

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

PRINTED: 06/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OR SUPPLIER CHATHAM NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSTON RIDGE ROAD ELKIN, NC 28621	
(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=F	<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: (i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880		5/29/20

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

TITLE

(X6) DATE

Electronically Signed

05/29/2020

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>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 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 review of the facility's COVID-19 Infection Control</p>	F 880	The Director of Dining Services (DDS) immediately instructed all dietary staff in		

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F 880	<p>Continued From page 2</p> <p>Assessment and Response Tool, the facility failed to implement measures specified on the infection control tool when 5 of 5 dietary staff failed to wear a facemask or face covering when they worked in the kitchen. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>The facility's "COVID-19 Long-Term Care Infection Control Assessment and Response Tool," updated 5/15/20, was reviewed. The tool stated, in part, "Facility has implemented universal use of facemasks for all staff..."</p> <p>During a tour on 5/18/20 at 12:06 PM there were five dietary staff observed working in the kitchen. None of the dietary staff, which included the Director of Dining Services, Cook Supervisor, Dietary Aide #1, Dietary Aide #2 and Dietary Aide #3, wore facemasks or face coverings.</p> <p>On 5/18/20 at 1:20 PM an observation of the hallway outside of the dining room revealed a sign was posted that stated, "All staff wear masks all the time."</p> <p>On 5/19/20 at 9:00 AM an interview was completed with Dietary Aide #1. She said she had been educated by the facility about the COVID-19 pandemic and was told a facemask was to be worn whenever she left the kitchen and went out on the resident halls or had contact with a resident. She confirmed she had not worn a facemask when she worked in the kitchen on 5/18/20 during the surveyor's tour.</p> <p>In an interview with the Cook Supervisor on 5/19/20 at 10:08 AM, she verified she had worked</p>	F 880	<p>the kitchen to put on their mask after speaking to the surveyor.</p> <p>On 5/18/20, education was provided to the Director of Nursing (DON) and 100% of the Dietary Staff by the Social Worker to wear a face mask at all times. The education addressed how to correctly wear the face mask, when to replace the face mask and where to get a new face mask. The Area Director for Dietary Services provided education on 5/18/20 to the Director of Dining Services and the Cook Supervisor that mask are to be worn at all times.</p> <p>By 5/28/20, 100% of Chatham Nursing & Rehabilitation staff to include contracted staff, therapy, housekeeping and dietary, received education on wearing a face mask at all times, how to correctly wear the face mask, when to change the face mask and where to get a new face mask.</p> <p>Utilizing an audit tool, the Administrator or designee will make random observations in the kitchen two times daily for two weeks, then, one time daily for two weeks, then, three times per week for four weeks, then, weekly for four weeks to ensure that all Dietary staff are wearing a face mask and wearing the face mask correctly. Random audits will continue weekly for all other staff to ensure continued compliance with face mask use.</p> <p>The audit tools will be reviewed weekly for four weeks by select Quality Assurance Committee members to include the</p>	

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F 880	<p>Continued From page 3</p> <p>in the kitchen on 5/18/20 and had not worn a facemask. She stated she was aware of the COVID-19 pandemic. She recalled the facility had instructed her that a facemask was to be worn when she left the kitchen and went out on the floor/hall where the residents resided.</p> <p>An interview was completed with Dietary Aide #2 on 5/19/20 at 10:17 AM. She explained the facility had educated her that a facemask was to be worn only when she went out on the hall from the kitchen. She said she had not been instructed that a facemask was to be worn when she worked inside the kitchen.</p> <p>During an interview with Dietary Aide #3 on 5/19/20 at 10:35 AM, she expressed her awareness of the COVID-19 pandemic. She verified she had not worn a facemask in the kitchen when the surveyor toured on 5/18/20. She explained she was informed by the Director of Nursing (DON) that whenever she left the kitchen and went out on the halls or was around residents she was expected to wear a facemask but when she was in the kitchen, a facemask did not have to be worn.</p> <p>The Director of Dining Services was interviewed on 5/18/20 at 12:08 PM. She explained the dietary staff had not worn a facemask or face covering when they worked in the kitchen but wore them when they left the kitchen and went on to the resident units or halls. She said she had been told by the DON that dietary staff were not required to wear a facemask or face covering when they were in the kitchen.</p> <p>On 5/18/20 at 12:56 PM an interview was completed with the DON, during which she stated</p>	F 880	<p>Administrator, Director of Nursing, Social Worker and Director of Dining Services to ensure the corrective action is in place and effective per the policy and procedures of this facility. The audits will be reviewed at the monthly QAPI meetings for three months. If any non-compliance is identified, corrective actions and staff re-training will be reviewed and revised as indicated.</p>		

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F 880	Continued From page 4 all staff of all departments wore masks daily. She added the dietary staff were supposed to wear a mask whenever they left the kitchen. In an interview with the Administrator on 5/18/20 at 1:14 PM, she explained the facility followed the Center for Medicare and Medicaid Services (CMS) guidelines related to the COVID-19 pandemic, and said, "I believe the CMS guidelines says everybody should be wearing a mask." She added, "everyone should be wearing a mask when in the kitchen," and was unsure why the dietary staff had not worn a facemask or face covering when they worked in the kitchen.	F 880			