STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345439	A. BUILDING _____ B. WING _____	07/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - BROOKSHIRE, INC	**300 MEADOWLANDS DRIVE HILLSBOROUGH, NC 27278**

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 7/14/2020. 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# LJYI11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 7/14/2020. The facility was not found in compliance with 42 CFR §483.80 infection control regulations resulting in Federal Citations F656 and F880. See Event ID #LJYI11.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		

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 656	Continued From page 1	F 656		

rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to develop a comprehensive care plan for urinary tract infection (UTI) and catheterization for 1 of 2 residents reviewed for antibiotic use (Resident #1). Findings included:

Resident #1 was admitted to the facility on 10/31/2019 with the diagnosis of UTI.

The resident had a urology consultation on 6/2/2020 for urinary retention and an ultrasound was ordered. The resident had a mild, asymptomatic UTI and was not treated.

The resident had physician orders dated 6/5/2020 for in and out urinary catheter each shift day/night and to record the amount.
The resident was sent to the Emergency

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F 656	Continued From page 2 Department (ED) for low blood pressure and malaise on 6/11/2020. She was found to have a UTI and was sent back to the facility. The resident had a urology physician order dated 6/11/2020 for prophylactic Macrodantin 50 mg with no end date (antibiotic for UTI). On 6/29/2020 the Nurse Practitioner saw the resident and documented history of UTI and prophylactic Macrodantin. A review of the resident ' s quarterly Minimum Data Set dated 7/2/2020 revealed the resident had a moderate cognitive deficit. The resident was totally dependent for transfer and extensive assistance of one for all other activities of daily living. She was always incontinent of bladder and bowel. The comprehensive care plan was last updated on 7/9/2020 during care conference and there were no problem(s) or approache(s) for UTI or urinary catheterization documented on this plan or prior plan. On 7/14/2020 at 11:45 am an interview was conducted with the Infection Preventionist. He stated that the resident had a UTI and was receiving prophylactic antibiotic to prevent another infection. On 7/14/2020 at 1:20 pm an interview was conducted with the Administrator and Director of Nursing. The DON acknowledged the resident was receiving care for the UTI and intermittent catheterization.	F 656		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		

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F 880	Continued From page 3 §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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		

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F 880	Continued From page 4 (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. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 and staff interview, the facility failed to use hand hygiene during meal tray retrieval and meal assist for 3 of 3 residents observed (Residents Residing in Rooms 301A, 306A, and 306B) during a COVID19 pandemic. Findings included: The facility infection prevention and control policy dated 5/20/2020 was reviewed and revealed staff were required to be educated in hand hygiene and to use hand hygiene before and after	F 880		

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F 880	Continued From page 5	F 880		

resident contact.

On 7/15/2020 at 11:20 am an interview was conducted with the Infection Preventionist (IP). The IP stated that due to an active COVID case in the facility, he increased his infection control and universal precaution surveillance and random observation. He commented that he provided additional education to new housekeeping staff regarding frequent contact surfaces and had not observed any concerns with nursing ' s use of universal precautions.

On 7/15/2020 at 1:12 pm an observation was done of Nursing Assistant #1 (NA) retrieve lunch trays from the resident ' s rooms on Hall 300. NA entered room 301 and retrieved the lunch tray from the resident ' s bedside table who was residing in Bed A and placed it on the dining cart in the hall. NA entered room 306 and assisted the resident residing in Bed B by using her silverware and cutting her food. NA then moved to the Resident residing in Bed A and pickup up his lunch tray off his bedside table. The NA was not observed to have washed his hands by using hand sanitizer or washing his hands for each encounter between the three residents.

On 7/14/2020 at 1:20 pm an interview was conducted with NA. He answered "Oh I forgot, that ' s right" regarding hand washing when assisting residents with their meal and their tray. NA commented that he would clean his hands now and retrieved hand sanitizer from the hall dispenser. NA agreed he should have cleaned his hands between each resident encounter.

On 7/14/2020 at 1:40 pm an interview was conducted with the Infection Preventionist (IP).

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F 880	Continued From page 6 He was informed of the observation of NA regarding hand washing and had no questions. IP commented that staff should use hand sanitizer after each resident encounter and would inform the Administrator. On 7/14/2020 at 2:00 pm an interview was conducted with the Administrator who commented she was informed of the NA ' s failure to wash his hands and had no questions or comments.	F 880		