

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

PRINTED: 06/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
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NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - SHELBY	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 NORTH MORGAN STREET SHELBY, NC 28150
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E 000	Initial Comments	E 000		
F 880 SS=D	<p>Infection Prevention & 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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 880		6/29/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/18/2020
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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 interviews and record review, the facility failed to use face masks to cover both mouth and nose for 2 out of 25 staff</p>	F 880	<p>F880</p> <p>Specific residents affected:</p>		

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F 880	<p>Continued From page 2</p> <p>members observed, failed to disinfect a sit/stand lift between resident use for 1 of 1 observation and failed to do hand hygiene after removing dirty gloves by 1 of 3 housekeepers observed. This failure occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>1. During an observation on 6/2/20 at 9:40 AM on A hall, Nurse Aide (NA) #1 was seen coming out of room A6 and was not wearing a mask.</p> <p>A continuous observation was made 6/2/20 from 9:55 AM to 10:00 AM of NA #1 and NA #2 while providing care to Resident #1 in the shower room. NA #1 had a black cloth mask on with her nose exposed and the mask covering her mouth. NA #2 had a surgical mask on with her nose exposed and the mask covering her mouth.</p> <p>On 6/2/20 at 11:20 AM, an interview with NA #1 revealed she had taken off her cloth mask while providing care in room A6 because the mask kept on fogging up her glasses. She took her mask off and put it in her pocket. NA #1 stated she put her cloth mask back on after leaving room A6 but had to pull it down past her nose because the mask kept on fogging up her glasses while providing care to Resident #1 in the shower room. NA #1 further stated she should have worn her mask with both her nose and mouth covered but had problems with both cloth and surgical masks constantly fogging up her glasses.</p> <p>On 6/2/20 at 11:55 AM, an interview with NA #2 revealed she had to pull her mask down past her nose while providing care to Resident #1 in the shower room due to the room being hot and she was having trouble breathing with the surgical</p>	F 880	<p>Residents # 1, #2 and #3 had no adverse effects related to the staff's alleged deficient practice.</p> <p>Those residents with the potential to be affected:</p> <p>All residents on A, B, and D hall had the potential to be affected. No other resident suffered adverse effects as a result of the staff's alleged deficient practice.</p> <p>System changes:</p> <p>The facility policies related to proper use of PPE, Hand Hygiene and Equipment Cleaning were reviewed by facility Administration and no updates were necessary.</p> <p>Certified Nurse Aide (CNA) # 1 and Certified Nurse Aide (CNA) #2 received on-site education from the Infection Preventionist on 6/02/2020. This education included the proper use of personal protective equipment (PPE) while in the facility. Educated on the rationale for the use of a face mask which is to control and minimize the spread of infection and communicable disease. The education also included how to properly don/doff and wear the face mask. Educated that the facemask must completely cover the mouth and nose and be worn at all times, while in the facility, except to eat. A competency evaluation was also completed by the Infection Preventionist on 6/02/2020 for CNA #1</p>		

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F 880	<p>Continued From page 3</p> <p>mask on over her nose. NA #2 stated she was aware that she was supposed to wear the mask with both nose and mouth covered but did not do this all the time because she had trouble breathing with the surgical mask on.</p> <p>On 6/2/20 at 12:40 PM, an interview with the Infection Preventionist (IP) revealed both NA #1 and NA #2 were checked off on PPE (Personal Protective Equipment) competency which included instruction on how to wear masks properly and observation of them putting masks on, securing on their face with nose, mouth and chin covered and removing the masks properly. The IP stated both NA #1 and NA #2 should have worn their masks to cover both nose and mouth, and that she was not aware that either NA had any issues with wearing masks over their nose.</p> <p>On 6/2/20 at 1:20 PM, an interview with the Administrator revealed she expected all staff members to wear masks properly at all times while inside the facility and that NA #1 and NA #2 should not have pulled down their masks to expose their nose while providing care to a resident.</p> <p>2. A review of facility policy named "Equipment Cleaning" which was revised on April 2020 indicated that sit/stand lifts should be cleaned by wiping with disinfectant wipes between resident use.</p> <p>During a continuous observation on 6/2/20 from 9:55 AM to 10:15 AM on A hall, Nurse Aide (NA) #1 and NA #2 were seen using the sit/stand lift to transfer Resident #1 to her wheelchair while in the shower room. During the transfer, Resident</p>	F 880	<p>and CNA #2 on PPE use. CNA #1 and CNA #2 successfully completed the competency evaluation.</p> <p>All facility staff and contract staff will be educated regarding the proper use and the proper donning/doffing and wearing of face masks while in the facility. This will be completed by Infection Preventionist/designee on or before 06/29/2020. Any staff member, contract employee and/or volunteer out on Leave of Absence or PRN status will be educated prior to returning to their assignment. New employees will be educated during orientation by the Infection Preventionist/designee.</p> <p>CNA #1 and CNA #2 and the Medical Records clerk were educated on the facility policy for Equipment Cleaning by the Infection Preventionist on 6/02/2020. This education included that all mechanical lifts are to be disinfected between resident use. Disinfectant wipes and/or alternatives are available to staff for disinfecting equipment between residents. The alternative to disinfectant wipes and where to obtain the alternative was also included in the education.</p> <p>All licensed nurses, CNA's, and appropriate contract employees will be educated on the Equipment Cleaning policy and alternatives to using disinfectant wipes. This education will be completed by Infection Preventionist/designee on or before 6/29/2020. Any licensed nurse, CNA, or</p>		

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F 880	<p>Continued From page 4</p> <p>#1 was observed holding on to the handlebars on both sides of the sit/stand lift. After the transfer, NA #1 pushed the sit/stand lift out of the shower room and left it in the hallway. The Medical Records (MR) clerk grabbed the sit/stand lift and pushed it inside Resident #2's room while waiting for NA #1 to help with Resident #2's transfer. NA #1 then helped the MR clerk transfer Resident #2 to the bedside commode using the sit/stand lift. During the transfer, Resident #2 was observed holding on to the handlebars on both sides of the sit/stand lift. After the transfer, NA #1 pushed the sit/stand lift out of the room and parked it in the hallway.</p> <p>On 6/2/20 at 10:20 AM, an interview with the MR clerk revealed she had been trained on resident care and usually helped the floor nurse aides. She stated she was not sure if the sit/stand lift that she pushed to Resident #2's room had been disinfected by NA #1. She added that the sit/stand lift should be cleaned by wiping with disinfectant wipes between resident use.</p> <p>On 6/2/20 at 11:20 AM, an interview with NA #1 revealed she did not disinfect the sit/stand lift that was used to transfer Resident #1 before using it to transfer Resident #2. NA #1 stated she was aware it should have been disinfected with disinfectant wipes, but the wipes were currently unavailable. NA #1 further stated she did not know of any alternatives to the wipes to clean the sit/stand lift with.</p> <p>On 6/2/20 at 12:35 PM, an interview with the Environmental Director (ED) revealed the floor technician was assigned to disinfect all equipment including the sit/stand lifts that were parked in the hallways at least three times a day.</p>	F 880	<p>appropriate contract employee out on Leave of Absence or PRN status will be educated prior to returning to their assignment. New employees will be educated during orientation by the Infection Preventionist/designee.</p> <p>Housekeeper # 1 was educated on the proper use of PPE, including the use of gloves, and hand hygiene. This was completed by the Environmental Manager on 6/2/2020. Housekeeper # 1 was observed for the remainder of the day by the Environmental Manager to ensure hand hygiene and the proper use of gloves was accomplished as per facility policy.</p> <p>All housekeeping staff were educated on proper use of PPE, including the use of gloves, and hand hygiene. This education included that housekeeping staff must perform hand hygiene and change gloves between each resident room cleaning. This education was provided by Environmental Manager and was completed on 6/02/2020. Any housekeeping staff out on Leave of Absence or PRN status will be educated prior to returning to their assignment. New housekeeping employees will be educated during orientation.</p> <p>PPE use and Hand Hygiene Observation Audit Tools were developed to monitor compliance with PPE use, including use of facemasks, and hand hygiene. Start date of audit tool was June 5, 2020. Infection Preventionist/designee will</p>		

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F 880	<p>Continued From page 5</p> <p>The floor technician used a disinfectant spray to clean the sit/stand lifts. The ED added that the sit/stand lift should have been disinfected by the nurse aides in between resident use.</p> <p>On 6/2/20 at 12:40 PM, an interview with the Infection Preventionist (IP) revealed the sit/stand lift should have been disinfected between resident use. The IP stated the facility was currently out of the germicidal wipes, but they had a disinfectant spray that should have been used to disinfect the sit/stand lift. She further stated the disinfectant spray was locked in the shower room and in the nurses' medication carts for easy access in the halls.</p> <p>On 6/2/20 at 1:20 PM, an interview with the Administrator revealed NA #1 should have disinfected the sit/stand lift prior to using on another resident especially the handlebars that Resident #1 had touched.</p> <p>3. During an observation on 6/2/20 at 10:25 AM on B hall, Housekeeper #1 was seen leaving room B6 and taking off her gloves while in the doorway. She threw away her gloves in the trash receptacle on her cart. Housekeeper #1 then positioned her cart in front of room B7. Housekeeper #1 was not observed washing her hands or using hand sanitizer right after removing her gloves.</p> <p>On 6/2/20 at 10:25 AM, an interview with Housekeeper #1 revealed she had received education on use of PPE (Personal Protective Equipment) which included the use of gloves. Housekeeper #1 stated she used gloves to clean room B6 and removed them after she was</p>	F 880	<p>observe 25% staff every shift x 2 weeks, then daily for the next 2 weeks, weekly x 8 weeks. The need for further monitoring will be determined by the prior 3 months of auditing.</p> <p>An Equipment disinfecting/sanitizing observation audit was developed to monitor compliance with disinfecting/sanitizing equipment per facility policy i.e.: disinfecting/sanitizing between resident use of the equipment. Start date of audit tool was June 5, 2020. Infection Preventionist/designee will observe 25% staff every shift x 2 weeks, then daily for the next 2 weeks, weekly x 8 weeks. The need for further monitoring will be determined by the prior 3 months of auditing.</p> <p>A Housekeeping Observation tool was developed to monitor hand hygiene and proper use of PPE when entering and leaving a resident room or other areas in the facility. Start date of audit tool was June 5, 2020. Environmental manager/designee will audit 25% of housekeeping staff daily x 4 weeks, then 2x/week x 4 weeks, then weekly x 4 weeks. The need for further monitoring will be determined by the prior 3 months of auditing.</p> <p>DON and Environmental manager will bring the results of all audits to the QAPI Committee to be analyzed and evaluated monthly over the next 3 months.</p> <p>Completion date June 29, 2020.</p>		

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F 880	<p>Continued From page 6</p> <p>finished cleaning the room. Housekeeper #1 admitted that she did not wash her hands or use hand sanitizer after removing her gloves because she was told it was fine to discard her dirty gloves and apply new gloves prior to entering the next room. Housekeeper #1 further stated she did use hand sanitizer after cleaning rooms that had a hand sanitizer right outside the door in the hallway but did not like to do this often because it was sticky. Housekeeper #1 added she only washed her hands when she was finished with cleaning the whole hall.</p> <p>On 6/2/20 at 11:40 AM, an interview with the Environmental Director (ED) revealed all housekeepers were expected to wear gloves when cleaning rooms and wash their hands after removing their gloves and prior to going to the next room. The ED stated Housekeeper #1 had been educated on handwashing after coming out of every room but did not follow what she had been instructed to do.</p> <p>On 6/2/20 at 12:40 PM, an interview with the Infection Preventionist revealed Housekeeper #1 was checked off on PPE competency which included handwashing after removal of gloves. The IP stated Housekeeper #1 should have washed her hands or used hand sanitizer before leaving the room. The IP added that each resident room had a sink with soap, water and hand sanitizer available for use.</p> <p>On 6/2/20 at 1:20 PM, an interview with the Administrator revealed Housekeeper #1 should have done hand hygiene after removing her gloves. The Administrator added that Housekeeper #1 had been given a disciplinary action, re-educated and would be monitored more</p>	F 880			

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