

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: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2020
NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412		
(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 An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted on 7/28/20 through 7/29/20. 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# NWTU11.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and Complaint Investigation was conducted 7/28/20 - 7/29/20. 3 of 3 complaint allegations were unsubstantiated. Event ID # NWTU11.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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	F 880		8/19/20	

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

TITLE

(X6) DATE

Electronically Signed

08/14/2020

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>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 transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 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, record review, and staff interviews, a direct care staff member failed to implement the facility's Transmission-Based Precautions Policy for not wearing the personal protective equipment (PPE) required when providing care and services to 1 of 5 sampled residents who was quarantined and under Enhanced Droplet Precautions. (Resident #1). This failure occurred during the COVID-19 pandemic. Findings included:</p> <p>The facility's Transmission-Based Precautions Policy last revised 6/29/20 documented, droplet precautions were intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. A mask is worn for close contact with residents. Gloves, gown, and eye protection are worn adhering to Standard Precautions guidelines.</p> <p>Record review revealed Resident #1 was re-admitted to the facility following hospitalization on 7/21/20 and placed on the quarantine hall.</p> <p>During an interview with the Administrator on 7/28/20 at 10:30 AM she stated residents who were admitted or readmitted to the facility who were not known to be COVID positive were placed on a hall where quarantine precautions were in place.</p>	F 880	<p>Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purpose of general liability, professional malpractice or any other court proceeding</p> <p>Resident #1, No adverse effects were noted. All residents had the potential to be affected. To prevent this from recurring, the Director of Nursing or Designee will provide education to current staff by August 15, 2020 concerning proper donning and doffing of Personal Protective Equipment (PPE) when entering and exiting a resident room with signage contact/droplet precautions. Education will be provided to new hires during orientation. To monitor and maintain ongoing compliance, beginning August 14, 2020 the facility Administrator or his designee will audit 5 employees per day for two weeks, then 5 employees five days per week for two weeks and randomly thereafter to validate compliance of facility screening process and ensuring proper usage of face coverings by all employees. Director of Nursing or designee will</p>		

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F 880	<p>Continued From page 3</p> <p>During an observation of the lunch meal on the quarantine hall, beginning at 12:30 PM on 7/28/20, PPE was observed in the isolation carts outside the resident rooms. The PPE included masks, gloves, gowns, and eye protection. An Enhanced Droplet Precautions sign was posted on Resident #1's door, the instructions included to perform hand hygiene, wear surgical mask when entering room, eye protection when entering room, and wear gown and gloves when entering room.</p> <p>During a meal observation on 7/28/20 at 12:35 PM a Nurse Aide (NA#1) was observed in Resident #1's room assisting him and providing meal tray set up. NA #1 was wearing a mask, she was not wearing a gown, gloves, or eye protection.</p> <p>During an interview with NA #1 on 7/28/20 at 12:40 PM she acknowledged that Resident #1 was on enhanced droplet precautions. She stated once she realized that she was not wearing a gown, gloves or eye wear, she went into the hallway and put the PPE on. She stated Resident #1 self-propelled into the hallway, and she assisted him back into his room. She stated while in his room she phoned the residents family member to help calm him. She indicated that she began setting up his meal tray and realized she was not wearing the PPE.</p> <p>In an interview with the Infection Control Preventionist (Nurse #3) on 7/28/20 at 3:30 PM she stated enhanced droplet precautions required gloves, gown, mask, and eye wear. She stated these precautions were in place for Resident #1 due to a recent hospital admission. She indicated that Nurse Aide #1 should have followed the</p>	F 880	<p>observe 5 opportunities per day for two weeks, then 2 opportunities per day for two weeks, and then randomly thereafter to validate compliance on proper hand hygiene and donning and doffing of PPE when entering and exiting a room with signage indicating contact/droplet precautions.</p> <p>The results of the audits will be forwarded to the facility QAPI committee weekly for further review and recommendations during the duration of auditing.</p> <p>Dates corrective actions will be completed: August 19, 2020</p> <p>Title of person responsible for implementing acceptable plan of correction: Kathleen Stierwalt, LNHA</p>		

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F 880	Continued From page 4 facility policy for enhanced droplet precautions for a resident under quarantine and donned the appropriate PPE before entering Resident #1's room. On 7/28/20 at 4:45 PM the Administrator, along with the Infection Preventionist and Corporate Nurse Consultant, acknowledged that NA #1 should have donned PPE before entering Resident #1's room.	F 880			