

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

PRINTED: 11/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2020
NAME OF PROVIDER OR SUPPLIER CITADEL ELIZABETH CITY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH HALSTEAD BOULEVARD ELIZABETH CITY, NC 27909	
(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
F 000	INITIAL COMMENTS An onsite revisit and a complaint investigation was conducted on 10/15/20 to 10/16/20. The three allegations were unsubstantiated. A new tag was also cited. The facility is still out of compliance. Event ID # 635011.	F 000		
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 possible communicable diseases or infections before they can spread to other	F 880		10/28/20

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

TITLE

(X6) DATE

Electronically Signed

10/28/2020

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>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 of facility policy the facility failed to place signage at the entrance to the facility's quarantine hall and</p>	F 880	<p>Problem: The facility allegedly did not have adequate signage on its admission</p>		

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F 880	<p>Continued From page 2</p> <p>on the doors to the resident rooms, which specified the need for Personal Protective Equipment (PPE) to be worn during care of quarantine residents for 8 (Residents #1, #2, #6, #7, #8, #9, #10, and #11) of 8 residents on the Covid-19 quarantine hall. This occurred during a Covid-19 pandemic. Findings included:</p> <p>Documentation on the facility Covid-19 plan updated August 2020 stated in part, "All new admissions and readmissions are placed on the quarantine unit in a room by themselves for 14 full days" and "Required PPE on Quarantine Units - N95 mask, gown, face shield, gloves- worn in resident rooms." There was no information in the facility policy on signage.</p> <p>Observations were made on the initial tour on the 300 Hall on 10/15/20 from 9:30 AM to 10:05 AM. Double doors at the entrance to the 300 Hall each had a curled-up sheet of white paper with instructions entitled, "Guidelines for working on the 300 Hall." None of the instructions on the posted guidelines discussed the requirements for PPE. None of the resident doors on the 300 Hall had any instructions or signage for the requirement for PPE in the resident rooms, to include rooms for Residents #1, #2, #6, #7, and #10. Staff was observed to be wearing face masks, gloves, gowns, and face shields/goggles prior to providing care to the residents on the 300 Hall. Staff were observed removing the gowns and gloves prior to leaving the resident rooms on the 300 Hall and then performing hand hygiene.</p> <p>An interview was conducted with Nurse #3, a unit manager, on 10/15/20 at 12:35 PM. Nurse #3 stated that a gown, N-95 mask, face shield/goggles, and gloves were to be worn on</p>	F 880	<p>observation unit to alert visitors and staff of the proper precautions to take when visiting newly admitted patients to the facility. The precautionary sign on the double doors of the unit was augmented by the facility staff by the placement of additional precautionary CDC-approved signage on the outside of the door for each of the appropriate occupied rooms on this unit. This was completed prior to the state surveyor indicating there was an alleged issue with the signage.</p> <p>How this Problem Will be Solved for Other Residents at Risk</p> <p>In keeping with facility policy prior to the survey, newly admitted patients are kept in observation status for 14 days to assess for potential COVID-19 symptoms. All patients on the unit had tested negative for COVID-19 within 48 hours prior to admission to the facility. For the protection of the other residents, all patients on the unit are kept from having inside visitors unless there is an end of life or compassionate visit need. Individual room signs were placed on the outside on each door of the appropriate occupied rooms on the observation admission unit. As per the directed plan of correction, a root cause analysis was performed.</p> <p>What System Changes Will be Made to Prevent the Allegedly Deficient Practice from Recurring</p> <p>Precautionary signs explaining any necessary infection control practices will remain on the outside of each appropriate door of the occupied rooms on the admission observation unit.</p> <p>The surveyor indicated she observed no</p>		

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F 880	<p>Continued From page 3</p> <p>the 300 Hall rooms when staff were providing direct patient care. Nurse #3 stated that the residents on the 300 Hall were residents who were recently admitted from the hospital.</p> <p>Observations were made on the 300 Hall on 10/16/20 at 7:52 AM. The double doors at the entrance to the 300 Hall still each had a curled-up sheet of white paper with the guidelines for working on the 300 Hall. Residents # 1, #2, #6, #7, #8, #9, #10, and #11 did not have any signage on the doors to their rooms with the requirements for PPE in the room.</p> <p>An interview was conducted with Nurse #3 on 10/16/20 at 8:04 AM. Nurse #3 removed the sheets of paper on the double doors with the guidelines for working on the 300-hall. Nurse #3 stated that the guidelines on the doors were no longer applicable to the quarantine unit on the 300-hall. Nurse #3 revealed that the residents on the 300-hall had been admitted to the facility from the hospital and were placed on the 300-hall in private rooms for 14 days. Nurse #3 stated that the residents on the 300-hall had tested negative for Covid-19 while at the hospital because the facility was not accepting any Covid-19 positive residents. Nurse #3 explained that a gown, gloves, a face shield/goggles, and an N-95 mask were required when providing care to the residents on the quarantine unit.</p> <p>An interview was conducted with Nurse #4, the facility infection control nurse, on 10/16/20 at 9:46 AM. Nurse #4 confirmed that it was the facility policy to put the residents that come from the hospital with a negative Covid-19 tests in individual rooms for 14 days on the 300 hall to make sure they don't have Covid-19 symptoms,</p>	F 880	<p>deficient practices by the staff in observing proper PPE precautions. However, the staff will be in-serviced by the DON/designee on the need for signage on the doors of appropriate occupied rooms on the admission observation unit.</p> <p>Monitoring The administrator/DON/designee will audit for the presence of signage on the outside of the door of each appropriate occupied room on the admission observation unit in keeping with current facility policy, state regulations, and federal guidelines. The audit will be conducted daily x 2 weeks, weekly for two weeks, and then monthly for one month. Any signs that have been removed or in disrepair will be replaced. The outcome of the audits will be reported to the QAPI team for further intervention as necessary.</p>		

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F 880	<p>Continued From page 4</p> <p>because 14 days was the incubation period. Nurse #4 stated that it was possible the residents that come from the hospital could test positive with in the 14-day isolation period. Nurse #4 stated that the residents were on isolation/quarantine precautions. Nurse #4 stated that the staff should wear PPE when providing care to the residents in the room, to include KN-95 masks, eye protection or a face shield, gown and gloves. Nurse #4 acknowledged that there was no signage up for PPE use on the quarantine unit. Nurse #4 stated that the facility was planning to put up signs in the quarantine unit but there was a problem with the CDC signs because the signs talk about being fit tested for the masks. Nurse #4 stated that the CDC signs would need to be modified for the facility policy for masks on the quarantine unit, because the staff on the quarantine unit did not need to be fit tested for the masks.</p> <p>An interview was conducted with the Director of Nursing (DON) on 10/16/20 at 1:30 PM. The DON stated that she did not think that signage was needed in the quarantine unit because the CDC guidelines and the facility policy do not specify that signage was needed in the quarantine unit but only for the Covid-19 unit. The DON stated that all the staff were trained and were following the facility policy of wearing the required PPE in the resident rooms while providing care, so signage was not necessary.</p>	F 880			