

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

PRINTED: 09/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2020
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 121 RACINE DRIVE WILMINGTON, NC 28403
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E 000	Initial Comments An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted 8/12/20 -8/17/20. 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# OFJV11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and Complaint Investigation was conducted 8/12/20 - 8/17/20. 25 of 25 complaint allegations were unsubstantiated. Event ID # OFJV11.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to	F 761		8/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/27/2020
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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 761	<p>Continued From page 1</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interviews the facility failed to keep unattended medications stored in a locked medication cart for 1 of 3 medication carts observed (200 hall medication cart).</p> <p>Findings included:</p> <p>During a continuous observation on 8/12/20 from 12:46 PM until 12:51 PM the 200-hall medication cart was against the wall between rooms 207 and 204. The lock on the medication cart was not engaged. During this time, multiple staff members walked by the unattended medication cart. The Medication Aide (#1) who was responsible for the medication cart was observed coming out of a resident's room further down the hallway.</p> <p>In an interview on 8/12/20 at 12:51 PM, Medication Aide #1 confirmed she was responsible for the 200-hall medication cart. She verified that the medication cart was unlocked by opening a drawer containing medications without using a key to unlock the cart. She stated she was assisting a resident in his room and was coming right back and stated she should not have left the medication cart unlocked and unattended. She acknowledged that she should have made sure the cart was locked before leaving it unattended.</p> <p>In an interview on 8/12/20 at 4:30 PM with the Director of Nursing, she stated that when a</p>	F 761	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>Ftag-761- Label/Store Drugs and Biologicals</p> <p>The facility failed to follow State and Federal laws with medications/biologicals in cart unlocked while not attended to.</p> <p>On 08/12/2020 observation noted 200 Hall medication cart unattended to by medication aide with cart unlocked while in a residents room.</p> <p>On 08/12/2020 The Director of Nursing reviewed educated and observed 100% of all medication carts, medication aides and nurses were observed and monitored to lock medication carts when not in use. Of the five medication carts 100% were locked when not attended to.</p>		

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F 761	Continued From page 2 medication cart was not in use it should be kept locked for safety.	F 761	Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: On 08/12/2020 the Director of Nursing initiated in service for all nurses and medication aides to lock carts when not attending to them with keys on their person. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed. On 08/12/2020 the Director of Nursing will initiate quality assurance monitoring audit of all medication carts to ensure th are safely locked when not in use weekly x 4 then monthly x 3. QA monitoring will be reviewed the facility QA meeting weekly for follow up. The QA meeting attended by the Administrator, Director of Nursing, Unit mangers, Dietary Manager, Minimum Data Set Registered Nurse, Environmental/Housekeeping Director, and Health information Manager.		
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.	F 880		8/31/20	

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F 880	Continued From page 3 §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: (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	F 880			

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F 880	<p>Continued From page 4</p> <p>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.</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 procedures staff failed to implement the facility's COVID-19 Plan and Protocols for wearing the personal protective equipment (PPE) required for 2 of 2 staff (Housekeeper #1 and Nurse Practitioner #1) observed providing care and services to residents who were quarantined and on enhanced observation precautions. These failures occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Centers for Disease Control (CDC) recommendation Titled: Preparing for COVID-19 in Nursing Homes (last updated June 25, 2020) recommends, "If the facility has a quarantine (observation) unit which is used for new admissions or re-admissions whose COVID</p>	F 880	<p>F 880</p> <p>1. Plan for correcting specific deficiency.</p> <p>No residents were identified as affected. On 8/13/20, the Nurse Practioner and Housekeeper were immediately educated on use of wearing PPE in Enhanced Precaution areas wearing mask, gown, gloves and goggles to correctly cover her mouth and nose. Education was provided 1:1 in-service education on correct application of mask, gown, goggles and gloves was provided on 8/13/20 by Director of Nursing/Infection Preventionist.</p> <p>Root Cause analysis was completed on 8/14/20, with the following staff in attendance: Administrator, Director of</p>		

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F 880	<p>Continued From page 5</p> <p>status is unknown. These residents should remain on observation for 14 days and CDC recommends healthcare personnel wear all recommended Personal Protection Equipment (PPE) when caring for these residents which would include gown, gloves, mask and eye protection (this would be contact + droplet + eye protection)." Therefore, CDC recommends: "For residents placed on an observation or quarantine unit, Health Care Provider (HCP) entering the resident's room should wear mask, gloves, gown and eye protection."</p> <p>The facility's Enhanced Precaution Policy Titled: COVID-19 Preparation and Response (last revised 03/10/2020) documented, "Transmission based precautions initiated empirically to control the spread of infection. Combines Standard Precautions and Droplet precautions and includes wearing eye protection." "Single use gowns should be used and discarded for all contact and enhanced precaution rooms."</p> <p>During observation on the 300 and 400 halls (quarantine halls), beginning at 10:50 AM on 08/12/20, multiple personal protection equipment (PPE) were observed in clear plastic containers outside residents' rooms, with enhanced observation precautions signs posted on doors. The enhanced observation precautions sign revealed the following: perform hand hygiene, surgical mask when entering room, eye protection when entering room, gown, 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 a facility observation on 08/12/20 at 1:35 PM Housekeeper #1 was observed entering an</p>	F 880	<p>Nursing, Nursing, Dietary Staff, Housekeeping, Social Services, Activities, Therapy and Business Office Departments. The root cause of the area cited was determined to be related to the Nurse Practitioner and Housekeeper did not wear the appropriate Enhanced Precautions PPE in Covid-19 assigned areas.</p> <p>2. Correction for residents with the potential to be affected.</p> <p>On 8/13/20 the Director of Nursing/Infection Preventionist audited all patient care areas for staff appropriately wearing the face mask, gown, gloves and goggles covering the nose and mouth. All Liberty Commons Staff were audited for compliance of Enhanced Precautions.</p> <p>3. Education</p> <p>On 8/13/20 and 8/25/20, the Director of Nursing/Infection Preventionist provided an in-service education to the Nurse Practitioner, Housekeeper and all Liberty Commons staff.</p> <ul style="list-style-type: none"> • PPE use • Enhanced Precautions <p>On 8/26, the Administrator also provided and in-service to staff regarding:</p> <ul style="list-style-type: none"> • PPE use <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff as identified above and will be reviewed by the Quality Assurance</p>		

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F 880	<p>Continued From page 6</p> <p>enhanced observation precaution room on the 300 hall without eye protection. Housekeeper #1 was wearing a surgical mask and gloves.</p> <p>During an interview with Housekeeper #1 on 08/12/20 at 1:37 PM she stated she did not know she should have worn full PPE when on the enhanced observation precautions area. She said she was told that she only needed to wear full PPE while working on the COVID-19 area, and when she was on the enhanced observation precautions area, she only needed to wear a mask and gloves. She stated she did not know that she was supposed to wear full PPE when on the enhanced observation precautions halls.</p> <p>During facility observation on 08/13/20 at 2:46 PM Nurse Practitioner (NP) #1 was observed standing about a foot in front of a resident (who was sitting in a wheelchair by the window) in an enhanced observation precautions room on the 400 hall without eye protection, gown, or gloves when in the resident's room. NP #1 was wearing only a surgical mask.</p> <p>During an interview with NP #1 on 08/13/20 at 2:48 PM stated she should have worn full PPE on 08/13/20 at 2:46 PM when she was in the 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 to the Director of Nursing (DON) that she had been good all the other times that day, and it was only with the one resident, on the quarantine hall that she did not don full PPE while in the resident's room.</p> <p>During an interview with the Administrator and</p>	F 880	<p>process to verify that the change has been sustained.</p> <p>4. Systemic Changes</p> <p>On 8/14/20, the Director of Nursing educated and observed that all Liberty Commons Staff were adhering to the CDC guidance for wearing PPE for Enhanced Precautions in Covid-19 assigned areas of the building.</p> <p>5. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>The Director of Nursing or designee will monitor the wearing and correct application of PPE for Enhanced Precaution assigned rooms by all employees using the QA tool titled PPE/Enhanced Precautions and will monitor work areas. The Quality Assurance tool will be completed weekly for 4 weeks then monthly for 3 months. Monitoring will be conducted across all three shifts and departments. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly Quality Assurance Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the</p>		

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F 880	Continued From page 8	F 880	<p>training per session.</p> <ul style="list-style-type: none"> PPE use: All staff are to wear appropriate PPE in all rooms. LTC & non-contact rooms require mask and eye protection. All rooms on 300/400 are contact precaution rooms and require gown, gloves, mask, and eye protection. Contact rooms on LTC & ALF use per type of precaution posted. <ul style="list-style-type: none"> Facilitated by Administrator on 8/26/20, Morning/Evening and Night shifts – 1 hr training per session. <p>Root Cause Analysis:</p> <p>Root Cause analysis was completed on 8/14/20, with the following staff in attendance: Administrator, Director of Nursing, Nursing, Dietary Staff, Housekeeping, Social Services, Activities, Therapy and Business Office Departments.</p> <p>QAPI meeting completed on:</p> <p>8/28/20</p>		