

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

PRINTED: 02/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345552</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SHANNON GRAY REHABILITATION &amp; RECOVERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 SHANNON GRAY COURT</b> <b>JAMESTOWN, NC 27282</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 1/8/2024 through 1/11/2024. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# Y1NX11.  INITIAL COMMENTS	F 000			
F 880 SS=E	An unannounced recertification and complaint investigation was conducted on 1/8/24 through 1/11/24. Event ID # Y1NX11. The following intake was investigated NC00211476.  3 of 3 complaint allegations did not result in a deficiency.  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	2/2/24		

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

TITLE

(X6) DATE

Electronically Signed

01/29/2024

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> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <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 observation, record review and staff interviews, the facility failed to implement infection control policies and procedures when Nurse Aide (NA) #1 and NA #2 failed to remove their masks before exiting a COVID-19 isolation room for 2 of 7 residents reviewed for infection control. (Resident #10 and Resident #24)</p> <p>Findings included:</p> <p>Record review of the Facility Infection Prevention and Control Program Policy last revised 7/13/23 revealed the program outlines strategies designed to reduce the risk of transmission of infectious agents among healthcare workers, residents, and visitors. The policy further stated transmission-based precautions will be utilized in addition to Standard Precautions when the route of transmission is not completely interrupted using Standard Precautions along. The policy indicated that the three categories of transmission-based precautions were contact, droplet (including enhanced) and airborne and appropriate use of personal protective equipment was required.</p> <p>Review of isolation signage placed on the doorway of residents on droplet contact precautions revised 1/20/22 indicated a mask had to be worn when entering the room and removed immediately before leaving room.</p>	F 880	<p>F880 The nurse aides failure to follow written standards, policies and procedures regarding the proper use Personal Protective Equipment when caring for a resident on enhanced droplet contact precautions was determined the root cause which led to the deficiency.</p> <ol style="list-style-type: none"> <li>1. Corrective action has been accomplished for the alleged deficient practice regarding resident #10 and resident #24 by immediately educating the nurse aide #1 and nurse Aide #2 working with those residents regarding wearing full PPE including gowns, gloves, facemask, goggles and/or face shield when entering isolation rooms to deliver care and then properly doffing PPE and disposing properly per procedure. This education was initiated on 1/10/2024 by the Infection Preventionist. Residents #10 and #24 had no adverse effects from staff failing to doff and dispose of PPE properly per procedure.</li> <li>2. There was potential for residents to be affected prior to education of alleged deficient practice. No other violation regarding PPE was noted. The infection preventionist in-serviced the specific staff members caring for those residents on 1/10/2024. All other staff were in-serviced starting on 1/11/2024 by infection</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>a. Resident #10 was newly diagnosed with COVID-19 infection as of 1/5/24.</p> <p>An observation was made at 12:32 pm on 1/10/24. NA #1 was observed wearing a mask and taking a lunch meal tray for Resident #10. Prior to entering Resident #10's room, NA #1 was observed donning additional personal protective equipment (PPE), the gown and gloves, as Resident #10 was on special droplet contact precautions on isolation. The PPE available at the entrance of Resident #10's room included gowns, gloves, masks, and face shields. NA #1 was observed exiting Resident #10's room with no gown, no gloves in place, but continued out of the room wearing the mask. NA #1 was not observed discarding her mask or donning a new mask after exiting Resident #10's room but proceeded to pass a lunch meal tray for another resident, who was not on isolation precautions, wearing the same mask.</p> <p>An interview was conducted with NA #1 at 2:41 pm on 1/10/24. NA #1 indicated she donned her face mask upon arrival at the facility to start her scheduled shift starting at 7:00 am on 1/10/24. NA #1 explained she kept the same mask for the entire shift scheduled (7:00 am to 3:00 pm) and would remove the mask when exiting the facility for the day. NA #1 indicated Resident #10 was placed on special droplet contact precautions in an isolation room because of COVID-19 infection. NA #1 indicated she doffed the gloves and gown in Resident #10's bathroom and washed her hands prior to exiting the room. NA #1 indicated she did not change her mask after passing lunch meal tray to Resident #10 because she did not have a mask on her person.</p>	F 880	<p>preventionist regarding proper PPE donning, doffing and disposal procedures for all residents on enhanced droplet contact precautions. In-service completion will be on or before 2/2/2024. Any staff on LOA or not available for in-service will be educated prior to receiving their next assignment. Any new employee will be in-serviced on PPE during orientation.</p> <p>3. All residents who were not on transmission-based precautions with the potential to be affected by the alleged deficient practice were tested 1/12/2024, 1/15/2024, 1/17/2024, 1/18/2024, 1/22/2024, 1/24/2024, 1/26/2024, and 1/29/2024. One additional resident tested positive on 1/15/2024. No other positives were noted.</p> <p>4. An audit tool is being utilized to monitor staff compliance with proper use of PPE when caring for residents on transmission-based precautions. Staff will be audited at random times during all shifts, including weekends. Random audits will be conducted at least 5 times per week for 4 weeks, then 2x week x 2 weeks, then weekly x 2 weeks and PRN thereafter. Ongoing audits will be determined by the prior 4 weeks of auditing. Audits will consist of staff names, roles in the facility, staff able to correctly identify the appropriate PPE/precautions and auditors observing donning and doffing PPE correctly per CDC guidelines. Infection Preventionist, hall nurses, charge nurses and supervisors will be completing the audits.</p> <p>5. The results of the audits will be</p>		

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F 880	<p>Continued From page 4</p> <p>b. Resident #24 was newly diagnosed with COVID-19 infection as of 1/5/24.</p> <p>An observation was made at 12:45 pm on 1/10/24. Nurse Aide (NA) #2 was observed wearing three face masks and taking a lunch meal tray to Resident #24. Prior to entering Resident #24's room, NA #2 was observed donning additional PPE, the gown and gloves, as resident was on special droplet contact precautions in an isolation room. The PPE available at the entrance of Resident #24's room included gowns, gloves, masks, and face shields. NA #2 was observed exiting Resident #24's room with no gown and no gloves in place but was still wearing the three masks. NA #2 was not observed removing the three masks or donning a new mask after exiting Resident #24's room but proceeded to pass a lunch meal tray for another resident, who was not on isolation precautions.</p> <p>An interview was conducted with NA #2 at 3:18 pm on 1/10/24. NA #2 indicated she donned her masks upon arrival at the facility to start her scheduled shift starting at 7:00 am on 1/10/24. NA #2 indicated she kept the same masks on for the entire shift scheduled (7:00 am to 3:00 pm) and would remove the masks when exiting the facility for the day. NA #2 indicated she had donned three masks because she did not want to get infected with COVID-19 infection. NA #2 indicated Resident #24 was on special droplet contact precautions in an isolation room because of COVID-19 infection. NA #2 indicated she doffed the gloves and gown in Resident #24's bathroom and washed her hands prior to exiting the room. NA #2 indicated she did not change her masks after passing lunch meal tray to Resident #24 because she did not think she needed to.</p>	F 880	<p>analyzed and reviewed by DON/Infection Preventionist at the Quarterly Quality Assurance Performance Improvement meeting to evaluate the effectiveness of the above plan for the next three months. Completion on 2/2/2024</p>		

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F 880	Continued From page 5  An interview was conducted with Nurse #1 on 1/10/24 at 3:00 pm. Nurse #1 indicated Resident #10 and Resident #24 were under her care, and each were on special droplet contact precautions requiring isolation for diagnosis of COVID-19 infection. Nurse #1 indicated she donned her mask upon arrival at the facility to start her scheduled shift starting at 7:00 am on 1/10/24 and would doff her mask when exiting the facility after ending her shift at 7:00 pm. Nurse #1 indicated she wears the same mask during the entire shift whether she enters and exits isolation rooms or not.  On 1/10/24 at 3:40 pm the surveyor informed the Director of Nursing (DON) and Administrator that staff were observed not changing masks after leaving isolation precautions rooms.  On 1/10/24 at 3:40 pm, an interview was conducted with the DON, who was the facility's Infection Preventionist. The DON indicated staff were to remove all contaminated PPE while in an isolation room for any resident on transmission-based precautions, dispose of them in the barrel placed in the resident's bathroom, and wash hands before they could exit the isolation room. DON indicated that upon exiting the isolation precaution room, staff would don a new mask.  On 1/10/24 at 3:40 pm the Administrator indicated staff had been educated on Infection control policies and procedures on an ongoing and weekly basis and as needed. Indicated staff should remove all contaminated PPE before they exit the isolation room for residents on transmission-based precautions, wash their	F 880			

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F 880	Continued From page 6 hands and put on a new mask.	F 880			