

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

PRINTED: 06/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2021
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC 28205	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS An unannounced Recertification and Complaint Investigation survey was conducted on 05/24/21 through 05/28/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #SXGD11.	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. 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	F 880		6/11/21

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

TITLE

(X6) DATE

Electronically Signed

06/11/2021

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>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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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</p>	F 880			

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F 880	<p>Continued From page 2 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, observations and staff interviews, the facility failed to implement their infection control policies and the Centers for Disease Control and Prevention (CDC) guidelines for the use of Personal Protective Equipment (PPE) when 2 of 3 staff members (Nurse #1 and Nurse Aide #1) wore cloth masks and 1 of 3 staff members (Nurse Aide #2) failed to cover both nose and mouth with his mask while interacting with 4 of 4 residents on the long-term care unit (Resident #50, Resident #78, Resident #53 and Resident #43) reviewed for infection control. This failure occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>The Centers for Disease Control and Prevention (CDC) guidance entitled, "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes," updated 3/29/21 indicated: *Cloth mask: textile (cloth) covers that are intended primarily for source control. They are not personal protective equipment (PPE) appropriate for use by healthcare personnel as the degree to which cloth masks protect the wearer is unclear.</p> <p>A review of the facility's policy entitled, "PPE Use Guidelines During COVID-19 Pandemic," revised on 2/15/21 indicated: The following PPE will be worn by HCP</p>	F 880	<p>F 880</p> <p>The preparation and execution of the plan of correction does not constitute agreement by the provider that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facilities desire to comply with the regulation and to provide high quality care.</p> <p>Residents affected: There were no adverse effects for Resident #50 sitting near the 2 staff members (Nurse #1 and Nurse Aide #2) while they were wearing cloth masks. There were no adverse effects to the 3 residents (Resident #78, Resident #53 and Resident #43) that NA #1 talked to while wearing his surgical mask with his nose and lips exposed. All other residents with potential to be affected: No other resident was adversely affected by the alleged deficient practices. All residents were tested for COVID-19 on June 8, 2021, with no positive results. All residents in the facility have been assessed for signs and symptoms of COVID-19 every shift since the alleged deficient practice and no other resident has been observed and/or verbalized signs or symptoms of COVID-19.</p>		

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F 880	<p>Continued From page 3</p> <p>(healthcare personnel) for source control while in the facility and for protection during patient care encounters: an N95 respirator OR a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (KN95 masks) OR a well-fitting facemask.</p> <p>*Well-fitting facemasks: use of a cloth mask over the facemask to help it conform to the wearer's face.</p> <p>*Crisis Capacity Strategies: In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of residents as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.</p> <p>1. a. During an interview with Nurse #1 on 5/26/21 at 4:44 PM in front of the nurses' station in the long-term care unit, she was observed wearing a floral black and yellow cloth mask. Resident #50 was also in front of the nurses' station while sitting in her motorized wheelchair less than six feet away. Nurse #1 stated she only wore her cloth mask when she was out in the hallways and switched to a KN95 mask whenever she had to enter a resident room. Nurse #1 pulled out a KN95 mask from one of her shirt pockets and stated she used it whenever she had to go inside a resident room. The KN95 mask was observed to be folded up with the outer surface on the outside. Nurse #1 further stated she did not like wearing a surgical mask because the strap hurt her ears.</p>	F 880	<p>Systemic changes:</p> <p>The facility policy regarding the use of face masks that follows the CDC Guidelines was reviewed by the Quality Assurance and Performance Improvement (QAPI) Committee, which included the Staff Development Coordinator (Infection Preventionist), the Director of Nursing, the Regional Clinical Manager, as a delegate of the Governing Body, and the Administrator. No changes were indicated or recommended. Education was provided to Nurse #1, Nurse Aide #1 and Nurse Aide #2 on 5/27/2021 by the Director of Nursing on the proper use of facemasks per CDC Guidelines. Donning/Doffing PPE Competency was completed for Nurse #1, Nurse Aide #1 and Nurse Aide #2 by the Director of Nursing on 6/11/2021. All employees were able to don/doff PPE appropriately and verbalized understanding of the policy for facemask use while in the facility. All facility staff/contracted staff/volunteers were educated on the following: Transmission-based precaution and Personal Protective Equipment, including the use of face masks per CDC Guidelines by the Director of Nursing with a completion date of June 11, 2021. The Staff Development Coordinator (Infection Preventionist) and/or the Director of Nursing will continue the education for all employees/contracted staff/volunteers. This education will be a part of new staff orientation. Any employee out on leave or on PRN status will be educated prior to returning to their</p>		

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F 880	<p>Continued From page 4</p> <p>b. An observation on 5/26/21 at 4:50 PM was made of Nurse Aide (NA)# 1 talking to Resident #50 while in front of the nurses' station in the long-term care unit. NA #1 was wearing a white cloth mask.</p> <p>An interview with NA #1 on 5/26/21 at 4:53 PM revealed she was currently assigned to work on 900 hall and half of 500 hall in the long-term care unit. NA #1 stated she was wearing a cloth mask because it was the only kind of mask that was available, and she couldn't find any surgical mask. NA #1 thought it was acceptable to wear a cloth mask while providing care to residents in the facility.</p> <p>2. A review of the facility's policy entitled, "PPE Use Guidelines During COVID-19 Pandemic," revised on 2/15/21 indicated: *Masks should fully cover the nose and mouth and prevent fluid penetration. Masks should fit snugly over the nose and mouth.</p> <p>On 5/26/21 at 5:15 PM, NA #2 was observed talking to Resident #78 in the hallway. NA #2 was wearing his surgical mask with his nose and lips exposed. NA #2 proceeded to get a washcloth from the linen cart and entered Resident #53 and Resident #43's room. He started talking to both residents in the room with his mask all the way down under his lips with both nose and lips exposed. Prior to leaving the room, NA #2 readjusted his mask to cover both nose and mouth.</p> <p>An interview conducted with NA #2 on 5/26/21 at 5:20 PM revealed he had not noticed that his mask had been down with nose and lips exposed.</p>	F 880	<p>assignments. The Staff Development Coordinator be responsible for the implementation and maintenance of re-education and competency. The Staff Development Coordinator (Infection Preventionist) and Director of Nursing were informed of their responsibilities on June 11, 2021.</p> <p>Monitoring: On June 11, 2021, the QAPI team, which included, the Staff Development Coordinator (Infection Preventionist), the Director of Nursing, the Regional Clinical Manager, as a delegate of the Governing Body, and the Administrator initiated audit tools to monitor facility staff/contracted staff/volunteers for the proper use of face masks per CDC Guidelines. The audit included the following:</p> <ul style="list-style-type: none"> • Is the employee wearing the appropriate PPE correctly for the task at hand? <p>The Staff Development Coordinator (Infection Preventionist) and Nurse Supervisors, and Administrative staff will observe 5 employees weekly on all shifts Monday through Friday and weekends x 4 weeks, then 5 employees biweekly x 4 weeks, then 5 employees monthly for 1 month for the proper use of face masks per CDC Guidelines.</p> <p>The results of these audits will be reported by the Staff Development Coordinator (Infection Preventionist) monthly to the QAPI team for review times 4 months. The results of these audits will determine the need for further monitoring. The QAPI Committee can modify this plan to ensure the facility remains in</p>		

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F 880	<p>Continued From page 5</p> <p>NA #2 stated that he knew he was supposed to wear his mask covering both nose and mouth and did not usually wear his mask down below his nose and mouth.</p> <p>An interview with the Infection Preventionist (IP) on 5/27/21 at 11:16 AM revealed they did not allow the staff members to wear a cloth mask because it was not considered PPE. The IP stated she had seen Nurse #1 wearing a cloth mask before, but she always had either a surgical mask or a KN95 mask underneath it. She was not aware that Nurse #1 had been wearing a cloth mask by itself. The IP also stated the NA #2 should not have talked to residents and entered a resident room without his mask covering both his nose and mouth. The IP added she would need to re-educate all the staff members regarding PPE use especially mask use.</p> <p>An interview with the Director of Nursing (DON) on 5/27/21 at 1:00 PM revealed it was not acceptable for staff members to wear a cloth mask while interacting with residents in the facility. The DON stated the facility had adequate supply of masks and there was no reason to wear a cloth mask. The DON also stated the staff members should also be mindful that their mask covered their nose and mouth and if the mask did not fit properly and kept on sliding down their face, then they should get another one.</p> <p>An interview with the Administrator on 5/27/21 at 1:17 PM revealed the only time they allowed the use of cloth mask in the facility was if it was over a well-fitting face mask including surgical mask, KN95 mask or N95 mask. The Administrator stated the facility was not in a PPE conservation mode and they had plenty of mask supply, so it</p>	F 880	<p>compliance. The Director of Nursing is responsible for the implementation of this plan of correction.</p> <p>Compliance date June 11, 2021</p>		

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F 880	Continued From page 6 was not his expectation that staff members use a cloth mask while working with residents in the facility. He also stated that it was not acceptable for NA #2 to wear his mask down below his nose and mouth and should make sure that his mask covered both his nose and mouth.	F 880		