

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

PRINTED: 08/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 07/13/2022. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 49K211.	E 000		
F 000	INITIAL COMMENTS An unannounced onsite revisit, COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 07/13/2022. The facility was found to be out of compliance with 42 CFR §483.80 infection control regulations regarding implementing the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID #49K211.	F 000		
F 885 SS=E	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—	F 885		8/8/22

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

TITLE

(X6) DATE

Electronically Signed

08/04/2022

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 885	<p>Continued From page 1</p> <p>(i) Not include personally identifiable information;</p> <p>(ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and</p> <p>(iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interviews, and interviews with the health department, the facility failed to notify all residents, responsible parties (RP)/family members, and the health department of new confirmed COVID-19 infections no later than 5:00 PM the next calendar day for 1 of 3 residents reviewed for notification.</p> <p>The findings included:</p> <p>A paper document titled, " Guidelines for Reporting COVID-19 Positive Cases" with a creation date of 3/10/2020 and revised date of 10/1/2020 was provided by the Administrator. The document indicated all residents in the facility, their family members/legal guardians, and staff should be notified of new confirmed or suspected (residents or staff) no later than 5:00 PM the next calendar day following the occurrence. The document also indicated the expectation and practice was to have individual communication with residents, families, and staff, in persona or via phone, in conjunction with mailing letters.</p>	F 885	<p>F886</p> <p>On 7/13/22, during an unannounced onsite revisit and complaint survey at Richmond Pines Healthcare and Rehabilitation Center, the survey team noted COVID-19 testing and tracking of Health Care Personnel (HCP) was not being performed per facility protocol and State and Federal requirements.</p> <p>On 7/14/22, the Director of Nursing (DON), Assistant Director of Nursing (ADON), Staff Development Coordinator (SDC) and Administrator completed testing and documentation reeducation via Teams Meeting lead by the Senior Vice President of Clinical Services along with the Regional Vice President of Operations and Regional Facility Clinical Consultant also in attendance. The education consisted of regulatory requirements for COVID-19 testing, access to documentation tools and time</p>		

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F 885	<p>Continued From page 2</p> <p>Resident #4 was admitted on 1/20/2020.</p> <p>Resident #4's quarterly Minimum Data Set (MDS) indicated the resident was cognitively intact, had adequate hearing and vision, and could understand and be understood by others.</p> <p>On 7/13/2022 a 10:45 AM an interview was conducted with Resident #4. She stated she was in the facility the weekend of July 4th and noticed the staff placing signs and personal protective equipment on the doors of residents on the 100 hall. She further stated the facility typically notified residents of new COVID-19 positive cases but no one came around to notify her over that holiday weekend. She was notified on July 5th.</p> <p>An interview was conducted with Resident #4's family member, who was also listed as her emergency contact. He stated he was in the facility the weekend of July 4th and was not notified by phone or face to face of any new COVID-19 cases in the facility. He stated he did not receive notification until the following week but he could not recall what date.</p> <p>An interview was conducted with the local Health Department on 7/13/2022 at 11:20 AM. She stated the Health Department received a fax dated 7/5/2022 notifying them of new COVID-19 positive cases in the facility.</p> <p>On 7/13/2022 at 11:29 AM an interview was conducted with the ICP nurse. She stated there were 4 new confirmed positive residents on 7/1/2022. She and the Social Worker (SW) notified those residents who were confirmed positive and the family members of those who</p>	F 885	<p>constraints related to test type and result reporting.</p> <p>Root Cause: facility failed to implement and follow the facility protocol for required COVID-19 testing and tracking of Health Care Personnel (HCP per facility protocol and State and Federal requirements).</p> <p>All residents and HCP have the potential to be affected by this alleged deficient practice.</p> <p>Corrective Action: Beginning on 7/18/22, an assigned staff member is stationed by the screening table/reception area to ensure HCP are COVID-19 testing prior to starting his/her shift per facility protocol and State and Federal requirements (testing and tracking is presently two times weekly due to county transmission and present facility outbreak status). Any staff member refusing to COVID-19 test per facility protocol and State and Federal requirements will not be allowed to work until he/she complies with COVID-19 testing per facility protocol and State and Federal requirements. Any HCP with positive testing results will not be allowed to work until he/she has been absent from work per facility protocol and State and Federal requirements. Any HCP presenting with signs/symptoms of COVID-19 Virus will tested immediately; HCP showing a positive COVID-19 test will be sent home on sick leave per facility protocol and State and Federal requirements. The Administrator/Infection Control Preventionist will maintain the</p>		

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F 885	<p>Continued From page 3</p> <p>tested positive but they did not notify any other residents or their RPs. She further stated she was not sure why those notifications were not done other than it was a holiday weekend and there was no administrative staff to assist her and the SW in making those calls. She also stated she was not aware of any regulation regarding timeliness of notification.</p> <p>An interview was conducted with the SW on 7/13/2022 at 12:45 PM. She confirmed she as in the facility 7/1/2022 and assisted the ICP nurse with notification. She stated she notified the residents who tested positive and their family members/ RPs. She stated she did not notify any other residents or RPs. When asked why, she stated it was a holiday weekend and late on a Friday afternoon, so they did not stay to make those notifications. She further stated she was not aware of a regulation regarding timeliness of notification.</p> <p>An interview was conducted with the Administrator on 7/13/2022 at 1:00 PM. She stated she was out of town 7/1/2022 and the weekend. She was made aware of the new COVID -19 positive cases in the facility on 7/1/2022. She stated the ICP nurse and SW were responsible for notification, and she was not aware notification to residents, RPs, and Health Department were not completed. She had staff begin notification on her return, 7/5/2022. Additionally, she conducted in service training with administrative staff on 7/8/2022. The in-service included calling all resident's RPs or guardians, faxing notification to the Health Department, and notifying the Ombudsman the day of positive identification. The Administrator stated it was her expectation that notification</p>	F 885	<p>facility COVID-19 testing and tracking log per facility protocol and State and Federal requirements.</p> <p>On 8/1/22 The Staff Development Coordinator (SDC), Director of Nursing (DON), and Facility Administrator began education to facility department heads and facility/agency staff on facility protocol and state and federal requirements of COVID-19 testing and tracking for HCP. This education will be completed on 8/5/22</p> <p>On 8/5/22, the SDC added this education to the new hire packet and agency/contract staff packet.</p> <p>On 8/5/22, the Staff Development Coordinator will mail education to any Contracted Agency/Facility Staff that have not completed education on facility protocol and state and federal requirements of COVID-19 testing for HCP.</p> <p>After 8/6/22, no Contracted Agency/Facility Nursing Staff will be allowed to work until he/she has completed education on facility protocol and state and federal requirements of COVID-19 testing and tracking for HCP.</p> <p>Beginning the week of 8/7/22, the Staff Development Coordinator (SDC)/Infection Control Preventionist (ICP) and/or facility Administrator will monitor facility COVID-19 testing and tracking logs 2x weekly x3 months to ensure 100% COVID-19 testing and tracking of employed/contracted HCP has been</p>		

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F 885	Continued From page 4 occur the day of the new confirmed positive or no later than 5:00 PM the following day.	F 885	completed per facility protocol and State and Federal requirements. The SDC or facility Administrator will report the findings of 100% COVID-19 testing and tracking of employed/contracted HCP has been completed per facility protocol and State and Federal requirements 2x/weekly x3months to the Cardinal Intradisciplinary Team (IDT) to ensure compliance and review for further recommendations and/or follow up as needed for continued compliance. Beginning the month of August, the SDC/ICP or the Administrator will report the findings of the monitoring: 100% COVID-19 testing and tracking of employed/contracted HCP has been completed per facility protocol and State and Federal requirements to the Quality Assurance Performance Improvement (QAPI) team members monthly. The SDC and/or facility Administrator will continue to review completion of 100% COVID-19 testing and tracking of employed/contracted HCP per facility protocol and State and Federal requirements monthly per State and Federal Regulation, for further recommendations and/or follow up as needed for continued compliance.		
F 886 SS=E	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum,	F 886		8/8/22	

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F 886	<p>Continued From page 5</p> <p>for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</p> <p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <ul style="list-style-type: none"> (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. <p>§483.80 (h)((4) Upon the identification of an</p>	F 886			

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F 886	<p>Continued From page 6</p> <p>individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to ensure a process was in place for tracking COVID-19 testing of Health Care Personnel (HCP) for 4 of 4 weeks reviewed and failed to ensure HCP were tested twice a week during an outbreak status for 4 of 4 staff reviewed for infection control.</p> <p>The findings included:</p> <p>On 7/13/2022 the Administrator provided a paper document titled, PLTC COVID-19 Testing Schedule. The document indicated the facility was in an area with high community transmission rate, was in outbreak status, and required twice week COVID-19 testing of all staff regardless of vaccination status, unless they tested positive in the last 90 days.</p> <p>A paper document titled, Guidelines for</p>	F 886	<p>F885</p> <p>Richmond Pines Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Richmond Pines Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Richmond Pines Nursing and Rehabilitation Center reserves the right to</p>		

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F 886	<p>Continued From page 7</p> <p>COVID-19 Testing, with a created dated of 9/1/2020 and revision date of 9/14/2021 indicated state and local testing mandates required twice week testing of all employees and weekly testing of all residents who had not tested positive in the last 90 days regardless of vaccination status.</p> <p>On 7/13/2022 at 1:55 PM an interview was conducted with the Infection Control Preventionist (ICP). She stated the facility was testing all residents weekly and all employees twice weekly on Mondays and Thursdays. The IP stated she did not have supporting documentation for June testing of employees, she could not find the documents. She further stated she placed an employee roster at the nurse's station along with testing supplies. She stated employees were aware of the testing dates and it was her expectation they test themselves twice weekly. She stated she did not audit the sign in sheets to ensure all employees were testing twice a week. When asked about contract staff who were not on the employee list, she stated they could write their name in at the bottom of the form and place their results next to their name.</p> <p>On 7/13/2022 at 2:30 PM an interview was conducted with housekeeping staff #1. She stated she was contract staff. She further stated the facility was testing twice weekly, but she is not in the facility every day. Stated she tests herself if she worked on a testing day. She stated she did work the week of July 4th but did not recall testing 7/4/2022 or 7/7/2022 and her name did not appear on the sign in sheets for those dates.</p> <p>An interview was conducted with Nurse #4 on 7/13/2022 at 2:32PM. She stated she did not recall if she tested once or twice the week of July</p>	F 886	<p>refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceedings.</p> <p>On 7/13/22, during an unannounced onsite revisit and complaint survey at Richmond Pines Healthcare and Rehabilitation Center, the survey team investigated a complaint regarding facility COVID-19 positive testing result notification to residents, resident representatives/family, and the health department by 5:00 pm the following calendar day.</p> <p>Resident #4 continues to reside at the facility. Beginning 8/1/22, Resident #4 and Resident #4 representative/family was notified of facility COVID-19 testing results prior to 5:00p.m. the following calendar day of testing and will continue to be notified of COVID-19 positive test results at the facility.</p> <p>On 7/5/22, Richmond County Health Department was notified of COVID-19 facility positive testing results per facility protocol and state and federal regulation and continues to be notified of positive COVID-19 virus test results.</p> <p>Root Cause: Facility failed to notify all residents, responsible parties (RP)/family members, and the health department of new confirmed COVID-19 infections by 5:00 PM the next calendar day after</p>		

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F 886	<p>Continued From page 8</p> <p>4th. Her named appeared on the sign-in sheet for 7/10/2022 only.</p> <p>On 7/13/2022 at 2:35 PM and interview was conducted with Nurse #2. She stated she worked the week of July 4th. She did not recall if she tested that week and her name did not appear on the sign in sheet for July 4th or July 7th.</p> <p>An interview was conducted with Nurse #3 on 7/13/2022 at 2:45 PM. She stated she was an agency nurse. She stated she tested on test days but she did not recall testing twice the week of July 4th. She tested once that week on 7/7/2022. Her name did not appear on the 7/11/2022 sign in sheet and she stated she did not recall if she tested on 7/11/2022. She further stated there is not always a sign in sheet to document you tested or the results of your test.</p> <p>On 7/13/2022 at 2:47PM an interview was conducted with the Director of Nursing (DON). She stated it was her expectation that all employees tested twice weekly during outbreak status. The DON stated she was not aware the ICP nurse was not maintaining a log or ensuring employee testing was completed.</p>	F 886	<p>positive COVID-19 case; due to administrative staff state he/she were unaware of timeframe of notifying all residents, responsible parties (RP)/family members, and the health department of new confirmed COVID-19 infections by 5:00 PM the next calendar day per facility protocol and state and federal regulations.</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Corrective Action: Beginning 8/1/22, Facility/Contracted Staff, residents, resident representative/family/legal guardian, and the health department will be notified of COVID-19 positive test results by 5:00 p.m. the following calendar day per facility protocol and state and federal guidelines. This notification will be completed by the assigned department head via phone, in person, mail, and/or the facility private electronic application. The required notification will be documented in the resident chart.</p> <p>Beginning 7/25/22, the facility Administrator educated Department Heads on facility COVID-19 positive testing result notification to Facility/Contracted Staff, residents, resident representative/family/legal guardian, and the health department by 5:00 p.m. the following calendar day via phone, in person, mail, and/or the facility private electronic application and documentation. This education was completed on 7/29/22.</p>		

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F 886	Continued From page 9	F 886	<p>Beginning the week of 8/1/22, the Director of Nursing (DON) and/or facility Administrator will conduct 100% monitoring of facility COVID-19 positive test notification and documentation to Facility/Contracted Staff, residents, resident representative/family/legal guardian, and the health department by 5:00 p.m. the following calendar 2x weekly x3 months to ensure 100% COVID-19 positive test notification and documentation to Facility/Contracted Staff, residents, resident representative/family/legal guardian, and the health department by 5:00 p.m. the following calendar has been completed per facility protocol and State and Federal requirements. The Director of Nursing (DON) and/or facility Administrator will report the findings of 100% monitoring of facility COVID-19 positive test notification and documentation to Facility/Contracted Staff, residents, resident representative/family/legal guardian, and the health department by 5:00 p.m. the following calendar day has been completed per facility protocol and State and Federal requirements 2x/weekly x3months to the Cardinal Intradisciplinary Team (IDT) to ensure compliance and review for further recommendations and/or follow up as needed for continued compliance.</p> <p>Beginning the month of August, the DON or the Administrator will report the findings of the monitoring: 100% monitoring of facility COVID-19 positive test notification</p>		

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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(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	
F 886	Continued From page 10	F 886	and documentation to Facility/Contracted Staff, residents, resident representative/family/legal guardian, and the health department by 5:00 p.m. the following calendar day has been completed per facility protocol and State and Federal requirements to the Quality Assurance Performance Improvement (QAPI) team members monthly. The DON and/or facility administrator will continue to review completion of 100% monitoring of facility COVID-19 positive test notification and documentation to Facility/Contracted Staff, residents, resident representative/family/legal guardian, and the health department by 5:00 p.m. the following calendar facility protocol and State and Federal requirements monthly per State and Federal Regulation, for further recommendations and/or follow up as needed for continued compliance.		