

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

PRINTED: 10/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/21/2020
NAME OF PROVIDER OR SUPPLIER BARBOUR COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 515 BARBOUR ROAD SMITHFIELD, NC 27577		
(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	E 000			
F 000	INITIAL COMMENTS	F 000			
F 880 SS=E	<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</p>	F 880		10/9/20	

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

TITLE

(X6) DATE

Electronically Signed

10/06/2020

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>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:</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>	F 880			

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F 880	Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 it was determined that facility staff failed to follow infection control procedures by not screening 1 of 1 visitor upon entry into the facility and staff not washing hands or using sanitizer after entering and exiting resident rooms or during meal service, for 6 of 10 nursing assistants observed (#1, #2, #3, #5, #6, #10). This occurred during the COVID-19 Pandemic. Findings included: Review of the facility Pandemic Policy for Coronavirus dated 3/10/2020 revealed that a visit registration log would be utilized to screen visitors for symptoms and education upon entry to the center as indicted during outbreaks. The facility Guideline for Admittance into Facility of Staff, Visitors, Healthcare Professionals and Vendors Policy dated 3/18/2020 revealed the following: 1. "A screening station should be set up in the lobby of the facility with this guidance, the Employee (Facility & Consultant) Daily Wellness Check form, the End of Life & Critical Support Visitor & Vendor Registration/Communication Log and other signage. All individuals (staff permitted visitors (by exception-see below*), healthcare professionals, and vendors) must enter through	F 880	All residents have the potential to be affected by the deficient practice. All facility residents had a respiratory assessment conducted by licensed nurses on 9/22/2020. All resident respiratory assessments conducted on 9/22/2020 were reviewed by the Director of Nursing with no negative findings. All facility residents (including those affected and those with the potential to be affected) will have their vital signs to include temperature checked by the Certified Nursing Assistant or Licensed Nurses are responsible for their care every shift, every day. Any abnormal findings will be reported to the resident's charge nurse on duty who will then report to the resident's physician/nurse practitioner and/or the Director of Nursing. All staff received education on proper hand sanitization practice to include entering and exiting a resident's rooms, during meal passes as well as during direct resident care. This training began on 10/1 and will be completed by 10/9/20. Furthermore, the DON initiated 100% staff compliance in respect to educational CDC videos on Cleaning Hands, Closely		

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F 880	<p>Continued From page 3</p> <p>the lobby and register at the screening station." Admittance to the facility should be denied to any individual that attests to any of the following:</p> <p>Fever greater than 100 degrees F, cough, shortness of breath OR if the individual has been diagnosed with influenza or COVID-19, OR If the individual is currently being tested for COVID-19, OR if the individual has been in contact with someone being screened or tested for COVID -19, OR if the individual's household is currently being quarantined, OR if the individual has traveled to countries with large number of COVID-19 cases including, but not limited to Chine, Iran, South Korea, Japan & all European countries (including but not limited to: Italy France, Spain & Germany)), OR if the individual has traveled to US States with large numbers of COVID-19 cases (including, but not limited to Washington, New York, California, Floridian, and Massachusetts), OR if the individual has traveled by airplane or cruise ship in the last 14 days." The policy stated that surveyors were an exception to restricted visitation, however, "they must be screened in accordance with the guidelines above."</p> <p>Upon entry to the facility on 9/11/2020 at 4:30 PM, the surveyor's temperature was taken, and she was signed in by staff. The surveyor observed a sheet on the desk that stated, "must read and attest to the following: No fever greater than 100 degrees F, cough, shortness of breath, shaking with chills, headache, loss of taste/smell, chills, diarrhea, muscle pain, sore throat, vomiting or if you have been diagnosed with COVID-19 or influenza currently being tested for COVID-19. The surveyor was not asked any screening questions.</p>	F 880	<p>Monitor Residents and Keep Covid-19 Out. This training was initiated on 10/7/20 and will be completed by 10/14/20. The DON initiated a Hand Hygiene quiz on 10/7/20 to ensure all staff members have a clear understanding of hand hygiene. The interdisciplinary team to include the Director of Nursing, Staff Human Resources Coordinator, Nursing Resource Nurse to validate education was understood This will be conducted weekly for one monthly, and then monthly thereafter for three months. The DON, Administrator and other leadership team members as assigned will observe randomly 10 staff members weekly x 4 weeks then monthly x3 months to ensure that proper handwashing technique is performed. All audits will be reviewed by the DON weekly, then monthly. Administrator and DON will be responsible for the POC. On 10/5/2020, the Facility Consultant initiated in service with the HRC to ensure that all screening questions are asked and documented on the visitor screening logs. The HRC will in-service all screening staff to ensure that all screening questions are asked and documented on the visitor screening logs. The In service will be complete by 10/9/2020. All newly hired screeners will be in serviced by HRC during orientation. Facility leadership staff will monitor 25 screenings week for 1 month and then monthly for two months on screening as it relates to infection control practices. All audits will be reviewed by the infection Preventionist. All</p>		

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F 880	<p>Continued From page 4</p> <p>2. Observation in the Spark unit (Alzheimer's unit) at 5:12 PM on 9/11/2020 revealed a sanitizer dispenser on the wall of the nurse's station and one spray bottle of sanitizer on the desk. There was also a sanitizer on the wall outside the entrance to the unit. At 5:16 PM on 9/11/2020 Nursing assistant (NA) #1 was observed holding a resident's hand, she gave another resident a tray, handled utensils and opened a juice. She then passed a tray to a 2nd resident without hand washing or using sanitizer in between.</p> <p>NA #2 was observed at 5:18 PM on 9/11/2020 passing a tray to one resident, she then gave a try to a 2nd resident opened the resident's straw and milk without handwashing or using sanitizer in between interactions with residents. NA #2 then assisted a 3rd residents, stopping from him taking food from another resident's tray. She then proceeded to open a sandwich for a different resident. At 5:22 PM, NA #2 then went across the room to assist another resident to a table for dinner. NA #2 did not use hand sanitizer or wash her hands before moving between residents during the meal service.</p> <p>NA #3 was observed setting up a tray for a resident at 5:20 PM on 9/11/2020. She then moved to set up a tray for another resident without handwashing or sanitizing in between.</p> <p>Observation at 5:24 PM on 9/11/2020 revealed NA #4 passing trays to residents in the common area without sanitizing or handwashing in between.</p> <p>Interview with NA #3 at 5:26 PM revealed that she did not have sanitizer in her pocket. Interview with</p>	F 880	<p>audits will be reviewed by the Infection Preventionist weekly, then monthly times three. Administrator and DON will be responsible for the POC. All education of staff will be completed by 10/9/2020 F880</p> <p>All residents have the potential to be affected by the deficient practice. All facility residents had a respiratory assessment conducted by licensed nurses on 9/22/2020. All resident respiratory assessments conducted on 9/22/2020 were reviewed by the Director of Nursing with no negative findings. All facility residents (including those affected and those with the potential to be affected) will have their vital signs to include temperature checked by the Certified Nursing Assistant or Licensed Nurses are responsible for their care every shift, every day. Any abnormal findings will be reported to the resident's charge nurse on duty who will then report to the resident's physician/nurse practitioner and/or the Director of Nursing. All staff received education on proper hand sanitization practice to include entering and exiting a resident's rooms, during meal passes as well as during direct resident care. This training began on 10/1 and will be completed by 10/9/20. Furthermore, the DON initiated 100% staff compliance in respect to educational CDC videos on Cleaning Hands, Closely Monitor Residents and Keep Covid-19 Out. This training was initiated on 10/7/20 and will be completed by 10/14/20. The DON initiated a Hand Hygiene quiz on 10/7/20 to ensure all staff members</p>		

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F 880	<p>Continued From page 5</p> <p>NA #1 at 5:34 PM revealed that she had small alcohol wipes in her pocket. She stated that everyone did not have wipes, but she had some because she asked for the wipes.</p> <p>During observation at 5:35 PM on 9/11/2020 a fourth staff member in the unit feeding a resident. She went to assist another resident and stopped to scratch another resident's back. The staff member did not use hand sanitizer or wash her hands between interactions.</p> <p>Observation on 9/11/2020 at 6:10 PM revealed NA #5 on the 200-hall exiting room 404 and entering room 400 without washing her hands or using hand sanitizer. The NA then entered room 401 and set up a resident tray. She was not observed to use hand sanitizer or wash her hands between rooms.</p> <p>Observation 9/11/2020 at 6:11 PM revealed NA #6 on the 400 hall. She entered room 400 and exited with a tray. She then entered room 401, spoke to another staff member and returned to room 400. The NA moved on to room 402 at 6:12 PM, exited and entered room 406. NA #6 did not use hand sanitizer nor wash her hands between rooms. NA #6 was observed washing her hands prior to exiting room 406. During interview with NA #6 on 9/11/202 at 6:17 PM she stated that it was her second day at the facility, and she was not aware of the hand cleaning policy.</p> <p>Observation on 9/11/2020 at 6:30 PM revealed NA #10 picking up a tray in room 313. NA #10 placed the tray on the cart and entered room 310. She did not use sanitizer between or wash her hands between rooms. She then put on gloves and entered room 309. Per interview with NA #10</p>	F 880	<p>have a clear understanding of hand hygiene. The interdisciplinary team to include the Director of Nursing, Staff Human Resources Coordinator, Nursing Resource Nurse to validate education was understood This will be conducted weekly for one monthly, and then monthly thereafter for three months.</p> <p>The DON, Administrator and other leadership team members as assigned will observe randomly 10 staff members weekly x 4 weeks then monthly x3 months to ensure that proper handwashing technique is performed. All audits will be reviewed by the DON weekly, then monthly.</p> <p>Administrator and DON will be responsible for the POC.</p> <p>On 10/5/2020, the Facility Consultant initiated in service with the HRC to ensure that all screening questions are asked and documented on the visitor screening logs. The HRC will in-service all screening staff to ensure that all screening questions are asked and documented on the visitor screening logs. The In service will be complete by 10/9/2020. All newly hired screeners will be in serviced by HRC during orientation. Facility leadership staff will monitor 25 screenings week for 1 month and then monthly for two months on screening as it relates to infection control practices. All audits will be reviewed by the infection Preventionist. All audits will be reviewed by the Infection Preventionist weekly, then monthly times three. Administrator and DON will be responsible for the POC. All education of staff will be completed by 10/9/2020</p>		

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F 880	Continued From page 6 at 6:31 She put on gloves due to the precaution sign on the room door. NA#10 was observed exiting room 306, entering room 305, exiting 305, entering and exiting room 304 without handwashing or using hand sanitizer. After exiting room 304 NA #10 got a gown from the clean linen cart and handed it to a resident. She picked up a tray and entered room 304 second time and closed the door. At 6:41 PM on 9/11/2020 NA #10 was observed exiting room 304. She then entered room 303 picked up a tray, placed the tray on the cart reentered 303 picked up another tray and placed it on the cart and entered room 302 and picked up a tray. NA#10 did not use sanitizer or wash her hands between room. Interview with NA #10 at 6:44PM revealed that she had been trained to sanitize between resident rooms.	F 880	The DON will forward the results of the Handwashing upon entering and exiting resident rooms, Handwashing or Sanitizing of resident□s before offering residents their meal tray Audit Tool and Redirecting Residents When Outside Of Their Rooms While Residing In The Quarantine Unit Tool to the Quality Assurance Performance and Improvement Committee (QAPI). The QAPI Committee will meet monthly times two months and review Handwashing upon entering and exiting resident rooms, Handwashing or Sanitizing of resident□s hands before offering residents their meal tray Audit Tool and Redirecting Residents When Outside Of Their Rooms to determine trends and or issues that may need further interventions put into place and to determine he need for further and or frequent monitoring		