STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345119	A. BUILDING _____ B. WING _____	C 10/09/2020

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NORTHCHASE NURSING AND REHABILITATION CENTER	3015 ENTERPRISE DRIVE WILMINGTON, NC 28405

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E 000	Initial Comments An unannounced COVID-19 Focused Emergency Preparedness Survey and Complaint Investigation was conducted onsite 10/1/20 - 10/7/20 and remotely through 10/9/20. 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# CHK011.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and Complaint Investigation was conducted onsite 10/1/20 - 10/7/20 and remotely through 10/9/20. The facility was not found to 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. 4 of 15 complaint allegations were substantiated with deficiency. Event ID # CHK011.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to implement fall interventions developed by its interdisciplinary	F 689	F 689 Free of Accident Hazards/Supervision/Devices CFR (s): 483.25 (d)(1)(2).	10/27/20

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

Electronically Signed | 10/23/2020

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F 689	Continued From page 1 team to keep 1 of 3 sampled residents (Resident #5), reviewed for falls, safe while in her bed. Findings included: Resident #5 was admitted to the facility on 04/25/18. Her documented diagnoses included right femur (thigh bone) fracture, history of falls, and dementia with behavioral disturbances. Review of incident/accident reports revealed Resident #5 experienced falls from the bed on 02/14/20, 03/07/20, and 04/09/20. On 04/17/20 Resident #5's care plan was updated, and "Risk for falls due to actual falls, impaired cognition with mental illness, continence status, and side effects of medication" was identified as a problem. Interventions for this problem included "Fall mat on floor when in bed (developed as an intervention on 01/16/20)" and "Ensure positioning device (wedge) is in place to help define parameters of bed (developed as an intervention on 04/24/20)." The resident's 07/02/20 quarterly minimum data set (MDS) documented her cognition was severely impaired, she required extensive assistance from staff to being dependent on staff for her activities of daily living, and she had experienced no falls since her last MDS assessment. Review of incident/accident reports revealed Resident #5 experienced a fall from the bed on 05/09/20. During an observation of Resident #5 on 10/05/20 at 11:18 AM she was in bed which was in the low position. When entering the resident's room, the	F 689	On 10/5/20, the Administrator placed fall mat at bedside and positioning wedge in bed per care plan for resident # 5. On 10/9/20, 100% audit of the current resident's care plans regarding fall interventions were completed to include validation that current interventions were in place by Minimum Data Set Nurses, Director of Nursing (DON), Staff Development Coordinator, and Unit Mangers. This audit is to ensure all care planned fall interventions are in place for the residents. The Minimum Data Set Nurses, Director of Nursing (DON), Staff Development Coordinator, and Unit Mangers addressed any areas of concern identified during the audit to include providing the intervention equipment and updating the care plan as indicated. On 10/7/20, 100% in-service was initiated by the Director of Nursing with all staff to include nursing assistants, nurses, therapy, dietary and housekeeping regarding ensuring that fall interventions are in place per the care guide. If a resident is requiring different interventions nursing must be notified to ensure that appropriate interventions are implemented. All newly hired staff will be in-serviced by the Director of Nursing or Staff Development Coordinator during orientation in regard to fall interventions. 10% audit of all current resident's with fall interventions, to include resident #5 will be completed by the Unit Mangers utilizing	

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F 689	Continued From page 2 right side of her bed was against the wall. However, there was not a fall mat on the left side of her bed, and there was not a wedge or pillows being utilized to keep the resident centered in the bed. Resident #5 was fidgeting and playing with her gown. During an observation of Resident #5 on 10/05/20 at 12:28 PM she was in bed which was in the low position. No fall mats or positioning wedges or pillows were being utilized to keep the resident safe while in bed. The resident was making loud noises, and movement of her upper body was noted. During an observation of Resident #5 on 10/05/20 at 4:06 PM she was in bed which was in the low position. No fall mats or positioning wedges/pillows were being utilized to keep the resident safe while in bed. The resident was yelling very loudly to the point of being red in the face, and there was movement of her body in the bed. At this time the Administrator stated he was sure the resident had a fall mat when she was moved to the quarantine unit because he recalled seeing the mat laid across the resident's geri-chair during the transfer of her possessions. During an interview with Nursing Assistant (NA) #5 on 10/05/20 at 4:18 PM she stated Resident #5 was at continued risk for falls, and was supposed to have a fall mat and pillows or a wedge to help keep her safe while she was in bed. During an interview with NA #2 on 10/05/20 at 4:31 PM she stated Resident #5 had periods of intense anxiety and yelling which made her vulnerable to accidents/falls. She commented	F 689	the Fall Intervention QA Audit Tool weekly x 4 weeks and monthly x 1 month. This audit is to ensure that fall interventions are in place per the care guide and care plan. The Unit Mangers will address all areas of concern identified during the audit to include implementing the fall interventions, updating care plan and retraining provided to staff as indicated. The Director of Nursing will review and initial the Fall Intervention QA Audit Tool weekly x 4 weeks and monthly x 1 month for accuracy and to ensure all areas of concerns have been addressed. The Director of Nursing will forward the results of Fall Intervention QA Audit Tool to the Executive QAPI Committee monthly x 2 months for review to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.	

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F 689	Continued From page 3	F 689		

the resident had a fall mat and positioning wedge as fall interventions. According to NA #2, she saw a fall mat arrive with Resident #5 when she was admitted to her new room on 09/30/20, but she was not sure what happened to it since. She stated she remembered a wedge being used for the resident in her previous room across the building, but did not recall seeing it in use since the resident arrived on the quarantine hall.

During an interview with NA #7 on 10/05/20 at 5:03 PM she stated Resident #5 could still scoot herself to the side of the bed, especially when she experienced anxiety attacks. She reported a fall mat was used to cushion any falls from the low bed, and a wedge or pillows were used to keep the resident stationary in the center of the bed. She was unable to explain why neither intervention was currently in place for the resident.

During an interview with Nurse #2 on 10/06/20 at 11:56 AM she stated Resident #5 had emotional and mental health issues which made her prone to anxiety attacks. She reported during these periods of anxiety the resident "worked herself up," exhibiting loud yelling and sudden, jerky movements. She also commented the resident had experienced numerous falls from her bed and different chairs. According to Nurse #2, Resident #5 was supposed to have a fall mat to the left side of her bed and a positioning wedge to keep her centered in the bed.

During an interview with the interim Director of Nursing (DON) on 10/06/20 at 3:30 PM she stated fall interventions developed by the facility should be in place to help keep residents safe. She reported the fall mat would lessen the impact

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F 689	Continued From page 4 on the hard surface of the floor if Resident #5 rolled out of her low bed, and the positioning wedge made it more difficult for the resident to move around in the bed. She commented staff should check care plans and talk to the hall nurses about fall interventions, notifying the nurses if fall interventions were not available to implement.	F 689		
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 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	F 880		10/27/20

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F 880	Continued From page 5 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. §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 observations, record review, staff	F 880	F880 Infection Prevention & Control	

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F 880	Continued From page 6 interviews, and a review of the facility's policy and procedures, staff failed to implement the guidelines regarding use of personal protective equipment (PPE) during COVID-19 by not wearing the full PPE required by 2 of 2 staff (Physical Therapist #1 and Nurse Aide # 1) while providing care and services in the resident's room for 2 of 3 sampled residents who were quarantined. (Resident #5 and Resident #6). This failure occurred during the COVID-19 pandemic. Findings included: The facility's Guidelines Regarding PPE Use revised 08/10/20 documented; consistent with existing guidelines, all staff interacting with residents on the quarantine unit or cohort area should always wear full PPE which included gloves, gown, mask, and eye protection. 1.During an observation on 10/05/20 at 10:00 AM, PPE was observed in the supply cart outside of Resident #6's room on the quarantine unit. The PPE cart included masks, gloves, and gowns. Precaution signs were posted on the resident's door which provided instructions to don full PPE to include a mask, gown, gloves, and eye protection before entering the room. During an observation on 10/05/20 at 10:00 AM, Physical Therapist #1 was observed walking out of the therapy department and entered Resident #6's room. The therapist was wearing a gown, mask, and eye wear prior to entering the room but she did not don gloves before entering the room and she was observed handling the wheelchair footrest extension while the resident was sitting in her wheelchair. She walked out of the room without handwashing or hand sanitizing and removed an item from the linen cart and went	F 880	CFR(s): 483.80(a)(1)(2)(4)(e)(f) On 10/5/2020, the Administrator in serviced NA # 1 and Physical Therapist # 1 regarding the use of personal protective equipment (PPE) while providing care and services in the resident's room in the quarantine unit. On 10/20/20, a 11 ½ x 7 signs were posted at the entry/exit of the quarantine unit as a reminder for all staff to include agency and therapy staff to don PPE while in resident's room on the Quarantine area. On 10/5/2020, 100% return demonstration on Donning/Doffing PPE to include hand hygiene was initiated with all staff by the Infection Preventionist Nurse and Quality Assurance Nurse with all staff to include agency. This observation is to ensure that all staff to include contracted entities such as therapist and agency successfully demonstrate the use of personal protective equipment (PPE) while providing care and services in a resident's room on the quarantine unit. Staff will be immediately retrained by the Infection Preventionist Nurse and Quality Assurance Nurse during the audit for any identified areas of concern. The observations will be completed by 10/27/2020. On 10/16/2020, 100% Staff questionnaires was initiated with all staff to include current assigned agency staff and therapy on regarding when to Donn PPE in the Quarantine unit by the interdisciplinary team to include Director of Nursing, Staff Development Coordinator, Assistant Director of Nursing, and Nursing Shift Supervisors. The	

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F 880	Continued From page 7 back into Resident #6's room again without donning gloves. During an interview on 10/05/20 at 10:05 AM the Physical Therapist acknowledged that Resident #6 was on quarantine due to her recent admission. She stated she was not aware that she had to wear gloves when she was in Resident #6's room, and she didn't think she had to wash her hands when she left the residents room to go to the linen cart because she was still providing care to the resident. She acknowledged that she should have read the signs posted on the resident's door that provided instructions on donning PPE prior to entering the room. During an interview with the Infection Control Preventionist on 10/05/20 at 1:48 PM she stated staff were required to don full PPE which included gloves, gown, mask, and eye protection before entering a resident's room on the quarantine unit. She stated staff had been in-serviced on PPE use. She indicated signs were posted on the door of the resident's room which provide instructions for donning PPE, and there were adequate supplies of PPE in the facility. During an interview on 10/06/20 at 3:28 PM the Interim Director of Nursing stated that staff were required to follow the facility guidelines for PPE use and full PPE should be worn when entering a resident's room who was on quarantine. 2. A review of in-servicing completed in the facility related to COVID-19 and infection control revealed between 09/14/20 and 09/18/20 facility-wide in-servicing was held during which staff were instructed to wear full personal protective equipment (PPE) when entering resident rooms on the quarantine unit. The	F 880	purpose of the Questionnaires is to validate staff knowledge and understanding of the education. Staff questionnaires will be reviewed by the Director of Nursing for accuracy and retraining will be completed as indicated. The questionnaires will be completed by 10/27/2020. On 10/6/2020, 100% in-service was initiated by the Director of Nursing with all staff regarding Donning/Doffing full PPE while in the quarantine unit. The in-service will be completed by 10/27/2020. All newly hired staff to include contracted employees will receive the in services during orientation by the Staff Facilitator. On 10/14 2020, the Director of Nursing initiated training for 100% staff utilizing the CDC Use Personal Protective Equipment (PPE) Correctly for COVID-19 instructional video. The video includes the message (use of personal protective equipment (PPE) while providing care and services to a presumptive positive resident https://youtu.be/YYTATw9yav4). The training will be completed by 10/27/20. All newly hired staff to include nursing assistants will receive the in services during orientation by the Staff Facilitator. The Nursing Supervisor, Infection Preventionist, and Quality Assurance Nurse will observe 10% of staff members while on the Quarantine unit to include NA # 1 and Physical Therapist # 1 Donning PPE when providing care and services on	

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F 880	Continued From page 8 in-service documented full PPE included: 1. Gowns, 2. Gloves, 3. Masks, and 4. Eye Wear. During an observation of Resident #5 on 10/05/20 at 12:28 PM she was residing on the quarantine unit, and the signage on her door documented when staff entered her room they should be wearing a mask, eye wear, gown, and gloves. During an interview with Nursing Assistant (NA #1) on 10/05/20 at 12:36 PM she stated it was difficult to remember which PPE should be worn in the different rooms on Resident #5's hall because residents on one end of the hall were on quarantine and residents on the other end of the hall were not, and staff were trying to hurry to distribute the lunch trays. During an observation on 10/05/20, beginning at 12:43 PM, NA #7 entered Resident #5's room with a meal tray. She was wearing a mask, face shield, and gown. The NA raised the resident's bed, repositioned the resident in her bed, and began to feed the resident her lunch meal. During an interview with NA #7 on 10/05/20 at 12:52 PM she stated she did not realize she was supposed to wear gloves when she entered the quarantine rooms. After reading the signs posted on Resident #5's door, she stated she should have put gloves on before entering the resident's room and removed them before she left the resident's room. During an interview with the Infection Control Nurse on 10/06/20 at 1:48 PM she stated all staff members entering the rooms of residents residing on the quarantine unit were supposed to wear masks, eye protection, gowns, and gloves.	F 880	the quarantine unit weekly x 4 weeks and then monthly for 1 month utilizing the Return Demonstration PPE/Handwashing Audit Tool. This observation is to ensure that all staff working in the Quarantine unit are knowledgeable of and maintain compliance with Donning PPE while in a resident's room. Staff will be immediately retrained by the Nursing Supervisor, Infection Preventionist, and Quality Assurance Nurse during the audit for any identified areas of concern. The Director of Nursing (DON) will review and initial the Return Demonstration PPE/Handwashing Audit Tool weekly x 4 weeks then monthly for 1 month to ensure all identified areas of concern have been addressed. The Director of Nursing will forward the results of the Return Demonstration PPE/Handwashing Audit Tool to the Executive QA Committee monthly x 2 months. The Executive QA committee will meet monthly for 3 months to review the Return Demonstration PPE/Handwashing Audit Tool for trends and/ or issues and to determine the continued need and frequency of monitoring.	

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F 880	Continued From page 9 She reported staff had been in-serviced in September 2020 on the PPE required when caring for residents on the quarantine unit. The nurse commented it was even more important that the gloves be worn when staff were positioning/repositioning residents and providing care and feeding assistance. According to the Infection Control Nurse, not wearing full PPE on the quarantine unit increased the risk of staff and residents being exposed to COVID-19. During an interview with the facility's interim Director of Nursing (DON) on 10/06/20 at 3:30 PM she stated signage was posted on the doors of quarantine rooms, and staff were to follow the directives about PPE documented on these signs. She reported when any staff member entered a quarantine room for any reason they were supposed to be wearing a mask, goggles or face shield, gown, and gloves.	F 880		