

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

PRINTED: 08/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 07/21/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 994W11.	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: (i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880		8/5/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/31/2020
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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>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 observation, staff interviews, record review and review of the facility's policies and</p>	F 880	F-880—Infection Control ----- Autumn Care of Fayetteville		

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F 880	<p>Continued From page 2</p> <p>procedures staff failed to implement the facility's COVID-19 Plan and Protocols for wearing the personal protective equipment (PPE) required for 3 of 3 staff observed providing care and services to residents who were quarantined and on enhanced droplet precautions These failures occurred during the COVID-19 pandemic. Findings included:</p> <p>The facility's Enhanced Precaution Policy Titled: Transmission-Based Precautions (last revised 03/24/2020) documented, "Droplet Precautions - intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. A single patient room is preferred for residents who require Droplet Precautions. A mask is worn for close contact with infectious resident. Gloves, gown, eye protection are worn adhering to Standard Precaution guidelines." This includes the following: Staff will utilize appropriate PPE (personal protective equipment) including surgical masks, gown, eye protection, and gloves when entering room.</p> <p>During facility tour observation on 07/21/20 at 11:20 AM Housekeeper #1 was observed entering an enhanced droplet-contact precaution room on the 500 hall without eye protection. Housekeeper #1 was wearing a surgical mask and gown. Housekeeper #1 was observed not wearing eye protection while in the resident's room.</p> <p>During an interview with Housekeeper #1 on 07/21/20 at 2:41 PM stated she could not have worn eye protection, because there was no eye protection on the PPE carts down the 500 hall. She stated she was very busy on her hall and did</p>	F 880	<p>1. Address how corrective action will be accomplished for those residents found to have been affected:</p> <p>1a. Residents and staff residing in the facility during survey were at risk and affected from improper use of eye protection.</p> <p>1b. Housekeeper #1 received 1:1 education from Director of Nursing (DON) and Housekeeping on proper utilization of wearing eye protection when entering an Enhanced Droplet-Contact Precaution resident's room if warranted for entire shift on 07/21/2020.</p> <p>1c. Nurse #1 received 1:1 education from the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA) on proper utilization of wearing eye protection when entering an Enhanced Droplet-Contact Precaution resident's room if warranted for entire shift on 07/21/2020.</p> <p>1d. Nursing Assistant (NA) #1 received reeducation from the DON/LNHA on proper utilization of wearing proper eye protection when entering an Enhanced Droplet-Contact Precaution resident's room if warranted for entire shift on 07/21/2020.</p> <p>2. Address how corrective action will be affected by the same deficient practice:</p> <p>2a. Current residents and staff members have the potential to be affected by the deficient practice.</p> <p>3. Address what measures will be put into place or systemic changes to ensure that the deficient practice will not occur:</p> <p>3a. Protective Prevention Equipment (PPE) application and appropriate use of</p>		

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F 880	<p>Continued From page 3</p> <p>not have time to track down the 3 people with keys to the central supply room. She said it was her fault that she did not don eye protection. She said, while she was in enhanced precaution rooms, she was wearing a mask and gown and should have also put on eye protection and did not.</p> <p>During observation of the lunch meal on the 200 and 500 halls (quarantine halls), beginning at 12:30 PM on 07/21/20, multiple personal protection equipment (PPE) were observed in clear plastic containers outside Residents' rooms, with enhanced observation signs posted on doors. The enhanced droplet-contact precautions sign revealed the following: perform hand hygiene, surgical mask when entering room, eye protection when entering room, gown when entering room, gloves when entering room, private room and keep door closed, families and visitors - do not enter the room, and report to the nurses' station with questions.</p> <p>During facility observation on 07/21/20 at 1:35 PM Nurse #1 was observed entering an enhanced droplet-contact precaution room on the 200 hall without eye protection when entering room. Nurse #1 was wearing a surgical mask and gown. Nurse #1 was observed not wearing eye protection while entering the resident's room.</p> <p>During an interview with Nurse #1 on 07/21/20 at 2:24 PM stated she should have worn full PPE on 07/21/20 at 1:35 PM when entering a 200 hall enhanced observation precautions room as required in the facility's enhanced precautions policies, which would have included mask, gown, gloves, eye protection, and she did not. She reported it was an honest mistake on her part not</p>	F 880	<p>eye wear will be part of orientation process; which includes use of eye wear, includes return demonstration of application.</p> <p>3b. Current staff will be educated on proper use and donning of PPE which includes eye wear by DON/designee.</p> <p>3c. Current residents will be educated on use and staff will be re-educated on the proper use and wearing of eye wear as warranted with emphasis on performing aerosol-generating procedures (open suctioning, trach care, respiratory treatments, etc.) when there is likely that there will be splash or spray of any respiratory secretions.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>4a. Department heads/designee will audit all departments and random facility staff daily for appropriate use of PPE to include eye masks.</p> <p>4b. Audits will be submitted to administrator 5 times a week. Any areas of concern will be addressed per facility policy (which includes reeducation and disciplinary as appropriate at time of occurrence.</p> <p>4c. Audits will be taken to QAPI committee monthly times 3 for review and revision as needed. Week-end Supervisor will audit all staff on the proper use of wearing eye wear when warranted; report will be on Eye-Wear Audit Sheet and turned into the LNHA/designee.</p> <p>4d. Results of audits will be taken to QAPI Meeting by the LNHA/designee x 3 months for compliance.</p>		

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F 880	<p>Continued From page 4 to have put on eye protection.</p> <p>During facility observation on 07/21/20 at 1:40 PM Nursing Aide (NA) #1 was observed entering an enhanced droplet-contact precaution room on the 200 hall without eye protection when entering room. NA #1 was wearing a surgical mask and gown. NA #1 was observed not wearing eye protection while entering the resident's room.</p> <p>During an interview with NA #1 on 07/21/20 at 2:18 PM stated she should have worn full PPE on 07/21/20 at 1:40 PM when entering a 200 hall enhanced observation precautions room as required in the facility's enhanced precautions policies, which would have included mask, gown, gloves, eye protection, and she did not.</p> <p>During an interview with the facility's Central Supply Manager (CSM) on 07/21/20 at 2:00 PM stated the nursing staff were usually good at asking for PPE when the hall carts were out of supplies. CSM said the facility had plenty of PPE on-hand; masks, gowns, gloves, goggles, face shields, and eye glasses. Per facility PPE inventory sheet dated 07/16/20 revealed the facility had 57 eye protection available for staff. CSM said staff should have notified her, the DON, or the Administrator when they were out of eye protection and did not.</p> <p>During an interview with the Administrator and Director of Nursing (DON) on 07/21/20 at 3:00 PM stated Housekeeper #1, Nurse #1, and NA #1 should have worn complete PPE required in the facility's COVID policies to help reduce chances of cross-contamination just in case residents or staff were indeed positive or began exhibiting signs and symptoms of respiratory illness. They</p>	F 880	5. Date of Completion will be by 08/04/2020.		

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F 880	Continued From page 5 also reported Housekeeper #1, Nurse #1, and NA #1 should have requested additional eye protection for the depleted PPE carts from central supply and did not.	F 880		