

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

PRINTED: 09/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705	
(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 Survey was conducted on 8/18/20-8/20/2020. 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# PUXC11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 08/18/2020 - 08/20/2020. The facility was found not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	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	F 880		9/14/20

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

TITLE

(X6) DATE

Electronically Signed

09/10/2020

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.

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

PRINTED: 09/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705		
(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	
F 880	<p>Continued From page 1</p> <p>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:</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.</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705		
(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	
F 880	<p>Continued From page 2</p> <p>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 interview and facility policy and procedure review it was determined that the facility failed to screen 1 of 1 visitor entering the facility during a COVID 19 pandemic. Findings included:</p> <p>Per review of the facility infection Control and Prevention of COVID-19 policy dated March 2020, "Facilities should screen or monitor visitors for the following:</p> <ol style="list-style-type: none"> 1. International travel within the last 14 days to restricted countries 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat 3. Has had contact with someone with or under investigation for COVID-19. <p>If visitors meet the above criteria, facilities may restrict their entry to the facility." Review of the facility policy revealed that the same screening performed for visitors should be performed for facility staff.</p> <p>This surveyor entered the facility on 8/18/20 at 4:50 PM. The surveyor's temperature was taken by the receptionist. The surveyor was then allowed to enter the facility. Facility staff did not ask the surveyor screening questions nor request that the surveyor complete a form with screening questions.</p>	F 880	<p>Croasdaile Village acknowledges receipt of the statement of deficiencies and propose this directed plan of correction (DPOC) to the extent of the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Preparation and submission of this plan of correction is in response to the CMS 2567 from August 20, 2020.</p> <p>Croasdaile Village's response to this statement of deficienci and diected plan of correction(DPOC)does not denote agreement with the Statement of Deficiencies nor does it consititue an admission that any deficiency on this statement of deficiencies through Informal Dispute Resolution, formal appeal, and/or other administrative of legal procedures.</p> <p>1) It was reported on August 18, 2020 that the surveyor had their temperature taken upon entry to the facility. It was reported that the surveyor was not asked to complete the paper screening questions at the desk. The surveyor was asked the screening questions prior to being allowed</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705		
(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	
F 880	<p>Continued From page 3</p> <p>During interview with the receptionist at 4:58 PM on 8/18/2020 she revealed that persons entering the facility are suppose to complete a screening form on a table to the right side of the reception area. When asked if she asks people to complete the form, she responded, "Everybody knows, it's standard now but I make sure."</p> <p>Interview with a nursing assistant #1 on 8/20/20 at 4:02 PM revealed that entered the facility through the front door, washed his hands and got a mask before entering his work area. After prompting the staff stated that his temperature was taken at the gate and again upon entry to the facility.</p> <p>Interview with nursing assistant #2 on 8/20/20 at 4:07 PM revealed that his temperature was taken at the gate, his temperature was taken upon entering the facility and that "there's a sheet/questionnaire every time you come in."</p>	F 880	<p>on the property but did not complete the second round of screening questions before entering into the building. Upon notification of this error, the Administrator worked with the Infection Preventionist to perform a Root Cause Analysis (RCA) of the reported deficiency. It was determined that one of three things contributed to missing the screening questions. 1) The surveyor's unannounced entrance at the end of the day and not being a part of routine schedule with no visitors. 2) The screener made the assumption that a surveyor would not enter the building with COVID symptoms and did not need to be screened. 3) The screener has worked in her position for 15 years and was comfortable and was not as on point as she should have been. Screener was educated on the expectation of prompting the completion of the COVID19 screening questions as per the CMS QSO 20-14 and CDC screening guidance on every individual regardless of position or agency. This was completed on 8/21/2020.</p> <p>2) Administrator and Infection Preventionist completed a video recording on 9-8-2020 outlining the CDC expectations of the screening protocol and COVID19 procedures. Resources used for this education included the CMS QSO-20-14 and the CDC site for 'Keeping COVID19 Out'. Inservice acknowledgments will be completed by 9/14/2020.</p> <p>3) Administrator or designee will audit and observe team members and other</p>		

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

PRINTED: 09/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705		
(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	
F 880	Continued From page 4	F 880	<p>individuals coming in and out of the facility for completion of the screening questions form three times a week for two weeks, once a week for four weeks, and once a month for two months. An additional Infection Control Survey was completed on September 9, 2020 and this process was evaluated again and no issues were noted in reference to completion of the screening questions.</p> <p>4) The Quality Assurance and Performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. The Quality Assurance and performance Improvement committee will determine if any further education is needed based on the results of the audits. The Quality Assurance and Performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved.</p> <p>Attached to this POC you will find the Root Cause Analysis, Education Documentation, QAPI PIP plan, and audit plan.</p>		