

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

PRINTED: 10/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078	
(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		
	An unannounced on-site COVID-19 Focused Infection Control Survey was conducted 09/23/2020. Additional information was obtained through 9/25/2020. The survey team returned to the facility on 09/29/20. Therefore, the exit date was change to 9/29/2020. 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# TMP411.			
F 000	INITIAL COMMENTS	F 000		
	An unannounced on-site COVID-19 Focused Infection Control Survey was conducted 09/23/2020. Additional information was obtained through 9/25/2020. The survey team returned to the facility on September 29, 2020 to review additional information. Therefore, the exit date was changed to September 29, 2020.			
F 880 SS=E	This Statement of Deficiencies was amended on 10/6/21 per CMS instructions. The grid placement was changed to an E. 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	F 880		10/27/20

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

TITLE

(X6) DATE

Electronically Signed

10/23/2020

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>a minimum, the following elements:</p> <p>§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;</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>	F 880			

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F 880	Continued From page 2 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §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 record reviews, observations, and interviews with staff and a Health Department nurse, the facility failed to implement enhanced droplet contact precautions and require staff to wear all recommended Personal Protective Equipment (PPE) when caring for 8 of 8 newly admitted residents (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7 and Resident #8) and cohort and quarantine 3 of 8 newly admitted residents (Resident #2, Resident #3 and Resident #5) on the designated quarantine hall (600 hall) and assign dedicated staff to care for the residents on the quarantine hall (600 hall). The facility also failed to have updated COVID-19 policies and procedures for new admissions current with Centers for Disease Control (CDC) guidance and Centers for Medicare and Medicaid (CMS) requirements. These failures occurred during a COVID-19 pandemic. The findings included: The CDC guideline entitled "Responding to	F 880	Olde Knox Commons <input type="checkbox"/> preparation and execution of this plan of correction in response to the Report of Survey does not constitute admission or agreement by Olde Knox Commons of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed because the provisions of state and federal law require it. The Root Cause Analysis and DPOC will follow as an attachment to this POC. The Root Cause Analysis was completed in conjunction with the credentialed Consultant Infection Control Preventionist. Address How Corrective Action Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient Practice:		

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F 880	<p>Continued From page 3</p> <p>Coronavirus (COVID-19) in Nursing Homes" last reviewed and updated on 04/30/20 indicated the following statements:</p> <ul style="list-style-type: none"> * Place signage at the entrance to the COVID-19 unit that instructs healthcare personnel (HCP) they must wear eye protection and an N95 or higher-level respirator (or facemask if respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. * All recommended COVID-19 PPE should be worn during care of residents under observation which includes use of an N95 or higher-level respirator (or facemask if respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. * A single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted resident should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. * New residents could be transferred out of the observation (quarantine) area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). <p>A review of the facility's COVID-19 Policy and Procedure updated April 2020 for Admission of Residents During Pandemic read in part: "A resident admitted without symptoms of and without testing will be considered potentially positive and will be placed on isolation and quarantined in a single room for 5 days. Admissions requiring infection control restrictions will be placed on appropriate isolation precautions</p>	F 880	<p>The three (3) Residents whose COVID-19 status was unknown (new admissions) and not placed on the 600 Isolation Unit were moved to the 600 Isolation Unit by the Weekend Nurse Coordinator on 09.26.2020. Enhanced droplet precaution and contact isolation signs were placed on the door of all residents on the 600 Unit whose COVID-19 status was unknown (new admissions and readmissions in fourteen (14) day isolation) by the Infection Control Preventionist, Director of Nursing and Weekend Nurse Coordinator. This was completed by 09.26.2020. Staff caring for residents whose COVID-19 status was unknown (new admissions and readmissions in fourteen (14) isolation) were given N95 mask, gowns, face shield, goggles and gloves (full Personal Protective Equipment (PPE)) to wear and were re-educated by the Infection Control Preventionist and Director of Nursing on donning and doffing. This was completed by 09.26.2020. Additional Personal Protective Equipment (PPE) was placed on the 600 Unit outside of the doors of all residents whose COVID-19 status is unknown (admissions and readmissions), such Personal Protective Equipment (PPE) to be used for the fourteen (14) day isolation period. This was accomplished on 09.24.2020. Beginning 09.26.2020, dedicated staff was/is assigned to care for the residents on the 600 Isolation Unit. The facility policy concerning resident□s whose COVID-19 status is unknown (new admissions and readmissions) was updated on 09.26.2020 to reflect current Center for Disease Control (CDC)</p>		

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F 880	<p>Continued From page 4</p> <p>based on this facility's policies governing isolation precautions for COVID-19.</p> <p>During the entrance conference on 09/23/20 at 9:30AM, the Administrator indicated the 600 hall was the quarantine hall for COVID-19.</p> <p>A review of the facility's list of Admissions from 09/02/20 to 09/23/20 indicated:</p> <p>1. Resident #1 was admitted from the hospital on 09/17/20 to a private room on the 600 hall. A review of her medical record revealed the resident had a COVID-19 test at the hospital on 09/15/20 which was negative and a COVID-19 test at the facility on 09/21/20 which was negative. There was signage on the door that read "14 Day COVID Watch" but no signage regarding enhanced droplet/contact precautions and no PPE available outside the door.</p> <p>Observations of the 600 hall on 09/23/20 at 10:38AM revealed no residents on enhanced droplet/contact precautions and no PPE supplies available for use outside any of the resident doors except Resident #8 who was on "contact precautions." NA #1 and NA #2 were observed on 09/23/20 at 10:40AM wearing a mask and gloves while providing care to Resident #1 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door.</p> <p>An interview on 09/23/20 at 11:00AM with NA #1 and NA #2 at 10:48 AM revealed their understanding of the "14 Day Watch" was the resident was monitored by the nurse for any signs and symptoms of COVID-19. NA #1 and NA #2 further stated they understood they were not</p>	F 880	<p>guidelines and Centers for Medicare and Medicaid (CMS) requirements. All staff received training from the Director of Nursing, the facility Infection Control Preventionist and the weekend nurse coordinator on 09.24.2020, 09.25.2020 and 09.26.2020 for the following: use of full Personal Protective Equipment (PPE including gown, N95 mask, face shield or goggles and gloves) for transmission-based precautions based on CDC guidance to include residents on COVID-19 isolation unit during their initial fourteen (14) days, need for signage of enhanced droplet contact precautions posted on the doors of residents whose COVID-19 status is unknown (admissions and readmissions), the need to quarantine and cohort on the isolation unit all new admissions and readmissions for fourteen (14) days following admission due to their COVID-19 status is unknown, the need to have Personal Protective Equipment (PPE) outside the rooms of residents on the fourteen (14) day COVID-19 isolation period, the necessity to have dedicated staff for the isolation unit and how to properly don and doff Personal Protective Equipment (PPE).</p> <p>Address How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>Admission records were reviewed by the Administrator and the Director of Admissions for all current residents to confirm no other resident that had been</p>		

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F 880	<p>Continued From page 5</p> <p>required to wear any PPE in the room except their mask and gloves when providing care. They both indicated they had not worn any eye protection or gown while providing care to the residents on the 600 hall.</p> <p>An interview on 09/23/20 at 11:00AM with Nurse #2 on the 100 hall revealed the residents on "14 Day Watch" were newly admitted or had gone out for dialysis or doctor visits and the sign was put up as an extra precautionary measure they provided the residents. She stated it did not require any special equipment other than a mask and gloves when providing care and stated the residents were monitored for respiratory status each day and vitals and temperature at least twice a day.</p> <p>An interview on 09/23/20 at 11:10AM with Nurse #1 on the 600 hall revealed her understanding of the "14 Day Watch" was they were to monitor the residents for any signs or symptoms of COVID-19 and report them immediately to the nursing supervisor or Assistant Director of Nursing. The Nurse further stated it was her understanding she only needed to wear a mask and gloves while providing care to the newly admitted residents on the 600 hall because they had a negative COVID-19 test at the hospital prior to their admission. Nurse #1 indicated they were obtaining a respiratory assessment and pulse oximetry daily and temperature twice daily on the new admissions and were not required to use PPE other than a mask and gloves when taking care of the residents.</p> <p>2. Resident #2 was admitted from home on 09/23/20 to a semi-private room on the 400 hall with a roommate. A review of his medical record</p>	F 880	<p>admitted within the last 14 days was not on the 600 Isolation Unit. This was completed on 09.26.2020. All residents were tested by our COVID-19 Test Team (MDS RN, Medical Records Clerk, Infection Control Preventionist and Director of Nursing) for COVID-19 on September 21, 2020, September 28, 2020, October 5, 2020, October 12, 2020, and October 19, 2020. All results were negative for COVID-19 for residents tested on these dates. All residents (admission and readmitted) whose COVID-19 status is unknown are now (beginning 09.26.2020) admitted to the COVID-19 isolation Unit and cohorted for a fourteen (14) day isolation period. Enhanced droplet precautions and contact isolation signs are now (beginning 09.26.2020) posted on the door of all residents whose COVID-19 status is unknown (new admissions and readmissions) for a fourteen (14) day isolation period by the Charge Nurse on the Unit at time of admission and audited by the Infection Control Preventionist daily Monday through Friday and the Weekend Nurse Coordinator on the Weekend. Beginning 09.26.2020, staff providing care for these residents are now using full Personal Protective Equipment (PPE) when entering these resident's rooms. Beginning 09.24.2020, Personal Protective Equipment (PPE) is now available outside of resident's rooms whose COVID-19 status is unknown (admissions and readmissions). Staff is dedicated to the 600 Isolation Unit and assigned to work this Unit beginning</p>		

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F 880	<p>Continued From page 6</p> <p>revealed the resident had a COVID-19 test upon admission to the facility on 09/23/20 which was negative. There was no signage on the door and no PPE available outside the door.</p> <p>Observations of the 400 hall on 09/23/19 at 9:40AM revealed Resident #2 in room 403-B and Resident #5 in room 403-A were not quarantined on the 600 hall and were not placed on enhanced droplet/contact precautions with available PPE outside the door. Nurse #3 was observed on 09/23/20 at 9:42AM administering medications with a mask and gloves only to the residents in room 403.</p> <p>An interview on 09/23/20 at 9:50 AM with Nurse #3 revealed Resident #2 and Resident #5 were in a semi-private room on the 400 hall and were recent admissions but were not on the "14 Day COVID Watch." Nurse #3 stated he was not sure why the residents were not on COVID Watch and further stated he had only worn mask and gloves while providing care to the residents.</p> <p>3. Resident #3 was admitted from the hospital on 09/18/20 to a semi-private room on the 500 hall with no roommate. A review of her medical record revealed the resident had a COVID-19 test at the hospital on 09/17/20 which was negative and a COVID-19 test at the facility on 09/22/20 which was negative. There was no signage on the door and there was no PPE available outside the door.</p> <p>Observations of the 500 hall on 09/23/20 at 10:00AM revealed Resident #3 in a semi-private room on the 500 hall without a roommate was not quarantined on the 600 hall and was not placed on enhanced droplet/contact precautions with</p>	F 880	<p>09.26.2020. Every effort will be made to have dedicated and assigned staff for the 600 Isolation Unit based upon current crisis staffing contingencies as relates to facility and industry staffing shortages.</p> <p>Address What Measures Will Be Put into Place or Systemic Changes Made to Ensure That the Deficient Practice Will Not Recur:</p> <p>A credentialed Consultant Infection Control Preventionist has been hired on 10.21.2020 to audit the facility's Infection Control Program, including policies, procedures, and practices. A Root Cause Analysis (RAC) was conducted with the Consultant Infection Control Preventionist and the root cause was identified. The Who, What, Where, When, and Why questions were addressed by the credentialed Consultant Infection Control Preventionist and the facility's Quality Assurance and Improvement (QAPI) Committee and the governing body.</p> <p>The Administrator, Director of Nursing, facility Infection Control Preventionist, Director of Admissions, Social Worker, Director of Housekeeping, Certified Dietary Manager, Staffing Coordinator, Medical Records Clerk, Director of Maintenance and Activity Director developed systemic changes and implemented these changes to include ensuring that all residents whose COVID-19 status is unknown (new admissions and readmissions) will be</p>		

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F 880	<p>Continued From page 7 available PPE outside the door.</p> <p>An interview on 09/23/20 at 10:15AM with Nurse #3 revealed Resident #3 was a recent admission but was not on the "14 Day COVID Watch." Nurse #3 stated he was not sure why the resident was not on COVID Watch and further stated he had only worn mask and gloves while providing care to the resident.</p> <p>4. Resident #4 was admitted from the hospital on 09/18/20 to a private room on the 600 hall. A review of her medical record revealed the resident had a COVID-19 test at the hospital on 09/16/20 which was negative and a COVID-19 test at the facility on 09/21/20 which was negative. There was a sign on the door that read "COVID Watch" and no PPE available outside the door.</p> <p>Observations of the 600 hall on 09/23/20 at 10:38AM revealed no residents on enhanced droplet/contact precautions and no PPE supplies available for use outside any of the resident doors except Resident #8 who was on "contact precautions." NA #1 and NA #2 were observed on 09/23/20 at 10:40AM wearing a mask and gloves while providing care to Resident #1 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door. Nurse #1 was observed on 09/23/20 at 10:45AM wearing a mask and gloves while administering medications to Resident #7 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door.</p> <p>An interview on 09/23/20 at 11:00AM with NA #1 and NA #2 at 10:48 AM revealed their</p>	F 880	<p>admitted to the 600 Isolation Unit for a fourteen (14) day isolation period. Beginning 09.26.2020, the Marketing and Admissions Department must submit to the Administrator and Director of Nursing all potential new admissions before a bed offer can be made to ensure that private rooms on the 600 Isolation Unit are available and the potential resident will be assigned to a 600 Isolation Unit room. Beginning 09.26.2020, the facility Infection Control Preventionist (or designee) will make rounds daily Monday-Friday and the Week End Coordinator will round on Saturday and Sunday to ensure Enhanced Droplet Precautions and Contact Isolation Signs are posted on the doors of residents in a fourteen (14) day isolation period. The facility Infection Control Preventionist will also audit Monday-Friday and the Weekend Coordinator on Saturday and Sunday to ensure staff are using full Personal Protective Equipment (PPE) when entering rooms of residents on a fourteen (14) day isolation period; this started 09.26.2020. Beginning 09.24.2020, the Medical Supply Clerk (or designee) will inventory and replenish the Personal Protective Equipment (PPE) on the 600 Isolation Unit Monday <input type="checkbox"/> Friday and the Week End Coordinator will do so on Saturday and Sunday to ensure adequate supplies are available to the staff on the 600 Isolation Unit for care of residents on a fourteen (14) day isolation period.</p> <p>Indicate How The Facility Plans to Monitor</p>		

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F 880	<p>Continued From page 8</p> <p>understanding of the "14 Day Watch" was the resident was monitored by the nurse for any signs and symptoms of COVID-19. NA #1 and NA #2 further stated they understood they were not required to wear any PPE in the room except their mask and gloves when providing care. They both indicated they had not worn any eye protection or gown while providing care to the residents on the 600 hall.</p> <p>An interview on 09/23/20 at 11:00AM with Nurse #2 on the 100 hall revealed the residents on "14 Day Watch" were newly admitted or had gone out for dialysis or doctor visits and the sign was put up as an extra precautionary measure they provided the residents. She stated it did not require any special equipment other than a mask and gloves when providing care and stated the residents were monitored for respiratory status each day and vitals and temperature at least twice a day.</p> <p>An interview on 09/23/20 at 11:10AM with Nurse #1 revealed her understanding of the "14 Day Watch" was they were to monitor the residents for any signs or symptoms of COVID-19 and report them immediately to the nursing supervisor or Assistant Director of Nursing. The Nurse further stated it was her understanding she only needed to wear a mask and gloves while providing care to the newly admitted residents on the 600 hall because they had a negative COVID-19 test at the hospital prior to their admission. Nurse #1 indicated they were obtaining a respiratory assessment and pulse oximetry daily and temperature twice daily on the new admissions and were not required to use PPE other than a mask and gloves when taking care of the residents.</p>	F 880	<p>Its Performance to Make Sure That Solutions Are Sustained:</p> <p>A credentialed Consultant Infection Control Preventionist will audit the facility's Infection Control Program and the findings from the audit will be reported to facility administration (Administrator, Director of Nursing and facility Infection Control Preventionist and the facility Quality Assurance and Improvement (QAPI) Committee for implementation as part of the facility's DPoC and improvement in infection control services. The Consultant Infection Control Preventionist will conduct on site facility audits of the facility's Infection Control practices for six (6) months and make recommendations to the Quality Assurance and Performance Improvement (QAPI) Committee for change as needed to ensure adherence to current Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) infection control guidelines and regulations.</p> <p>A licensed nursing home administrator (without the assignment of a nursing home to administrate) has been secured and appointed to monitor on a daily basis publications and announcements from the Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS), North Carolina Department of Health and Human Services (NCDHHS), North Carolina Infection Control Program for Long Term Care (SPICE) and identify any new</p>		

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F 880	<p>Continued From page 9</p> <p>5. Resident #5 was admitted from the hospital on 09/16/20 to a semi-private room on the 400 hall without a roommate. A review of his medical record revealed the resident had a COVID-19 test at the hospital on 09/14/20 which was negative and a COVID-19 test at the facility on 09/22/20 which was negative. There was no signage on the door and no PPE available outside the door.</p> <p>Observations of the 400 hall on 09/23/19 at 9:40AM revealed Resident #2 in room 403-B and Resident #5 in room 403-A were not quarantined on the 600 hall and were not placed on enhanced droplet/contact precautions with available PPE outside the door. Nurse #3 was observed on 09/23/20 at 9:42AM administering medications with a mask and gloves only to the residents in room 403.</p> <p>An interview on 09/23/20 at 9:50 AM with Nurse #3 revealed Resident #2 and Resident #5 were in the semi-private room were recent admissions but were not on the "14 Day COVID Watch." Nurse #3 stated he was not sure why the residents were not on COVID Watch and further stated he had only worn mask and gloves while providing care to the residents.</p> <p>6. Resident #6 was admitted from the hospital on 09/15/20 to a private room on the 600 hall. A review of his medical record revealed the resident had a COVID-19 test at the hospital on 09/10/20 which was negative and a COVID-19 test at the facility on 09/21/20 which was negative. There was no signage on the door and no PPE available outside the door.</p> <p>Observations of the 600 hall on 09/23/20 at</p>	F 880	<p>regulations and requirements that may impact current policies. She will provide applicable information to the Quality Assurance and Performance Improvement (QAPI) Committee. The Quality Assurance and Performance Improvement (QAPI) Committee will review all new regulations and requirements within two (2) weeks of release by Center for Disease Control (CDC) and Centers for Medicare and Medicaid (CMS) to ensure that the facility is in compliance with the regulation or requirement. The Quality Assurance and Performance Improvement (QAPI) Committee will devise and implement any change in systems or policy and procedure to ensure compliance.</p> <p>The Quality Assurance and Performance Improvement (QAPI) Committee will review The Admission Acceptance Form maintained by the Administrator to ensure all residents whose COVID-19 status is unknown (new admissions and readmissions) are admitted to the 600 Isolation Unit, they will review the daily rounds by the Infection Control Preventionist and Weekend Nurse Coordinator to ensure Enhanced Droplet Precautions and Contact Isolation signs are posted for all residents in a fourteen (14) isolation period and that staff are using the appropriate Personal Protective Equipment (PPE) when entering the room of a resident on a fourteen (14) day isolation period. The Quality Assurance and Performance Improvement (QAPI) Committee will review the Personal</p>		

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F 880	<p>Continued From page 10</p> <p>10:38AM revealed no residents on enhanced droplet/contact precautions and no PPE supplies available for use outside any of the resident doors except Resident #8 who was on "contact precautions." NA #1 and NA #2 were observed on 09/23/20 at 10:40AM wearing a mask and gloves while providing care to Resident #1 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door. Nurse #1 was observed on 09/23/20 at 10:45AM wearing a mask and gloves while administering medications to Resident #7 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door.</p> <p>An interview on 09/23/20 at 11:00AM with NA #1 and NA #2 at 10:48 AM revealed their understanding of the "14 Day Watch" was the resident was monitored by the nurse for any signs and symptoms of COVID-19. NA #1 and NA #2 further stated they understood they were not required to wear any PPE in the room except their mask and gloves when providing care. They both indicated they had not worn any eye protection or gown while providing care to the residents on the 600 hall.</p> <p>An interview on 09/23/20 at 11:00AM with Nurse #2 on the 100 hall revealed the residents on "14 Day Watch" were newly admitted or had gone out for dialysis or doctor visits and the sign was put up as an extra precautionary measure they provided the residents. She stated it did not require any special equipment other than a mask and gloves when providing care and stated the residents were monitored for respiratory status each day and vitals and temperature at least twice a day.</p>	F 880	<p>Protective Equipment (PPE) inventories completed by the Medical Supply Clerk and the Weekend Supervisor to ensure adequate Personal Protective Equipment (PPE) is available for staff use. To complete this review the Quality Assurance and Performance Improvement (QAPI) Committee will meet weekly beginning the week October 26, 2020 for four (4) weeks, then every other week for six (6) weeks and then monthly for four (4) months and quarterly thereafter.</p> <p>Completion date: 10/27/2020</p>		

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F 880	Continued From page 11 An interview on 09/23/20 at 11:10AM with Nurse #1 revealed her understanding of the "14 Day Watch" was they were to monitor the residents for any signs or symptoms of COVID-19 and report them immediately to the nursing supervisor or Assistant Director of Nursing. The Nurse further stated it was her understanding she only needed to wear a mask and gloves while providing care to the newly admitted residents on the 600 hall because they had a negative COVID-19 test at the hospital prior to their admission. Nurse #1 indicated they were obtaining a respiratory assessment and pulse oximetry daily and temperature twice daily on the new admissions and were not required to use PPE other than a mask and gloves when taking care of the residents. 7. Resident #7 was admitted from the hospital on 09/22/20 to a private room on the 600 hall. A review of her medical record revealed the resident had a COVID-19 test at the hospital on 09/19/20 which was negative. There was a sign on the door that read "14 Day COVID Watch" and no PPE available outside the door. Observations of the 600 hall on 09/23/20 at 10:38AM revealed no residents on enhanced droplet/contact precautions and no PPE supplies available for use outside any of the resident doors except Resident #8 who was on "contact precautions." NA #1 and NA #2 were observed on 09/23/20 at 10:40AM wearing a mask and gloves while providing care to Resident #1 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door. Nurse #1 was observed on 09/23/20 at 10:45AM wearing a mask and gloves while administering medications to Resident #7 on the	F 880			

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F 880	<p>Continued From page 12</p> <p>600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door.</p> <p>An interview on 09/23/20 at 11:00AM with NA #1 and NA #2 at 10:48 AM revealed their understanding of the "14 Day Watch" was the resident was monitored by the nurse for any signs and symptoms of COVID-19. NA #1 and NA #2 further stated they understood they were not required to wear any PPE in the room except their mask and gloves when providing care. They both indicated they had not worn any eye protection or gown while providing care to the residents on the 600 hall.</p> <p>An interview on 09/23/20 at 11:00AM with Nurse #2 on the 100 hall revealed the residents on "14 Day Watch" were newly admitted or had gone out for dialysis or doctor visits and the sign was put up as an extra precautionary measure they provided the residents. She stated it did not require any special equipment other than a mask and gloves when providing care and stated the residents were monitored for respiratory status each day and vitals and temperature at least twice a day.</p> <p>An interview on 09/23/20 at 11:10AM with Nurse #1 revealed her understanding of the "14 Day Watch" was they were to monitor the residents for any signs or symptoms of COVID-19 and report them immediately to the nursing supervisor or Assistant Director of Nursing. The Nurse further stated it was her understanding she only needed to wear a mask and gloves while providing care to the newly admitted residents on the 600 hall because they had a negative COVID-19 test at the hospital prior to their admission. Nurse #1</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>indicated they were obtaining a respiratory assessment and pulse oximetry daily and temperature twice daily on the new admissions and were not required to use PPE other than a mask and gloves when taking care of the residents.</p> <p>8. Resident #8 was admitted from the hospital on 09/21/20 to a private room on the 600 hall. A review of his medical record revealed the resident had a COVID-19 test at the hospital on 09/21/20 which was negative. There was a sign on the door that read "Contact Precautions" and there was available PPE, but the resident was not on enhanced droplet precautions.</p> <p>Observations of the 600 hall on 09/23/20 at 10:38AM revealed no residents on enhanced droplet/contact precautions and no PPE supplies available for use outside any of the resident doors except Resident #8 who was on "contact precautions." NA #1 and NA #2 were observed on 09/23/20 at 10:40AM wearing a mask and gloves while providing care to Resident #1 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door. Nurse #1 was observed on 09/23/20 at 10:45AM wearing a mask and gloves while administering medications to Resident #7 on the 600 hall. There was a sign on the door that read "14 Day COVID Watch" but no PPE available outside the door.</p> <p>An interview on 09/23/20 at 11:00AM with NA #1 and NA #2 at 10:48 AM revealed their understanding of the "14 Day Watch" was the resident was monitored by the nurse for any signs and symptoms of COVID-19. NA #1 and NA #2 further stated they understood they were not</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>required to wear any PPE in the room except their mask and gloves when providing care. They both indicated they had not worn any eye protection or gown while providing care to the residents on the 600 hall.</p> <p>An interview on 09/23/20 at 11:00AM with Nurse #2 on the 100 hall revealed the residents on "14 Day Watch" were newly admitted or had gone out for dialysis or doctor visits and the sign was put up as an extra precautionary measure they provided the residents. She stated it did not require any special equipment other than a mask and gloves when providing care and stated the residents were monitored for respiratory status each day and vitals and temperature at least twice a day.</p> <p>An interview on 09/23/20 at 11:10AM with Nurse #1 revealed her understanding of the "14 Day Watch" was they were to monitor the residents for any signs or symptoms of COVID-19 and report them immediately to the nursing supervisor or Assistant Director of Nursing. The Nurse further stated it was her understanding she only needed to wear a mask and gloves while providing care to the newly admitted residents on the 600 hall because they had a negative COVID-19 test at the hospital prior to their admission. Nurse #1 indicated they were obtaining a respiratory assessment and pulse oximetry daily and temperature twice daily on the new admissions and were not required to use PPE other than a mask and gloves when taking care of the residents.</p> <p>An interview on 09/23/20 at 11:40AM with the Assistant Director of Nursing/Infection Control Preventionist (ICP) revealed their quarantine hall</p>	F 880			

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F 880	Continued From page 15 was the 600 hall which was also their rehab unit. She stated they required a COVID-19 test be done on all admissions prior to them being admitted to the facility. The ADON/ICP stated since the new admissions had a negative test prior to admission they were not quarantined but placed on a "14 Day Watch." The ADON/ICP explained the watch meant they would watch the resident for 14 days for any signs or symptoms of COVID-19 including fever, malaise, cough, loss of smell, taste and any other respiratory symptoms. She stated the residents received a respiratory assessment and pulse oximetry daily and temperature check at least twice daily and more often if needed. The ADON/ICP further stated the residents were tested weekly or if they displayed any signs or symptoms of the virus. She indicated they were not using PPE on the 600 hall for the new admissions unless they showed any signs or symptoms of COVID-19 since their test at the hospital was negative. The ADON/ICP indicated the residents and staff were being tested weekly and currently they had no resident cases of COVID-19 in the facility. She stated her direction for placement of the "14 Day COVID Watch" residents had come from the Administrator and stated any resident that displayed sign or symptoms of COVID-19 would automatically be placed under the "14 Day COVID Watch." The ADON/ICP stated she was not sure why this was not included in their policy and procedure and stated that would be a question for the Administrator. She indicated she was not responsible for writing the policies and procedures and was not sure why they would not match the CDC guidance and that too would be a question for the Administrator. She stated again she received her direction from the Administrator.	F 880			

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F 880	<p>Continued From page 16</p> <p>An interview on 09/23/20 at 3:45PM with the Director of Nursing (DON) and ADON/ICP revealed currently they had no resident cases of COVID-19 but had one staff case and considered the facility in outbreak status. The DON stated resident updates were provided at least monthly and more often with any changes in cases. She further stated the families are provided updates by the Admissions Director, Marketing Director and the Social Worker. The DON stated the families were provided information via social media, text, email and phone calls. She explained her understanding of the "14 Day Watch" was new admissions were admitted to the 600 hall and placed on the watch and this included a daily respiratory assessment, vital signs including temperature twice daily and continuous monitoring for any signs or symptoms of COVID-19. The DON stated it was her understanding from the Administrator that the newly admitted residents under the "14 Day COVID Watch" did not require staff use of PPE due to the resident's negative COVID-19 test at the hospital prior to their admission. She further stated she was not aware that newly admitted residents required quarantine and the use of full PPE including mask, eye protection (goggles and/or face mask), gown and gloves. The DON stated she had been educated by the Administrator. The only equipment required was a mask and gloves if providing resident care. She stated they had considered the new admissions from the hospital with a negative test done at the hospital to be negative and not need full PPE and quarantine.</p> <p>An interview on 09/23/20 at 4:45PM an interview with the DON revealed the facility had not stopped accepting admissions even with the</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>COVID-19 pandemic but required a COVID-19 test 24 to 48 hours prior to admission. She stated they had designated the 600 hall for newly admitted residents when possible but stated some residents had been placed in other rooms due to rehabilitation residents being on the 600 hall as well. The DON stated all the rehab residents that were not newly admitted had been tested this week and all the tests had been negative.</p> <p>An interview on 09/23/20 at 5:00PM with the Administrator revealed new admissions required a COVID-19 test prior to admission and if it was negative, they were placed under a "14 Day COVID Watch." The Administrator explained this meant the resident's received a respiratory assessment every day usually on 1st shift and a temperature and vital sign check at least twice daily. She stated the residents had not been placed on Enhanced precautions with full PPE because the negative test prior to admission indicated their COVID-19 status was known to be negative. The Administrator further explained this had been her interpretation of the guidelines and the reason they had not placed the new admissions on Enhanced precautions and utilized full PPE. She stated otherwise they would utilize their supply of PPE and potentially not have enough should they admit a COVID-19 positive resident. The Administrator further stated all the new admits had a negative test at the hospital prior to being admitted to the facility and the facility had tested the staff and residents on a weekly basis since they were in outbreak status. She stated her interpretation of the guidelines had been the basis for not using full PPE on the "14 Day Watch" residents and further stated they had to place some residents out in the general</p>	F 880			

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F 880	Continued From page 18 population due to not having adequate space on the 600 hall for all the admitted residents. The Administrator indicated she had worked closely with the facility MD and he was in agreement with the placement of the residents. A phone interview on 09/25/20 at 12:49 PM with a local health department nurse who was the liaison for the facility revealed the local health department expected the facility to quarantine their new admissions and readmissions for 14 days and place them on enhanced precautions. The health department nurse stated she had not been in recent contact with them because they were not in outbreak status but stated she had spoken with them since the start of the pandemic.	F 880			