

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>05/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT STATESVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>520 VALLEY STREET</b> <b>STATESVILLE, NC 28677</b>		
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{F 000}	INITIAL COMMENTS  An onsite revisit was conducted on 05/25/22. Tags F561, F565, F568, F686, F688, F689, F693, F695, F698, F761, F804, F812, F842, F880, and F887 were corrected as of 05/25/22. Repeat tags were cited. New tags were also cited as a result of the complaint investigation survey that was conducted at the time as the revisit. The Directed Plan of Correction including the Root Cause Analysis were reviewed. The facility remains out of compliance. Event ID# ZN7X13.	{F 000}			
{F 867} SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on record review, and staff interview, the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor interventions the committee put into place on the alleged completion date of 5/3/22. This was for one repeated deficiency for COVID 19 Vaccination of Facility Staff which was originally cited on 04/01/22 during a revisit and complaint investigation survey and cited again on the revisit and complaint investigation completed on 5/25/22. The continued failure of the facility during the two federal surveys showed a pattern of the facility's inability to sustain an effective QAA program.	{F 867}			

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

TITLE

(X6) DATE

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 867}	<p>Continued From page 1</p> <p>The findings included:</p> <p>This citation is cross referred to: F888: Based on record review and staff interviews the facility's process failed to identify 2 staff employed under contract who were not fully vaccinated and failed to implement an effective process for tracking COVID-19 vaccinations status for 2 of 5 staff reviewed for COVID-19 Vaccination Status (Dietary Aide #1 and Dietary Aide #2). The facility was not in outbreak status and had no positive cases for COVID-19 among the residents.</p> <p>During the revisit and complaint investigation survey completed on 04/01/22 the facility failed to implement an effective process for tracking the COVID-19 vaccination status for 49 of 105 (47%) staff working in the facility who were reviewed for COVID-19 Vaccination Status.</p> <p>The Administrator was interviewed on 05/25/22 at 4:30 PM. The Administrator stated that at the time of the April 2022 survey, the facility did not have a process in place for tracking the vaccination status for all staff, but that now the facility currently had that process in place. The Administrator stated that the facility was aware of 2 dietary staff under contract who were not fully vaccinated, but the plans were to offer them the 2nd dose of a multi-dose vaccine at the facility's next COVID 19 clinic on 06/7/22. The Administrator also stated that she was aware that the dietary staff could obtain their 2nd dose of the COVID 19 vaccine elsewhere, but that the facility was planning to offer it to them at the next clinic. The Administrator stated that per federal regulations the facility was only required to ensure their staff had at least one dose of a multi-dose COVID 19 vaccine, and that the 2nd</p>	{F 867}			

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{F 888} SS=D	<p>COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x)</p> <p>§483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.</p> <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i) (1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of</p>	{F 888}			

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{F 888}	Continued From page 3 the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section.  §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility	{F 888}			

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{F 888}	Continued From page 4 has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.  Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all	{F 888}			

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{F 888}	<p>Continued From page 5</p> <p>staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility's process failed to identify 2 staff employed under contract who were not fully vaccinated and failed to implement an effective process for tracking COVID-19 vaccinations status for 2 of 5 staff reviewed for COVID-19 Vaccination Status (Dietary Aide #1 and Dietary Aide #2). The facility was not in outbreak status and had no positive cases for COVID-19 among the residents.</p> <p>The findings included:</p> <p>A review of the facility document titled "Employee COVID-19 Vaccination Mandate Policy" revised 12/28/21 read in part: 1. The facility will ensure that all eligible employees are fully vaccinated against COVID-19, unless religious or medical exemptions are granted. 2.All employees include the following: Facility employees, licensed practitioners, students/trainees/and volunteers, and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. 14. The facility will track and securely document the vaccination status of each staff member (current and as new employees are onboarded).</p>	{F 888}			

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{F 888}	<p>Continued From page 6</p> <p>The facility staff vaccination spreadsheet was reviewed. The spreadsheet included in-house staff, staff exemptions, and contract/agency staff. A review of the facility spreadsheet revealed Dietary Aide #1 was documented for receiving only one dose of the Pfizer vaccination dated 12/03/21. The review revealed Dietary Aide #2 was documented for receiving only one dose of the Moderna vaccination dated 01/27/22.</p> <p>A review on 05/25/22 of the National Healthcare Safety Network (NHSN) data for the week ending on 05/23/22 revealed no staff vaccination information.</p> <p>On 05/25/22 at 11:48 AM The facility Administrator stated the recent percentage of staff who are fully vaccinated was 100%.</p> <p>On 05/25/22 at 12:30 PM an interview was conducted with Dietary Aide #1. During the interview he stated he had been working in the facility for one year. He stated he received his first dose of the Pfizer vaccination on 12/03/21 but had not received a second dose. He further stated he was waiting on someone in the facility to administer his second dose but that he did not know when that would be.</p> <p>On 05/25/22 at 12:45 PM an interview was conducted with Dietary Aide #2. During the interview she stated she had been working in the facility for a total of 5 months. She stated she received her first dose of the Moderna vaccination on 01/27/22 but had not received a second dose. She stated someone had told her that she would need a second dose after she received the first one however nobody from the</p>	{F 888}			

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{F 888}	<p>Continued From page 7</p> <p>facility had come to her and offered the second dose. She stated she had been waiting to take it.</p> <p>On 05/25/22 at 2:15 PM an interview was conducted with the Business Office Manager (BMO). She stated she was handling the staff's vaccination status and had not seen the two staff members hadn ' t received the second dose. She stated she reviewed the staff vaccination spreadsheet and must have just missed it. The interview revealed the facility had already had 3 vaccination clinics on the dates of 04/20/22, 04/26/22 and 05/03/22 in which she had mentioned to all staff and only two staff members signed up for the clinic on 04/26/22. The interview revealed the dietary staff were contract staff and the facility did not accept exemptions from contract staff. She stated she could not speak to if the dietary staff members should be fully vaccinated.</p> <p>On 05/25/22 at 2:30 PM an interview was conducted with the Administrator. During the interview she stated she had been overseeing the staff vaccination spreadsheet and knew the two staff members were not fully vaccinated. She stated she believed it was okay because she read the regulation and thought they just needed the initial vaccination, and a plan was in place for them to receive the following dose in June. She stated she had used her vaccination clinics to ensure residents were up to date with the COVID-19 vaccination.</p>	{F 888}			