manager/Coordinator will audit random staff members for hand hygiene practices and general infection | | |

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| F 880 | <p>Continued From page 5</p> <p>performing hand hygiene, she returned to her cart and put the disinfectant cleaner back in its place and re-entered Resident #3 and #4's room to gather the trash. Once she had gathered the trash, she again exited the room without removing her glove and without performing hand hygiene. She placed the trash in a can on her housekeeping cart grabbed a rag and dry mop and again re-entered the room. HK #1 proceed to wipe the surfaces she sprayed earlier and once they were wiped down; she swept the room. She swept the pile of dirt to the doorway. HK #1 exited Room #416 without removing gloves and without performing hand hygiene. She placed the cleaning rag into a trash bag tied to the cart and got the dustpan and returned to the doorway to gather the dirt she had just swept up. Once the dirt had been swept up, HK #1 got the mop and rung the excess water out of it and proceeded back into the room without changing gloves and without performing hand hygiene. She proceeded to mop the floor and again exited the room. Once she had exited Resident #3 and #4's room and placed the mop back into the bucket, HK #1 removed her gown and gloves and obtained hand sanitizer from a station on the wall and proceeded up the hall to continue her cleaning duties on a different unit.</p> <p>An interview was conducted with HK #1 on 02/04/21 at 2:22 PM. HK #1 stated she had worked at the facility for a month but added she had lots of experience in cleaning. She stated that during her training the Assistant Director of Nursing (ADON) had went over the cleaners, how to use them, wait times, etc. The ADON also went over any time there was a sign on the door indicating Enhanced Barrier Precautions that full Personal Protective Equipment (PPE) was</p> | F 880 | <p>control practices 3x/week x 12 weeks. The Director of Nursing will report these findings to QAPI x 3 months until The QAPI committee deems it is no longer necessary and substantial compliance has been achieved.</p> | | |

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| F 880 | <p>Continued From page 6</p> <p>required. HK #1 stated that she always wore the N95 respirator and her goggles and before entering a room added a gown and gloves. She added that she had also been trained that anytime she entered or exited a resident room she needed to use hand sanitizer or wash her hands, she added "anytime I pass a sanitizer station on the hall I use some." She added, if I touch a resident surface then I should sanitize my hands. When questioned why HK #1 did not remove her gloves and sanitize or wash her hands with each trip in/out of resident rooms she replied, "that would be a mistake on my end, I was very nervous and honestly did not recognize that I had not done it." HK #1stated she had been taught to never wear gloves in the hallway and generally she did remove them but was very nervous and had forgotten to do so. She added that normally she kept her housekeeping cart right in front of the door so she could grab what she needed without exiting the room.</p> <p>An interview was conducted with the Assistant Director of Nursing (ADON) on 02/04/21 at 11:27 AM. The ADON confirmed that she was also the facility's infection preventionist and was responsible for providing education to the staff including the housekeeping staff. The ADON stated that infection control including hand hygiene had been taught almost daily since the beginning of the COVID-19 pandemic. She stated she had done formal in-services with all staff educating them on how and when to perform hand hygiene. She added that daily she would do compliance rounds and ensure staff were adequately and correctly performing hand hygiene and donning and doffing the correct PPE.</p> <p>An interview was conducted with the</p> | F 880 | | | |

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| F 880 | Continued From page 7 Environmental Service Director (EVS) on 02/04/21 at 1:55 PM. The EVS stated that he communicated several times a day with the ADON and she provided him with the rooms that were on Enhanced Barrier Precautions and that was how the staff knew to wear full PPE when they entered those rooms. The EVS could not recall if there were signs on the doors of those rooms but again confirmed he received that information daily from the ADON but added the rooms that require full PPE had a box on the door that contained gown and gloves and that also let the staff know they need to wear full PPE. The EVS stated that the housekeeping staff were supposed to wash or sanitize their hands anytime they enter or exit a resident room. He added the housekeeping staff were not supposed to wear gloves in the hallway and should be taking all of the needed supplies into the room with them. The EVS also stated they could pull the housekeeping cart right up to the doorway so they would not have to exit the room to get what they needed if they forgot something. The EVS stated that HK #1 was fairly new and had been there about a month but stated each time she exited the room and re-entered the room she should have removed her gloves and performed hand hygiene and that is what she was taught during her training period at the facility. He added the ADON was consistently walking down the hallways and reminding staff to wash hands or to use hand sanitizer. The EVS stated he monitored the housekeepers on a daily basis and had not had any concerns with HK #1 and again stated he expected her to remove her gloves and perform hand hygiene each time she entered or exited a resident room as directed by the sign on the door and the facility's policy. | F 880 | | | |

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| F 880 | Continued From page 8 An interview was conducted with the Administrator and Director of Nursing (DON) on 02/04/21 at 3:41 PM. They both confirmed that all staff should perform hand hygiene between residents and if their gloves were soiled. The DON stated hand hygiene should also be performed between gloves changes and anytime they enter or exit a resident room or have contact with resident surfaces like bedside tables and doorknobs. The DON explained that most of the rooms on the 400 hall were under Enhanced Droplet Precautions and the residents were under quarantine as their other quarantine hall had filled up and they had to expand to include the 400 hall. | F 880 | | |