STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345406	A. BUILDING _____ B. WING _____	C 09/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AND REHABILITATION	38 CARTERS ROAD GATESVILLE, NC 27938

(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 9/18/2020. 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# S8C111.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9/18/2020. 0 of the 2 complaint allegations was not substantiated. The facility was found to not be 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. Event ID# S8C111.	F 000		
F 880 SS=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 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,	F 880		10/29/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/17/2020

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F 880	Continued From page 1 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 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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	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 review the facility's "Handwashing/Hand Hygiene policy " the facility failed to implement their Handwashing/Hand Hygiene policy when delivering meal trays to the rooms of 4 of 4 sampled residents (Residents #1, #12, #22 and #27). The facility also failed to implement the facility's Wound Care policy during wound care when staff exited and reentered a resident's room wearing the same gloves, staff did not clean scissors prior to using them to cut medical tape, and failed to change gloves and sanitize hands between the removal of an existing dressing and the application of a new dressing for 1 of 1 resident observed for wound care (Resident #4). The findings included: 1. Review of the facility policy titled, "Handwashing/Hand Hygiene" (Revised August 2015) stated the facility considered hand hygiene the primary means to prevent the spread of infection. The policy interpretation and implementation included (7) Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: (b) Before and after direct contact with residents; (l) after contact with objects (e.g.,	F 880	Tag F880 1. CNAs 1 and 2 were in-serviced by the Director of Nursing (DON) on September 16, 2020, on proper procedure with hand hygiene when going in and out of rooms especially when delivering meal trays. Nurse #2 was in-serviced on hand hygiene and “Dressing, Dry/Clean Wound Care on September 16, 2020, by Regional Director of Clinical Services. 2. All facility and agency staff will be in-serviced by September 25, 2020, on hand hygiene including delivering of meal trays to the room by the DON. During the orientation process new hired staff and new agency personnel will be educated and must demonstrate competency of handwashing hygiene by the Director of Nursing or designee. On 10/22/2020, the DON started re-education to staff on the COVID 19 policy to include using the CMS recommended YouTube video “Clean Hands” The DON or designee will complete the education by 10/29/2020. DON or designee will educate new hires during orientation.	

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F 880	Continued From page 3 medical equipment) in the immediate vicinity of the resident; (o) before and after eating or handling food; (p) before and after assisting a resident with meals. On 9/15/2020 at 11:40 AM nursing assistant (NA) #1 was observed to carry a meal tray to Resident #1's room. The NA did not perform hand hygiene before entering the resident's room. The NA placed the meal tray on Resident #1's bedside table and placed a glove on her right hand. The NA then readied the meal tray for the resident, removed the glove from her right hand, and left the room without performing hand hygiene. On 9/15/2020 at 11:45 AM, NA #1 was observed to deliver a meal tray to Resident #22's room. NA #1 did not perform hand hygiene when she entered, while she was in the room and when she exited the resident's room. The NA then removed a meal tray from the meal cart and carried the meal tray to Resident # 27's room and placed the tray on the resident's bedside table and exited the resident's room. The NA did not perform hand hygiene before she entered the room, while she was in the room and when she exited the room An interview was conducted with NA #1 on 9/15/2020 at 2:20 PM. The NA stated that she had washed her hands before she started passing out the meal trays. On 9/16/2020 at 11:49 AM NA#2 was observed to carry a meal tray to Resident #12's. The NA did not perform hand hygiene before entering the resident's room. The NA set the tray on the resident's bedside table and left the room without performing hand hygiene. An interview was conducted with NA#2 on 9/16/2020 at 12:01 PM. NA#2 stated she was to	F 880	3. The facility will have the DON or designee complete audit tool for meal delivery and proper hand hygiene with tray passing. Director of Nursing will monitor the nurses during wound care for proper hand hygiene during wound treatments. On 10/8/2020, the DON or designee will review the hand washing audit 4 meal carts (Monday-Friday) for (3) weeks, a meal carts weekly (Monday-Friday) for (2) weeks, and a meal carts monthly times one (1) month; and will report audit findings monthly to the QAPI Team for review times 3 months; and will report audit findings monthly to the QAPI Team for review times 3 months; to ensure hand hygiene occurred. The Director of Nursing will complete a monitoring tool for wound treatment: 3 times weekly for (4) weeks and then two (2) times a week for four (4) weeks and then weekly for four (4) as necessary. This will start October 8, 2020. During monitoring if there is an incident of improper hand hygiene the department heads will immediately educate on the proper procedure. The Administrator will report findings of the monitoring to the interdisciplinary team during QAPI meeting monthly for three months and make changes to the plan as necessary to maintain compliance with proper hand hygiene.	

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F 880	Continued From page 4	F 880		

wash her hands before entering a resident's room and after leaving the resident's room. The NA stated that she did not realize she had not washed her hands when she entered Resident #12's room to deliver the resident's meal tray and when she exited the resident's room.

An interview was conducted with the Director of Nursing (DON) on 9/16/2020 at 1:36 PM. The DON stated that staff were to wash their hands before setting up a resident's meal tray and before leaving the resident's room.

2. Review of the facility policy titled, "Wound Care" (Revised October 2010) stated the purpose of this procedure was to provide guidelines for the care of wounds to promote healing. The policy steps included (1) use disposable cloth (paper towel is adequate) to establish clean field on residents overbed table. Place all items to be used during the procedure on the clean field. Arrange the supplies so they can be easily reached. (2) Wash and dry hands thoroughly. (4) Put on exam glove. Loosen tape and remove dressing. (5) Pull glove over dressing and discard into appropriate receptacle. Wash and dry hands thoroughly. (6) Put on gloves. (7) Use no touch technique. Use sterile tongue blades and applicators to remove ointments and creams from their containers.

On 9/16/2020 at 10:07 AM, an observation was conducted of Nurse #2 providing wound care for Resident #4. The nurse was observed to don gloves and place a barrier on resident's bedside table. The nurse left the room without removing her gloves and went to the treatment cart. Nurse # 2 removed gauze, and a tube of ointment with the resident's name and directions on it from the

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F 880	Continued From page 5	F 880		

treatment cart. While at the treatment cart Nurse #2 also removed a pair of scissors from her pocket and without cleaning the scissors she cut two strips of medical tape. Nurse #2 laid the scissors on top of treatment cart, reentered Resident #4's room carry the two pieces of tape which she laid on the barrier. The nurse returned to the resident's bedside and was observed to remove the resident's right stump dressing wearing the same gloves. There was no drainage noted on the bandage. The nurse placed the old dressing in the trash and removed her gloves. Nurse #2 donned a new pair of gloves but did not wash her hands in between glove changes. Nurse #2 sprayed wound cleanser directly to the resident's wounds and cleaned with dry gauze. The nurse then squeezed the ointment on two individual gauze pads and placed them on the two open areas to Resident #4s right stump. Additional dry gauze was placed over treatment area which was secured with the two pieces of tape the nurse cut while she was at the treatment cart.

On 9/16/2020 at 10:14 AM An interview was conducted immediately with Nurse #2. The nurse stated she washed her hands in the resident's bathroom and put on gloves prior to the dressing change and changed her gloves when she removed the old dressing. Nurse #2 stated the scissors were her personal scissors and she cleaned with an alcohol swab. The nurse stated she always kept her personal scissors on her and wiped them off after each patient. Nurse #2 stated she had cleaned scissors prior to placing them in her pocket.
An interview was conducted with the DON on 9/16/2020 at 10:32AM, who was also the facility's Infection Control Nurse. The DON stated she

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F 880	Continued From page 6 expected that the nurse would have washed hands and changed gloves before leaving the room and after removing the old dressing. The DON stated Nurse #2 should have performed hand hygiene and donned a new pair of gloves when she reentered the resident's room.	F 880		
F 882 SS=F	Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c) §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must: §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; §483.80(b)(2) Be qualified by education, training, experience or certification; §483.80(b)(3) Work at least part-time at the facility; and §483.80(b)(4) Have completed specialized training in infection prevention and control. §483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the	F 882	Tag F882	10/29/20

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F 882	Continued From page 7 facility failed to designate a qualified Infection Preventionist (IP), who had completed specialized training in infection prevention and control, to be responsible for the facility's Infection Prevention and Control Program. The findings included: A review of the facility's Director of Nursing job description indicated the DON over saw the employee health program in cooperation with the Medical Director and the Staff Development Coordinator. The facility did not have an infection preventionist job description. Review of the Assistant Director of Nursing (ADON) and Staff Development Coordinator (SDC) job descriptions did not specify the completion of specialized infection prevention and control training was needed. An interview was conducted with the Director of Nursing (DON) on 9/16/2020 at 1:39 PM. The DON stated she was hired as the facility's Assistant Director of Nursing (ADON) and Staff Development Coordinator (SDC) in April of 2020 and when she was hired, she had not received any specialized training on infection prevention and control. The DON stated she was promoted to her current position on 09/14/20. The DON explained she would serve as the facility's infection control nurse until the ADON/SDC position was filled but had not complete any specialized infection prevention and control training. An interview was conducted with the Administrator on 9/15/2020 at 11:13 AM. The Administrator stated her ADON/SDC had been promoted to Director of Nursing on 9/14/2020.	F 882	1. DON was in-serviced by the Clinical Regional Director the importance of having someone designated as the infection preventionist who is responsible for the facility's IPCP on September 16, 2020. 2. The Regional Clinical Services Director and Regional Director of Operations will oversee the infection preventionist control program. The Regional Clinical Services Director and Regional Director of Operations (SPICE Certified) will monitor the program with the Director of Nursing by reviewing risk meeting documentation and viewing facility's electronic medical charts. Regional Director of Operations has 24 hour access to all medical records for Accordius Health & Rehabilitation at Gatesville. Current DON will complete the CMS/CDC ICP course online until the SPICE certification course is offered again in March or April. A newly hired nurse will be named Infection Preventionist will complete the CMS/CDC ICP course online and SPICE upcoming SPICE certification if haven't already. 3. Compliance date of plan will be October 29, 2020.	

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F 882	Continued From page 8 The Administrator stated she was not aware if the current DON or the previous DON had completed any specialized training in Infection prevention and control. The Administrator stated the DON would serve as the infection preventionist until the facility could hire an ADON/Staff Development Coordinator who would then be designated as the facility's IP and would have completed specialized training in infection prevention and control. An interview was conducted with the Administrator on 9/16/2020 at 1:42 PM. The Administrator stated there were no staff currently employed by the facility that had completed specialized training in infection prevention and control.	F 882		