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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted on 02/23/21. The facility was found to be in compliance with 42 CFR 483.73 related to E0024 (b) (6) Subpart B-Requirements for Long Term Care facilities. Event ID# 35QE11	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted at the facility on 02/23/21. The facility was not found to be in compliance with 42 CFR 483.80 infection control regulation and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code the Minimum Data Set (MDS) for mood status for 1 of 9 residents reviewed (Resident #2). Findings included: Resident #2 was admitted to the facility on 12/09/18. Diagnoses included, in part, Parkinson ' s disease, Dementia with Lewy Bodies, and metabolic encephalopathy (abnormalities that affect brain function).	F 641		

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

Electronically Signed

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F 641	Continued From page 1 The MDS quarterly assessment dated 12/09/20 revealed Resident #2 ' s cognition was severely impaired. Resident #2 ' s mood status had been marked with dashes (-) indicating it had not been assessed. An interview was conducted with the MDS Director via phone on 02/19/21 at 10:24 AM. The MDS Director stated she noted the mood status was not completed and she had recorded the section as "not assessed" in order to sign off on the MDS and complete the assessment. An interview was conducted with the Social Worker (SW) via phone on 02/19/21 at 1:15 PM. The SW confirmed she was responsible for completing the mood status. The SW stated she was out of the building during this assessment time frame and she did not complete it. An interview was conducted with the Administrator via phone on 02/19/21 at 3:00 PM. The Administrator stated she expected the MDS staff, when reviewing the MDS assessments, to ensure all responses have been answered for each section to get an accurate picture of the resident.	F 641		
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.	F 880		

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F 880	Continued From page 2 §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: §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	F 880		

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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.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§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 review and staff interviews, the facility failed to: 1) implement the facility Entry Screening for COVID-19 Policy for 2 of 3 staff members when Nurse #1 and Nurse #2 entered the facility when they were symptomatic of COVID-19 and did not report their symptoms to the management team, 1 of 3 staff members (Speech Therapist (ST) #1) failed to document or report a new onset of a symptom and provided services to two residents (Resident #4 and Resident #5) prior to testing positive for COVID-19. 2) (a) the facility failed to implement the facility ' s Enhanced Droplet Isolation Policy when Nurse Aide (NA) #1 was observed not wearing gloves or performing hand hygiene while providing and assisting residents with their meal tray for 2 of 10 residents observed during lunch who were quarantined and under enhanced droplet precautions (Resident #8 and Resident #9); and, (b) the facility failed to implement the

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Hand Hygiene/Handwashing Policy when NA #1 failed to use an alcohol based rub before and after having direct contact while providing and assisting residents with their meal trays for 3 out of 10 residents observed during lunch who were on standard universal precautions (Resident #1, 6, and 7). These failures occurred during the COVID-19 pandemic.

Findings included:

1) The facility ' s Entry Screening for COVID-19 Infection Prevention and Control Policy last revised on 03/20/20 documented "All employees, visitors, providers and anyone else requesting entry to the facility will be actively screened using the latest COVID-19 screening tool before each entry into the building. Anyone screening positive will be denied entry and referred to their provider/physician for further guidance, and any employee screening positive will be also be reported to the facility HR (Human Resource) Generalist." The Procedure for the policy for screening included, in part, the following guidelines: Utilize the latest version of the "Employee/Medical Provider/Visitor/Surveyor Screening Tool" to actively screen all individuals before entry, and Follow guidance on document for any positive screens and do not allow entry.

The screening of all employees, visitors, providers, and anyone else requesting entry to the facility was conducted in the front lobby upon entering the facility.

The COVID-19 Entry Screening Tool consisted of documenting the facility name, date, name of employee/provider/vendor and a phone number. The first question on the COVID-19 Entry

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Screening Tool was 1A. The question stated, "Does this individual currently have or have they had in the last 14 days, any of the following symptoms?" The symptoms were listed with yes or no block beside each symptom. The symptoms were listed as follows:

Cough
Sore Throat
Nausea or vomiting
Shortness of breath or difficulty breathing
Congestion or runny nose
New loss of taste
New loss of smell
Diarrhea

The COVID-19 Entry Screening Tool indicated in bold type ** If yes to any of the above in 1A, individual may not enter.

The COVID-19 Entry Screening Tool ' s next question was 1B. "Does this individual currently have or have they had in the last 14 days, any of the following symptoms? The symptoms were listed with a yes or no block beside each symptom. The symptoms were listed as follows:

Fever (greater than 100F) Take temperature
¬¬¬¬¬_____
Fatigue
Chills
Headache
Muscle/body aches

The Screening Tool indicated in bold type ** If yes to any 1B symptoms and they have not been vaccinated for COVID-19 in the past 3 days, individual may not enter.

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a. Nurse #1 completed the screening tool on 01/04/21. Nurse #1 documented "yes" in section 1A she currently had the following symptoms: cough, shortness of breath or difficulty breathing, congestion or runny nose and her temperature was 98.3. The screening tool was signed by Screener #1

An interview was conducted with Nurse #1 on 02/17/21. Nurse #1 stated she had been off and not in the facility since Wednesday, December 30, 2020 due to the holiday. The nurse stated she started having symptoms late Sunday night and came to the facility on Monday, January 4th to be tested which was the facility ' s regularly scheduled testing day for all staff and residents. Nurse #1 reported she arrived at the facility in the morning and completed the screening form located in the front lobby which included filling in the answers for the screening questions and getting a temperature taken by the Screener #1. She stated she did not have a fever, but she had a cough, shortness of breath and congestion which she documented on the screening tool. Nurse #1 stated she did not recall speaking to Screener #1 about her symptoms. Nurse #1 stated the testing center was located at the end of the lobby hall on the corner of the hall. She stated she walked directly to the testing room and had no direct contact with any residents or staff except for the staff member performing the testing. Nurse #1 added that the staff member performing the testing was in full personal protective equipment (PPE) to include a face shield, N95 mask, gown, and gloves. She stated the test resulted in about 15 minutes and she remained in the testing room the entire time. Nurse #1 stated she had tested positive for COVID-19 and was instructed to go home

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immediately. The nurse stated she could not recall who performed the COVID-19 test on her on 01/04/21. She stated she did not believe the person performing the test asked if she was experiencing any symptoms. Nurse #1 stated she did not recall reporting her symptoms verbally to Screener #1 or to anyone else but documented the symptoms on the screening sheet upon entry to the facility.

An interview was conducted with Screener #1 via phone on 02/18/21 at 1:58 PM. Screener #1 stated as part of the screening process she would make sure the screening questions were answered and take staff members ' temperature upon entry into the facility. Screener #1 stated if they had any symptoms, she was instructed to tell them to go and see their doctor to get cleared before coming back to work. The screener added if a person ' s temperature was over 100 F, we would recheck it, and if it remained over 100, then the person was instructed to leave, and we would let the supervisors know. Screener #1 reported she reviewed the screening sheets after they have been completed, but she must have missed reviewing the sheet for Nurse #1. Screener #1 stated she did not recall Nurse #1 completing the screening sheet but she added, "I signed it" and stated "I would not have allowed her entry if I read the form and saw that she was symptomatic."

b. A record review revealed Nurse #2 completed the COVID-19 Entry Screening Tool on 02/03/21. Nurse #2 documented "yes" in section 1A she currently had the following symptoms: cough, nausea or vomiting, congestion or runny nose, and diarrhea and temperature was 98.6. The screening tool was signed by Screener #2.

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Nurse #2 documented "yes" in section 1B she currently had the following symptoms: fatigue and chills.
An interview was conducted with Nurse #2 via phone on 02/18/21 at 1:18 PM. Nurse #2 reported she had requested to be tested on 02/03/21 because she had been exposed to a resident who had a pneumonia at the end of January. Nurse #2 reported she arrived at the facility in the morning and completed the screening form located in the front lobby which included filling in the answers for the screening questions and getting a temperature taken by the Screener #2. Nurse #2 stated she did not have a fever, but she documented she did have a cough, nausea, congestion, diarrhea, fatigue, and chills. Nurse #2 stated she went directly to the testing room which was located at the end of the lobby hall. She stated she had on her mask and remained 6 feet away from staff as she proceeded to the testing room and she did not come into any contact with any residents. Nurse #2 stated she was only at the facility to get tested and she left right after the test result came back positive. Nurse #2 reported the staff member performing the test was wearing full PPE to include gown, gloves, goggles, and a N95 mask. Nurse #2 stated the COVID-19 test was conducted and the result was positive, and she was sent home immediately. Nurse #2 stated she did recall reporting her symptoms verbally to Screener #2 or to anyone else but had documented her symptoms on the screening form.

An interview was conducted with Screener #2 on 02/18/21 at 3:42 PM via phone. Screener #2 reported the staff would usually answer their own

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questions provided on the screening sheet and she would take their temperature. Screener #2 stated if anyone was symptomatic or had a temperature greater than 100 F, we were to notify a supervisor and the staff should not be allowed to go any further than the front door. Screener #2 stated she would not always review the screening questions answered by staff, but she would sign it. Screener #2 stated she did not recall reviewing Nurse #2 ' s responses on the screening tool, but she confirmed she signed it. Screener #2 stated she felt she needed more in servicing on the screening process.

c. A record review revealed Speech Therapist #1 completed the COVID-19 Entry Screening Tool on 01/14/21. ST #1 answered "no" to all the symptoms on section 1A or 1B.

A review of the surveillance log revealed a list of all residents and staff who had tested positive for COVID-19 and any symptoms residents or staff members may have had on the day of their testing. The surveillance log revealed on 01/14/21, ST #1 reported she had a scratchy throat on the day she was tested for COVID-19. The result was recorded as positive for COVID-19 on the surveillance log.

An interview was conducted with the Speech Therapist (ST) #1 on 02/17/21 at 2:17 PM. ST #1 reported she arrived at the facility in the morning and completed the screening tool provided located in the front lobby which included filling in the answers for the screening questions and getting a temperature taken by the Screener #2. ST #1 stated she did not document that she had any concerns, but stated she did have kind of a scratchy throat, but she thought it was due to a

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change in the weather, because that would happen to her whenever there was a change in the weather. ST #1 stated she felt fine and added she did not feel like she was sick or had COVID-19. ST #1 stated she did not feel like it was a sore throat, so she did not check that box off. ST #1 stated she was tested on 01/14/21 because that was the scheduled facility day that all staff and residents were getting tested. ST #1 reported she had seen two residents that day, but she could not recall if she saw them before or after she was tested. ST #1 reported she wore a mask, her own goggles and gloves while she was in the residents ' rooms. ST #1 stated when she was tested on Thursday 01/14/21, she went to the testing room which was located at the end of the lobby on the corner of the hall. ST #1 reported the person performing the test was in full PPE to include goggles, N95 mask, gloves, and gown. ST #1 reported after 15 minutes, the test was positive. She stated a staff member gathered her belongings, brought them to her and she left the building. ST #1 stated if she were symptomatic, she would have gotten tested right away and not have seen residents. ST #1 stated she did not verbally report her scratchy throat to the staff member performing the screening upon entering the facility and it was not until she had tested positive that she reported she had a scratchy throat to the Director of Nursing.

An interview was conducted with Screener #2 on 02/18/21 at 3:42 PM via phone. Screener #2 reported the staff would usually answer their own questions provided on the screening sheet and she would take their temperature. Screener #2 stated if anyone was symptomatic or had a temperature greater than 100 F, we were to notify a supervisor and the staff should not be allowed

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to go any further than the front door. Screener #2 stated she would not always review the screening questions answered by staff, but she would sign it. Screener #2 stated she did not recall reviewing ST #1 ' s responses on the screening tool, but she confirmed she signed it. Screener #2 stated she felt she needed more in servicing on the screening process.

An interview was conducted with the Director of Nursing (DON) via phone on 02/22/21 at 10:20 AM. The DON stated she reviewed the time ST #1 arrived which was 7:50 AM on 01/14/21. She stated ST #1 saw Resident #4 from 7:50 - 8:20 AM according to the therapy notes and then saw Resident #5 from 8:23 - 8:40 AM. The DON stated ST #1 was tested for COVID-19 at 9:15 AM which resulted at 9:28 AM indicating she was positive. The DON reported both residents were tested later that day on 01/14/21 and were negative and continued to test negative. The DON reported she recalled the ST #1 reported to her she had a scratchy throat after the test was found to be positive. The DON stated ST #1 told her she had a scratchy throat, but ST #1 did not think anything of it because she would get a scratchy throat sometimes when there was a change in the weather. The DON stated that was why she recorded scratchy throat as a symptom on the surveillance log for ST #1 on 01/14/21.

An interview was conducted with the Medical Assistant (MA) on 02/17/21 at 2:30 PM. The MA stated testing residents and staff was her main job and she completed COVID-19 testing in the facility every Monday and Thursday. The MA stated she was provided with a staff roster of who was being tested that day and one staff member at a time was allowed in the room. The MA stated

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the staff knew they needed to get screened before they would come into the testing room. The MA stated she did not recall any staff member reporting to her that they were symptomatic of COVID-19. The MA added she did not ask the staff members if they were symptomatic and stated the screening tool was in place as the first line of defense and if they had been symptomatic they would not make it pass the lobby.

An interview was conducted with the Director of Nursing (DON) on 02/19/21 at 3:00 PM. The DON reported Nurse #1 and Nurse #2 came to the facility to be tested for their mandatory testing days. She stated they never had any direct contact with other staff and residents and had their masks on. The DON stated ST #1 did not report the scratchy throat to her until after her test had been found to be positive on 01/14/21 and she was advised that the expectation was to report any changes or symptoms to the nurse management team.

A follow up interview was conducted with the DON via phone on 02/23/21 at 3:10 PM. The DON reported she would have expected the front desk staff members (Screeners) who conducted the screening to have notified a member of the nurse management team of any staff person presenting with symptoms before entering the building any further than the lobby as they were trained to do. The DON reported the screening process was in place so that the facility could capture anyone who was symptomatic and to report those symptoms to the management team for further action in order to protect all the staff and residents in the facility from the spread of COVID-19. The DON reported as part of the

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AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(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
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screening policy which includes to actively screen all individuals before entry, Screener #1 and Screener #2 should have actively asked the questions on the screening form and written the answers on the screening form in addition to taking the staff members temperature, and if there were any symptoms noted, they should have called management and had them wait in the lobby.

2) The facility ' s Hand Hygiene and Handwashing Policy revised on 01/31/20 revealed, in part, hand washing was the most important component for preventing the spread of infection. Procedure #2 stated "Preferably use an alcohol-based rub for routine hand antisepsis in all other clinical situations described in 3a to 3f if hands are not visibly soiled." Procedure #3 stated "Perform hand hygiene when: 3a: before and after having direct contact with residents, and 3f: after contact with inanimate objects in the immediate vicinity of the resident.
An interview was conducted with the DON on 02/17/21 at 10:00 AM. The DON reported the rooms on the 100 hall from 101 to 112 were quarantined and on Enhanced Droplet Precautions. The DON stated rooms 113 through 121 were on standard universal precautions to include the use of a mask at all times during the COVID-19 pandemic.

a) During an observation of the lunch meal on the quarantine hall beginning at 12:45 PM through 1:08 PM on 02/17/21, PPE was observed in the isolation carts outside the residents ' rooms. The PPE included masks, gloves, gowns, and eye protection. An Enhanced Droplet Precaution sign was posted on room 107 where Resident #8 and Resident #9 ' s resided. The instructions on the

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Enhanced Droplet Precaution signage included to perform hand hygiene, wear a N95 or surgical mask, eye protection, and gown and gloves when entering the room.

An observation of Nursing Assistant (NA) #1 on 02/17/21 at 12:45 PM revealed NA #1 was observed in room 110 wearing a gown, goggles, and a mask as she entered Room 110. NA #1 was also observed wearing gloves in room 110 and she removed the gloves prior to exiting. NA #1 was not observed using the hand sanitizer dispenser located outside of room 110 on the wall and did not apply gloves prior to entering room 107 to the deliver the meal tray as was indicated on the Enhanced Droplet Precaution signage posted on Room 107 ' s door. NA #1 was observed placing the lunch meal tray on the bedside table for Resident #8 and assisted the resident to set up her meal tray. After NA #1 was done assisting and setting up Resident #8, the nurse in the hallway handed NA #1 the tray for Resident #9. NA #1 was observed assisting Resident #9 with being set up with her meal tray. NA #1 was observed going into the resident ' s bathroom after assisting Resident #9.

An interview was conducted with NA #1 at 12:55 PM on 02/17/21. NA #1 reported the PPE that was supposed to be worn prior to entering a quarantined room was goggles, mask, gown, and gloves. NA #1 stated she forgot to put gloves on. NA #1 stated she had received many in-services regarding what PPE should be worn for quarantined rooms and hand sanitizing practices and she thought she had sanitized her hands prior to entering room 107. NA #1 added she washed her hands in the residents ' bathroom prior to exiting Room 107. NA #1 stated she

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thought she had sanitized her hands after exiting room 110.

An interview was conducted with the DON on 02/19/21 at 3:00 PM. The DON reported her expectation of all staff entering residents ' rooms was to follow the instructions on the posted signage as to what PPE was to be worn to help stop the spread of infection.

b) During an observation of the lunch meal on the non-quarantined hall beginning at 12:35 PM through 12:45 PM on 02/17/21, the hand sanitizer dispensers were observed on the walls outside of each residents ' room. NA #1 was observed delivering a meal tray to Resident #6. NA #1 was observed assisting Resident #6 with setting up his meal tray on his bedside table, removed the lid and began opening items. NA #1 did not sanitize her hands prior to entering Resident #6 ' s room or after she exited Resident #6 ' s room. NA #1 retrieved another food tray from the dietary cart and entered Resident #1 ' s room without sanitizing her hands prior to entering. NA #1 placed the meal tray on the bedside table, removed the lid and began opening items for Resident #1. NA #1 did not sanitize her hands after she exited Resident #6 ' s room. NA #1 retrieved another food tray from the dietary cart and entered Resident #7 ' s room without sanitizing her hands prior to entering. NA #1 placed the meal tray on the bedside table, removed the lid and began opening items for Resident #7. NA #1 did not sanitize her hands after she exited Resident #7 ' s room.

An interview was conducted with NA #1 at 12:50 PM on 02/17/21. NA #1 reported she received training to use hand sanitizer before entering and

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after exiting a resident ' s room. NA #1 stated even if residents were not on precautions, staff were supposed to be using the hand sanitizer before and after entering each resident ' s room. NA #1 stated she thought she had sanitized her hands before entering and exiting each of the resident ' s room.

An interview was conducted with the DON on 02/19/21 at 3:00 PM. The DON reported her expectation of her direct care staff was to either wash their hands with soap and water or use sanitizer before entering and after exiting any rooms including the rooms that there were not on transmission-based precautions. The DON stated they should be hitting that sanitizer before entering and after exiting a resident ' s room to help maintain infection control.