

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

PRINTED: 06/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345538</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/29/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEALTH-RALEIGH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2420 LAKE WHEELER ROAD RALEIGH, NC 27603</b>	
(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
E 000	Initial Comments	E 000		
F 880 SS=D	<p>An unannounced COVID-19 Focused Survey was conducted on 5/29/2020. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b) (6), Subpart B-Requirements for Long Term Care Facilities. Event ID# S9JF11.</p> <p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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 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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 880		

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

TITLE

(X6) DATE

Electronically Signed

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>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 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 observations, staff interview and review of the COVID-19 Infection Control Assessment and Response Tool, the facility failed</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>to implement their infection control procedures for wearing face masks when two of twelve Nursing Assistants were observed wearing face masks that did not cover their mouths and noses when they were in resident rooms. This failure occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>A review of the COVID-19 Long-Term Care Infection Control Assessment and Response Tool dated 5/2020, that was utilized by the facility specified the facility would implement universal face mask use by all staff.</p> <p>1. During a tour of the facility on 5/28/2020 at 8:55 AM, Nursing Assistant (NA) #1 was observed in a resident room on the 500 hall. NA #1 came to the door and his face mask was observed to be tied, but pulled down, which exposed his mouth and nose. NA #1 turned and went back into the room. At 9:47 AM, NA #1 was observed in the dayroom of the 400/500 hall, speaking to a resident. NA #1's face mask was tied, and pulled down below his chin, which exposed his mouth and nose. When interviewed on 5/28/2020 at 9:50 AM, NA #1 stated "It's really hot and sometimes the residents have trouble understanding me. I know I have to wear it, I won't pull it down again."</p> <p>On 5/28/2020 at 5:15 PM, the Director of Nursing (DON) was interviewed and indicated the facility has training on a video system that is used corporate-wide, and in-services were given on infection control and employees must sign they have been in-serviced. The DON stated, "All staff know that we have to wear a mask from the time when we walk in the facility until we walk out."</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>During an interview on 5/29/2020 at 10:30 AM, the facility Administrator stated the COVID-19 Long-Term Infection Control Assessment and Response Tool is what the facility is using for policy during the pandemic.</p> <p>2. Nursing Assistant (NA) #2 was interviewed on 5/28/2020 at 8:30 AM and stated staff had been trained on wearing Personal Protective Equipment (PPE), had been taught how to don and doff PPE, and continued to be updated with in-services.</p> <p>At 10:05 AM on 5/28/2020, NA #2 was observed walking on the 200 hall with a bag of soiled linen and a bag of trash, which she disposed of. NA #2 was wearing a face mask pulled below her chin. NA #2 stated "I was just taking a breather."</p> <p>On 5/28/2020 at 5:15 PM, the Director of Nursing (DON) was interviewed and indicated the facility has training on a video system that is used corporate-wide, and in-services were given on infection control and employees must sign they have been in-serviced. The DON stated, "All staff know that we have to wear a mask from the time when we walk in the facility until we walk out."</p> <p>During an interview on 5/29/2020 at 10:30 AM, the facility Administrator stated the COVID-19 Long-Term Infection Control Assessment and Response Tool is what the facility was using for policy during the pandemic.</p>	F 880			