

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

PRINTED: 07/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2020
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVENUE PLACE NW HICKORY, NC 28601	
(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 000	INITIAL COMMENTS	F 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</p>	F 880	7/13/20	

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

TITLE

(X6) DATE

Electronically Signed

07/10/2020

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>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 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 observation, staff interview, and review of the facility's policies and procedures, the facility failed develop a policy that addressed when laundry staff were to perform hand hygiene and what PPE (Personal Protective Equipment) they were to wear. Additionally, a laundry aide was observed not wearing any PPE while handling clean and dirty laundry nor perform hand hygiene after touching soiled linen laundry for 1 of 1 staff observed processing laundry. These failures occurred during a COVID-19 pandemic and had the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>Review of the facility's policies and procedure revealed there were no policies that addressed when laundry staff were to perform hand hygiene or what PPE staff were required to wear when processing laundry.</p> <p>According to the facility protocol document titled "Managing COVID-19 in your facility Tool Kit C" dated 4/23/20 and signed by the medical director on 05/29/20 indicated all staff must be meticulous with hand hygiene and the use of PPE.</p> <p>An observation on 06/16/20 at 2:05PM revealed Laundry Aide #1, was working in the laundry department and was not wearing any PPE. Laundry aide #1 was observed to use her bare</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>A Fish Bone Diagram: Root Cause Analysis was conducted on 7-6-2020 and completed 7-8-2020 to identify the root cause of 1) the failure of the facility to develop a policy to address when laundry staff are to perform hand hygiene and wear PPE and 2) failure of laundry staff to wear PPE and perform hand hygiene when handling clean and dirty laundry. The Root Cause Analysis was led by the District of Clinical Services with input by the Vice President of Clinical Services, Vice President of Operations, Nursing Home Administrator, Director of Nursing, Infection Preventionist, District Manager Account Manager and Environment Services Account Manager. The Results of the Root Cause Analysis were reviewed</p>		

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F 880	<p>Continued From page 3</p> <p>hands to place soiled linen in a washing machine. After she handled the soiled linen, she did not perform hand hygiene before she used her bare hands to remove clean linen from a washing machine and place this linen in the dryer. Laundry aide #1 did not use PPE during the handling of linen on the dirty side of the laundry department and she did not perform hand hygiene after touching the dirty linens. A hand washing sink, with liquid soap and paper towels was observed in the laundry room next to the exit door on the clean linen side of the laundry room where administrative staff were observed performing handwashing.</p> <p>An interview was conducted on 06/16/20 at 2:07 PM with Laundry Aide #1 who acknowledged she did not use PPE during handling of linen on the dirty side of the laundry department. She stated she had arrived at work and began performing daily task before donning PPE and did not wash her hands after handling the dirty linens. She further revealed she should have worn a mask, apron, and gloves when handling all laundry on the dirty side of the laundry room followed by washing her hands.</p> <p>An interview was conducted on 06/16/20 at 2:15 PM with the Housekeeping Director who acknowledged the proper PPE including an apron, mask, and gloves should have been worn by all laundry staff when performing duties on the dirty side of the laundry room followed by hand hygiene. He stated the facility was doing all laundry including resident's personal items due to enforcement of no visitation during the pandemic. He further revealed the laundry staff scheduled for second shift, which included Laundry Aide #1, were also responsible for cleaning and sanitizing</p>	F 880	<p>by the QAPI Committee on 7-10-2020 were incorporated into the facility plan of correction.</p> <p>The facility uses Healthcare Services Group (HCSG) Laundry Policies that address when staff are to perform hand hygiene and proper use of PPE. HCSG Environmental Services Operations Manual-Laundry Operations (Revised 6/16) was available on Sava Central at Ops Central. A copy of the HCSG Laundry Operations Manual was printed and placed in the facility laundry area on 7-10-2020. A copy of HCSG Laundry Operations Manual (Revised 6/16) was reviewed with the laundry staff on 7-10-2020 with in-service education completed by the facility Infection Preventionist. Additional laundry staff not present on 7-10-2020 will receive in-service education by the Infection Preventionist by 7-13-2020. An attestation statement by the Infection Preventionist verifying completion of in-service training will be completed by 7-13-2020.</p> <p>A copy of the HCSG-COVID-19 Checklist for HCSG Laundry Services Policy was printed and placed into the facility laundry area on 7-10-2020. A copy of HCSG-COVID-19 Checklist for HCSG Laundry Services Policy dated 4-6-2020 was reviewed with the laundry staff on 7-10-2020 with in-service education completed by the Infection Preventionist. Additional laundry staff not present on 7-10-20 will receive in-service education by the Infection Preventionist by 7-13-20.</p>		

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F 880	<p>Continued From page 4</p> <p>the main corridor of the building including resident halls 400 and 500 daily and by not wearing the proper PPE while handling linens in the laundry room increased the risk for the spread of infection during the COVID-19 pandemic to the residents and staff.</p> <p>An interview was conducted on 06/22/20 at 12:51 PM with the Housekeeping District Manager who acknowledged that all housekeeping and laundry staff had received training on the proper use of PPE and hand hygiene since the start of the COVID-19 pandemic began and had returned demonstration of their knowledge. He stated all laundry staff should wear PPE to include gloves, apron and mask when handling linen in the dirty side of the laundry room. He further indicated the lack of use of proper PPE when handling linens could increase the risk of the spread of infection. Additionally, he was unable to provide any specific policies for laundry staff related hand hygiene and PPE to be worn when handling facility laundry.</p> <p>An interview was conducted by phone with the Infection Control Nurse/Assistant Director of Nursing on 06/24/20 at 09:46 AM revealed laundry staff had received education from the Housekeeping Director on donning and doffing of PPE while performing task in the laundry department and performing hand hygiene. She indicated lack of use of PPE when handling soiled linen could increase the risk of spread of infection. Additionally, she confirmed all policies and procedures used for housekeeping and laundry staff were provided through the contracted agency and she did not have access to these documents.</p>	F 880	<p>An attestation statement by the Infection Preventionist verifying completion of in-service training will be completed by 7-13-2020.</p> <p>All Laundry Staff will received in-service education and training on HCSG Laundry Operations Policy (Revised 6/16) and HCSG-COVID-19 Checklist for HCSG Laundry Services (4/6/2020) upon hire and annually effective 7-10-2020.</p> <p>The facility will audit all Laundry Services in-service Education and Training weekly x four (4) then monthly x two (2) to ensure that all Laundry Services have received in-service education and training annually and upon hire of HCSG Laundry Operations Policy (Revised 6/16) and HCSG-COVID-19 Checklist for HCSG Laundry Services (4/6/20).</p> <p>On 7-7-2020 the Infection Control Nurse provided re-education to Laundry Aide#1 to wear proper PPE which includes mask, eye wear, gown / apron, gloves and the importance of hand hygiene when working in the soiled laundry area.</p> <p>All residents have the potential to be affected. On 7-6-2020 the Administrator, Infection Control Nurse, Environmental Services Account Manager, Director of Nursing, District Manager Account Manager, District Director of Clinical Services, Vice President of Clinical Services and Vice President of Operations conducted a root cause analysis regarding facility processes for</p>		

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F 880	Continued From page 5	F 880	<p>handling laundry. Based on the results of this root cause analysis a QA plan was developed to include re-education of all current laundry aides regarding the laundry policies and procedures, handling of the laundry and using the proper PPE and the importance of hand hygiene.</p> <p>It was determined that the Laundry Aide #1 did not follow policy / procedure on the proper handling of the soiled and clean laundry. Issues that were also found was that the policy and procedures were not located in the laundry dept. The Adhoc completion date was 7-8-2020. Opportunities were corrected as identified.</p> <p>On 7-10-2020 the Infection Control Nurse re-educated Laundry Aide #1 and all other laundry aides to wear proper PPE which includes mask, shield, gown/apron, gloves and the importance of hand hygiene when working and handling soiled/clean laundry. Policies and procedures for handling of the laundry are located in the laundry dept as of 7/10/2020. Additional laundry staff not present on 7-10-2020 will receive in-service education by the Infection Preventionist by 7-13-2020. No additional issues were identified.</p> <p>The Infection Control Nurse / Designee will conduct weekly audits five times (5) a week times four (4) weeks, then audit three times (3) weekly times four(4) weeks then monthly times two (2) months or until compliance has been determined on wearing proper PPE and hand hygiene</p>		

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F 880	Continued From page 6	F 880	<p>procedures with handling soiled / clean laundry. The Environmental Services Account Manager / Designee will observe one laundry aide five (5) times a week x four(4) weeks then monthly times two(2)months or until compliance has been determined on wearing proper PPE and hand hygiene procedures with handling soiled /clean laundry. Opportunities will be corrected daily as identified.</p> <p>The Infection Control Nurse / Environmental Services Account Manager will report results of the audits in the facility's weekly and QAPI monthly meetings. The committee will evaluate effectiveness of the plan and make recommendations as required.</p> <p>Our completion date for the plan of correction is 7-13-2020.</p>		