

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

PRINTED: 06/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/25/2022
NAME OF PROVIDER OR SUPPLIER WILLOW RIDGE OF NC			STREET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD RUTHERFORDTON, NC 28139		
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F 000	INITIAL COMMENTS An unannounced complaint investigation survey was conducted from 5/24/22 through 5/25/22. 13 of the 13 complaint allegations were not substantiated. Intake:NC00187776, NC00186514, NC00186036 and NC00186064. Event ID# WXU811.	F 000			
F 888 SS=D	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §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. §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. §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	F 888		5/27/22	

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

TITLE

(X6) DATE

Electronically Signed

06/10/2022

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 888	<p>Continued From page 1</p> <p>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</p> <p>(ii) Staff who provide support services for the facility that are performed exclusively 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.</p> <p>§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(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;</p> <p>(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;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;</p> <p>(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;</p>	F 888			

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F 888	Continued From page 2 (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 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	F 888			

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F 888	<p>Continued From page 3 for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all 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; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to implement an effective process for tracking and securing an exemption for 1 of 23 employees (NA #1) reviewed for exemptions.</p> <p>The findings included:</p> <p>A facility policy titled "Covid-19 Vaccine Policy" dated 12/28/2021 read in part the following information:</p> <p>*Under the section "Staff Vaccine Requirements":</p> <p>All facility staff are required to be fully vaccinated by the Centers for Medicare and Medicaid Services (CMS) regulatory deadline (NC-reference QSO-22-07-ALL)</p> <p>Under federal law, staff may be eligible for a medical or religious exemption but must meet the criteria for the exemption to qualify.</p>	F 888	<p>On 5-26-22 the Administrator, DON and COVID Coordinator completed an 100% audit of all staffs employee files to validate that all staff had either a vaccination record card or an approved religious/medical exemption form in their file and in our COVID vaccination book. All employee files were in compliance.</p> <p>On 5-26-22 A religious exemption was obtained on 5-26-22 for NA#1 for the 1 missing exemption.</p> <p>A 100% audit was completed on 5-26-22 by the Administrator, HR Director and COVID Coordinator to ensure that all contract staff had COVID vaccine records and/ or medical religious exemption forms completed and a copy retained for our COVID book. All contracted staff were in 100% compliance.</p> <p>An inservice was held with all department</p>		

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F 888	<p>Continued From page 4</p> <p>a. Religious exemption- staff with sincerely held religious beliefs may request a religious exemption.</p> <p>*Under the section "Documenting Covid-19 Vaccine for Staff and Residents":</p> <p>The facility shall maintain documentation for all resident and staff on Covid-19 vaccination including the primary series, boosters, and additional doses.</p> <p>Documentation for staff and resident shall include the following:</p> <p>d. If declined, reason for and documentation of refusal (medical, religious, delayed vaccination status)</p> <p>An interview with the Director of Nursing (DON) on 5/24/2022 at 10:00 AM revealed there were no Covid-19 cases in the facility, and they were not in outbreak status.</p> <p>The facility Covid-19 staff vaccination matrix provided by the Infection Preventionist (IP) on 5/24/2022 was reviewed. The matrix included only in-house staff and revealed NA #1 was not vaccinated and was marked as having a religious exemption.</p> <p>During review of the facility employee's exemption documentation, NA #1's documentation of religious exemption was not available for review, and this would make the percentage of staff fully vaccinated at 98.8% (sum of staff completely vaccinated plus granted exemptions).</p>	F 888	<p>managers on 5-26-22 regarding the current COVID policy and procedure by the Administrator. Included were the requirements of maintaining current records of employee and contracted staff COVID vaccine records.</p> <p>IDENTIFICATION OF OTHER STAFF: Other staff will be identified upon hire. Any new contract staff will be identified upon introduction to the facility and during their hiring process. Verification of COI vaccine status will be completed as part of their credentialing process.</p> <p>MEASURE FOR SYSTEMIC CHANGE: Upon the facility's interview process, each candidate that is selected for an employment offer will have their vaccination status confirmed during their offer. The HR Director, COVID Coordinator and Administrator will validate and ensure that newly hired employees, as well as, termed employees will be added and removed to and from the COVID book.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED:</p> <p>The ADON, COVID Coordinator and HR Director will review all newly hired staff members weekly for 4 weeks and then monthly for 2 months.</p> <p>The ADON/HR Director will review the plan and present findings to the monthly QAPI meeting and the audits will continue at the discretion of the QAPI Committee.</p>		

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F 888	<p>Continued From page 5</p> <p>An interview with NA #1 on 5/25/2022 at 10:37 AM revealed NA #1 had discussed wanting to have a religious exemption with the Human Resources Director (HR Director) during orientation when she was first hired. NA #1 stated she was pretty sure she had a religious exemption.</p> <p>An interview with the IP on 5/25/2022 at 2:34 PM revealed the HR Director is responsible for ensuring newly hired employees were either vaccinated or had an exemption. The IP indicated NA #1 typically worked the weekends and should have had an exemption on file available for review. The IP further indicated she was not sure why NA #1 did not have an exemption on file.</p> <p>An interview with the HR Director on 5/25/2022 at 2:52 PM revealed she was responsible for ensuring newly hired employees were either vaccinated or had an exemption. The HR Director further revealed when an employee requested an exemption, she would send the exemption form to their corporate Vice President who would then send an email back with either an approval or denial. The HR Director indicated once she received the email back from the Vice President, she would place the exemption form in the employee's file. The HR Director stated she had looked through NA #1's employee file and looked back through all her emails but was not able to locate NA #1's exemption. The HR Director further stated she was not sure what happened with NA #1's exemption. The HR director revealed NA #1's hire date was 2/23/2022 and the HR Director would have been responsible for ensuring NA #1 had an exemption on file.</p> <p>An interview with the Director of Nursing (DON)</p>	F 888	COMPLETION DATE: 5-27-2022		

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F 888	<p>Continued From page 6</p> <p>on 5/25/2022 at 3:12 PM revealed the HR Director was responsible for ensuring newly hired employees were either vaccinated or had an exemption. The DON indicated she was not aware NA #1 did not have an exemption on file.</p> <p>An interview with the Administrator on 5/25/2022 at 3:42 PM revealed the HR Director was responsible for ensuring newly hired employees were either vaccinated or had an exemption. The Administrator further revealed the HR Director typically copied her on the emails sent to the Vice President for exemption approval, however she did not always get the approval or denial emails from the Vice President as those went back to the HR Director. The Administrator reported she was not able to locate the exemption documentation for NA #1. The Administrator stated that all employees that were not vaccinated should have an exemption on file.</p> <p>A follow up interview with the HR Director on 5/25/2022 at 4:00 PM revealed the HR Director was able to remember she had discussed filling out a form for a religious exemption with NA #1 when she was first hired but had not followed through with getting the paperwork sent to the Vice President for approval. The HR Director stated she was not able to recall why the paperwork did not get sent.</p>	F 888			