

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

PRINTED: 06/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/27/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB HICKORY VIEWMONT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 13TH AVENUE PLACE NW HICKORY, NC 28601</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  An unannounced on-site COVID-19 Focused Survey was conducted on 05/21/20. 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. Additional information was obtained on 05/22/20, 05/26/20, and 05/27/20. Therefore, the exit date is 05/27/2020. Event ID# C1CP11.	E 000		
F 880 SS=D	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 conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880		6/23/20

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

TITLE

(X6) DATE

Electronically Signed

06/12/2020

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>(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: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (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:</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Based on record review, observations, and staff interviews the facility failed to ensure required Personal Protective Equipment (PPE) was worn and hand hygiene was performed when entering and exiting a resident's room with signage indicating Enhanced Droplet Contact Precautions for 3 of 3 residents reviewed for infection control (Residents #1, #2, and #3). The facility also failed to ensure proper handling of soiled linen removed from a resident's room on Enhanced Droplet Contact Precautions for 1 of 3 residents reviewed for infection control (Resident #3). These failures in proper infection control practices occurred during a COVID-19 pandemic and had the potential to affect all residents in the facility through the transmission of COVID-19.</p> <p>The findings included:</p> <p>According to the facility protocol document titled "Managing COVID-19 in your facility" dated 3/23/20 and signed by the medical director read in part: under the topic of care considerations for symptomatic residents suspected to have COVID-19 and placed on the appropriate droplet based transmission precautions, residents who are suspected to be infected by COVID-19 are considered positive until testing confirms otherwise and all staff must be meticulous with hand hygiene and the use of PPE.</p> <p>1. Resident #1 was readmitted to the facility on 03/17/20 with diagnoses that included COPD.</p> <p>The quarterly Minimum Data Set (MDS) dated 04/24/20 indicated Resident #1 was cognitively intact and required extensive assistance from staff with bed mobility and transfer and was independent with eating.</p>	F 880	<p>Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set fourth on the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>F880</p> <p>On 5/22/20 the Infection Control Nurse provided re-education to Nurse Aide#1(NA)to wear Personal Protective Equipment (PPE) which includes the N95 mask, eye wear, gown, gloves and footwear covers for resident #1 and resident #2. Re-education and return demonstration was also given to Nurse Aide #1 from the Infection Control Nurse on the importance of hand hygiene when entering and exiting a resident's room with signage indicating Enhanced Droplet Contact Precautions for infection control for resident #1 and resident #2.</p> <p>All residents have the potential to be affected. An audit was conducted on 5/22/20 to identify any issues with hand hygiene and proper use of PPE. No additional issues were identified. All other residents have the potential to be affected. An audit was conducted on 5/22/20 to identify any issues with proper handling of linen, hand hygiene and proper use of PPE. No additional issues were identified.</p>	

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F 880	Continued From page 3  A nursing note dated 05/14/20 indicated Resident #1 was on intravenous (IV) antibiotic therapy for Clostridium Difficile (C-Diff) and a nursing noted dated 05/21/20 indicated Resident #1 experienced shortness of breath.  A continuous observation on 05/21/20 beginning at 09:30 AM revealed signage on the door of Resident #1's room that indicated Enhanced Droplet Contact Precautions, which listed perform hand hygiene, wear a N-95 or surgical mask, eye protection, a gown, and gloves when entering room, and to keep the door closed including picture illustrations of each item. It further revealed Nurse Aide #1 (NA) wearing a mask and one glove enter the room to retrieve Resident #1's breakfast tray. NA#1 did not don a second glove nor a gown before entering the room. She exited the room wearing the one glove with the breakfast tray held in both hands as she walked down the hall to the gray trash barrel and disposed of the trash from the tray and placed it on the cart with the other used trays. NA #1 returned to the same room labeled Enhanced Droplet Contact Precautions wearing the used glove, she proceeded to remove the soiled glove from her hand and placed it in her right pocket and retrieved another glove from her left pocket and placed one glove on her hand before proceeding to re-enter the room to retrieve the roommate's tray. She did not perform hand hygiene after removing the glove or before re-entering the room to collect the roommate's tray. When NA #1 exited the room with the second breakfast tray, she disposed of the trash in the barrel using both hands, removed the one glove placing it in the trash barrel, and proceeded directly to the clean linen cart that was located on	F 880	On 5/22/20 The Director of Nursing / Infection Control Nurse provided re-education to Resident Care Specialist (Certified Nursing Assistant), Nurses, Therapists and Department Heads with emphasis on hand hygiene procedures and wearing proper PPE with enhanced droplet contact precautions for infection control.  The Infection Control Nurse / Designee will conduct weekly audits five (5) times a week times four (4) weeks, then three (3) weeks times four (4) weeks then monthly times two (2) months or until compliance has been determined on wearing proper PPE and hand hygiene procedures with direct resident contact which includes enhanced droplet contact precautions for infection control. A nurse / designee will observe one nurse, two resident care specialists, one housekeeper and one therapist on first shift, two nurses and two resident care specialists on second shift and two nurses and two resident care specialists on third shift.  The Director of Nursing / Infection Control Nurse will report results of the audits in the facility's weekly and monthly QAPI meetings.  F880  On 5/21/20 Nurse #2 re-educated Nurse Aide #2 on not wearing PPE in the hallway and handling soiled laundry for resident		

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F 880	<p>Continued From page 4</p> <p>the hall without performing hand hygiene.</p> <p>An interview with NA#1 on 05/21/20 at 09:45 AM revealed she was aware Resident #1 was in a room labeled Enhanced Droplet Contact Precautions. She acknowledged she only wore one glove into the room to retrieve the tray and had touched the tray using her ungloved hand and her glove should have been disposed in the trash can after use. NA#1 indicated she had been educated on hand hygiene, transmission-based precautions, and donning and doffing of PPE. She further revealed she should have worn full PPE including a mask, gown, and gloves to each hand each time she entered Resident #1's room and performed proper hand hygiene using alcohol-based hand rub (ABHR) or soap and water when she removed her gloves.</p> <p>An interview with the Infection Control Nurse on 05/21/20 at 09:55AM revealed all staff had received education on proper hand hygiene, donning and doffing of PPE, and transmission-based precautions during the month of March 2020 and provided education records that confirmed NA#1 had received education. The Infection Control nurse indicated NA #1 should have worn full PPE to include a gown, gloves, a mask, and eye wear when in the room of Resident #1.</p> <p>An interview with the Director of Nursing on 05/21/20 at 11:45 AM indicated NA #1 had been trained on the transmission-based precautions, hand hygiene, and the use of PPE. She revealed all staff are to wear full PPE to include gown, mask, a face shield, and gloves when entering a room labeled Enhanced Droplet Contact Precautions and proper hand hygiene should be</p>	F 880	<p>#3.</p> <p>On 5/22/20 the Infection Control Nurse provided re-education to Nurse Aide #2 (NA) to wear Personal Protective Equipment (PPE) which includes the N95 mask, eye wear, gown, gloves, footwear covers and handling soiled laundry for resident #3. Re-education and return demonstration was also given to Nurse Aide#2 from the Infection Control Nurse on the importance of hand hygiene when entering and exiting a resident's room with signage indicating Enhanced Droplet Contact Precautions for infection control for resident #3.</p> <p>All other residents have the potential to be affected. An audit was conducted on 5/22/20 to identify any issues with hand hygiene and proper use of PPE. No additional issues were identified. All other residents have the potential to be affected. An audit was conducted on 5/22/20 to identify any issues with proper handling of linen, hand hygiene and proper use of PPE. No additional issues were identified.</p> <p>On 5/22/20 The Director of Nursing / Infection Control Nurse provided re-education to Resident Care Specialist (Certified Nursing Assistant), Nurses, Therapists and Department Heads with emphasis on hand hygiene procedures and wearing proper PPE with enhanced droplet contact precautions for infection control.</p>		

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F 880	<p>Continued From page 5 performed when it is removed.</p> <p>2. Resident #2 was admitted to the facility on 03/14/18 with diagnoses that included Alzheimer's disease.</p> <p>A review of the care plan dated 03/16/20 revealed Resident #2 had restricted visitation secondary to COVID-19 exposure and another care plan dated 03/31/20 indicated Resident #2 was at risk infection for COVID-19 virus secondary to active community COVID-19 cases with interventions that included hand hygiene.</p> <p>A review the Quarterly Minimum Data Set dated 04/02/20 indicated Resident #2 was cognitively impaired and required extensive assistance from staff for bed mobility, transfers, and eating.</p> <p>A continuous observation on 05/21/20 beginning at 09:30 AM revealed signage on the door of Resident #2's room that indicated Enhanced Droplet Contact Precautions. It further revealed Nurse Aide #1 (NA) wearing a mask and one glove enter the room to retrieve Resident #1's and Resident #2's breakfast tray. NA #1 did not don a second glove nor a gown before entering the room. She exited the room wearing the one glove with the breakfast tray held in both hands as she walked down the hall to the gray trash barrel and disposed of the trash from the tray and place it on the cart with the other used trays. NA #1 returned to the same room labeled Enhanced Droplet Contact Precautions wearing the used glove, she proceeded to remove the soiled glove from her hand and placed it in her right pocket and retrieved another glove from her left pocket and placed one glove on her hand before proceeding to re-enter the room to retrieve the</p>	F 880	<p>The Director of Nursing / Infection Control Nurse will provide re-education to Resident Care Specialist (Certified Nursing Assistant), Nurses, Therapists, Housekeeping, Laundry and Department Heads with emphasis on handling, storing, process and transporting of linens to prevent the spread of infection and wear proper PPE when entering and exiting a resident's room with signage indicating Enhanced Droplet Contact Precautions for infection control.</p> <p>The Infection Control Nurse/Designee will conduct weekly audits five (5) times a week times four (4) weeks, then three (3) weeks times four (4) weeks then monthly times two (2) months or until compliance has been determined on wearing proper PPE, hand hygiene procedures and handling soiled laundry with direct resident contact which includes enhanced droplet contact precautions for infection control. A nurse / designee will observe one nurse, two resident care specialists, one housekeeper and one therapist on first shift, two nurses and two resident care specialists on second shift and two nurses and two resident care specialists on third shift.</p> <p>The Director of Nursing / Infection Control Nurse will report the results of the audits in the facility's weekly and monthly QAPI meetings.</p> <p>Our completion date for the plan of</p>		

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F 880	<p>Continued From page 6</p> <p>roommates tray. She did not perform hand hygiene after removing the glove or before re-entering the room to collect the roommate's tray. When NA #1 exited the room with the second breakfast tray, she disposed of the trash in the barrel using both hands, removed the one glove placing it in the trash barrel, and proceeded directly to the clean linen cart that was located on the hall without performing hand hygiene.</p> <p>An interview with NA#1 on 05/21/20 at 09:45 AM revealed she was aware Resident #1 was in a room labeled Enhanced Droplet Contact Precautions. She acknowledged she only wore one glove into the room to retrieve the tray and had touched the tray using her ungloved hand and her glove should have been disposed in the trash can after use. NA#1 indicated she had been educated on hand hygiene, transmission-based precautions, and donning and doffing of PPE. She further revealed she should have worn full PPE including a mask, gown, and gloves to each hand each time she entered Resident #1's room and performed proper hand hygiene using alcohol-based hand rub (ABHR) or soap and water when she removed her gloves.</p> <p>An interview with the Infection Control Nurse on 05/21/20 at 09:55 AM revealed all staff had received education on proper hand hygiene, donning and doffing of PPE, and transmission-based precautions during the month of March 2020 and provided education records that confirmed NA#1 had received education. The Infection Control nurse indicated NA #1 should have worn full PPE to include a gown, gloves, a mask, and eye wear when in the room of Resident #1.</p>	F 880	correction is 6/23/20.		

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F 880	<p>Continued From page 7</p> <p>An interview with the Director of Nursing on 05/21/20 at 11:45 AM indicated NA #1 had been trained on the transmission-based precautions, hand hygiene, and the use of PPE. She revealed all staff are to wear full PPE to include gown, mask, a face shield, and gloves when entering a room labeled Enhanced Droplet Contact Precautions and proper hand hygiene should be performed when it is removed.</p> <p>3. Resident #3 was admitted to the facility on 08/06/19 with diagnoses that included COPD.</p> <p>A review of the care plan dated 08/13/19 indicated Resident #3's use of oxygen at 5 liters via nasal cannula (L/NC) due to respiratory illness. Review of a care plan dated 03/16/20 revealed Resident #3 had restricted visitation secondary to COVID-19 exposure and further review of a care plan dated 03/31/20 indicated Resident #3 is at risk infection for COVID-19 virus secondary to active community COVID-19 cases with interventions that included hand hygiene.</p> <p>A review of a quarterly Minimum Data Set (MDS) dated 05/01/20 indicated Resident #3 had cognitive impairment and required extensive assistance by staff for all bed mobility, toileting, dressing, and hygiene needs.</p> <p>A continuous observation on 05/21/20 beginning at 10:20 AM revealed signage on the door of Resident #3 that indicated Enhanced Droplet Contact Precautions. Nurse Aide (NA) #2 was observed to have completed incontinence care for Resident #3 and began bagging soiled linen for disposal. She was wearing a face mask, yellow disposable isolation gown, and gloves. NA #2 removed her gloves, did not wash her hands,</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>exited the room wearing the yellow gown, and went to the isolation cart located on the unit to retrieve more plastic bags for the remainder of the soiled linen. After retrieving the bags, she returned to the room of Resident #3 without reapplying gloves or washing her hands and began to place the remainder of the soiled linen in the plastic bag. NA #2 then tied off the bag with a red tie type label to indicate to laundry it was removed from an isolation room. She exited the room carrying the bags, picked up an unsealed bag of dirty linen located next to the gray linen barrel in the hallway, opened the lid of the barrel while touching the handrail for balance and placed one of the two bags in the overflowing barrel. NA #2 proceeded to the exit door located at the end of the hall. She then opened the exit door with her hand and disposed of all soiled linen from the barrel in receptacles outside the door.</p> <p>An interview with Nurse Aide (NA) #2 on 05/21/20 at 10:30 revealed she acknowledged she completed incontinence care for Resident #3. She verified Resident #3's door included signage for Enhance Droplet Contact Precautions. NA #2 stated after she completed incontinence care she realized she did not have enough plastic bags for the soiled linen and needed more which were in the isolation cart in the hallway. She further revealed she removed her gloves and left Resident #3's room to get more. NA #2 indicated she returned to Resident #3's room and had bagged the remainder of the linen without reapplying gloves, picked up linen from the floor in the hallway, carried the soiled items to the end of the hall, and placed them outside the facility exit door. She acknowledged she should have gathered the correct amount of supplies before</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>entering the room, worn full PPE that included a gown, gloves, a mask, and eyewear when in the room, removed all PPE before exiting the room, retrieve needed items from the isolation cart then, reapply gloves before re-entering Resident #3's room to collect the remaining soiled linen. NA #2 further revealed she had handled and disposed of the linen both in the room and in the hallway without gloves or washing her hands, which caused increase risk for infection transmission to other residents and staff.</p> <p>An interview with Nurse #2 on 05/27/2020 at 3:45 PM stated the signage on the door of Resident #3's room indicated Enhanced Droplet Contact Precautions and full PPE should be worn by any personnel that entered the room which included mask, face shield, gloves, and a gown and all soiled linen should be placed in plastic bags, tied with the red label to indicate an isolation room, and placed in the linen receptacle. She further indicated soiled linen bags should never be left on the floor nor wear a yellow isolation gown in the hall to retrieve additional supplies, but instead ask co-worker for assistance. She further indicated she observed NA #2 not wearing gloves while handling soiled laundry and wearing the yellow gown in the hallway on 05/21/20 and she educated NA #2 immediately following her observation on that date.</p> <p>An interview with the Infection Control Nurse on 05/21/20 at 09:55AM revealed all staff had received education on proper hand hygiene, donning and doffing of PPE, and transmission-based precautions during the month of March 2020.</p> <p>The Infection Control nurse indicated NA #1 should have worn full PPE to include a gown,</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/27/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB HICKORY VIEWMONT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 13TH AVENUE PLACE NW HICKORY, NC 28601</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	
F 880	Continued From page 10 gloves, a mask, and eye wear when in the room of Resident #1 and hand hygiene should have been performed following the removal of PPE.  An interview with the Director of Nursing on 05/21/20 at 11:45 AM indicated NA #2 had been trained on the transmission-based precautions, hand hygiene, and the use of PPE and provided education records that confirmed NA #2 had received education. She revealed all staff are to wear full PPE to include gown, mask, a face shield, and gloves when entering a room labeled Enhanced Droplet Contact Precautions and proper hand hygiene should be performed upon removal.	F 880			