

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

PRINTED: 09/25/2020  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345365</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>09/02/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SIGNATURE HEALTHCARE OF KINSTON</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>907 CUNNINGHAM ROAD<br/>KINSTON, NC 28501</b> |
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| (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 |
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| E 000         | Initial Comments<br><br>An unannounced COVID-19 Focused Survey was conducted on 9/1/20 through 9/2/20. 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 F8ME11.  | E 000 |  |         |
| F 000         | INITIAL COMMENTS<br><br>An unannounced COVID-19 Focused Infection Control Survey was conducted on 9/1/20 through 9/2/20. The facility was found out of compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.  | F 000 |  |         |
| F 880<br>SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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 |  | 9/29/20 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><br>09/17/2020 |
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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>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   |   |                      |   |

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| 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.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>Based on observations, staff interviews and review of the facility's infection control policy, the facility failed to implement their policy requiring staff to wear facemask while in the facility for 3 of 6 staff members. These staff members were observed in the kitchen, receiving a resident's meal tray in the dining area and in a resident's room on the 200 hallway. (Nursing Assistant #1, Nursing Assistant #2 and Dietary Aide #1) This failure occurred during the COVID-19 pandemic.</p> <p>The findings included:</p> <p>The facility's infection control policy for Novel Coronavirus dated on 8/18/20 stated for the duration of the state of emergency/COVID-19 pandemic, all direct care stakeholders were to wear a surgical facemask while in the facility. Non-direct care workers (such as dietary) out of resident care areas may utilize an antimicrobial mask.</p> <p>On 9/1/20 at 11:20 am nursing assistant #1 (NA) was observed standing inside a resident's room on the 200-hall. NA #1 was observed wearing a surgical mask below her chin exposing her mouth and nose.</p> <p>An interview was conducted with NA #1 on 9/1/20 at 1:15 pm. She stated masks were to be worn</p> | F 880   | <p>1) No residents were found to be affected by the cited deficient practices. As noted, NA #1, NA #2, and dietary aide #1 all voiced understanding to the surveyor of the appropriate way to wear a mask at the time of survey. All three will receive re-education on proper use of PPE and the facilities infection control COVID-19 policy and procedures by the Director of Nursing or Infection Preventionist by 9/29/20.</p> <p>2) 2. All residents had the potential to be affected by the deficient practices. Complete in house audit completed on the current employees to validate that all employees were wearing face masks appropriately. This was completed on 9/2/20.</p> <p>3) Education on the Infection Control Policy as it relates to proper PPE, proper wearing of face masks, and COVID-19 prevention will provided to all staff by 9/29/20. This training will also be provided to all staff upon hire and during orientation</p> <p>4) The Root Cause Analysis was conducted by the Infection Preventionist,</p> |                      |   |

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| F 880  | <p>Continued From page 3</p> <p>over the mouth and nose while in a resident's room and stated she had been trained on how and when to wear a mask while in the facility.</p> <p>On 9/1/20 at 12:10 pm NA #2 was observed in the dining room wearing a mask below her chin exposing her mouth and nose while receiving a resident's meal tray from the kitchen staff.</p> <p>An interview was conducted with NA #2 on 9/1/20 at 12:10 pm. NA #2 stated masks were to be worn covering the mouth and nose at all times and stated she had received training on how and when to wear a mask while in the facility.</p> <p>On 9/1/20 at 12:17 pm dietary aide #1 was observed in the kitchen standing by a steam table with her mask below her nose.</p> <p>An interview was conducted with dietary aide #1 on 9/1/20 at 12:20 pm. Dietary aide #1 stated she knew she was to be wearing her mask over her mouth and nose and had been trained on when and how to wear her mask.</p> <p>An interview was conducted with Director of Nursing (DON) at 1:30 pm on 9/1/20. The DON stated all staff had been trained to wear a mask over the mouth and nose at all times while in the facility.</p> <p>A telephone interview was conducted with the administrator at 2:00 pm on 9/2/20. The administrator stated all staff in the patient care areas and kitchen should wear a mask and the mask should be worn to cover the mouth and nose.</p> | F 880   | <p>QAPI Team and Governing Board and the root cause of the cited deficient practices was determined to be a need for further education regarding proper PPE usage, proper wearing of face masks, and the facilities infection control policy for COVID-19. The RCA also revealed there is a need for more frequent observations to ensure all staff are following Infection Control guidelines. Due to the findings of the RCA, the above education will be completed and then ongoing audits will be conducted by the Director of Nursing, Infection Preventionist, and/or Unit Managers for observation and review to ensure staff are wearing face masks appropriately and following the infection control policy for prevention of the spread of COVID-19. These audits and observation rounds will be conducted 7 days a week for 4 weeks on various shifts, 5 x weekly for 4 weeks on various shifts, 3 x weekly for 4 weeks on various shifts, and then monthly x 3 months. Any staff found not in compliance with Infection Control guidelines will have immediate education by the observer. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Infection Preventionist, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, and Director</p> |                      |   |

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| F 880  | Continued From page 4  | F 880   | of Social Services.<br>5) The Administrator and Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 9/29/20. |   |