

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

PRINTED: 12/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2020
NAME OF PROVIDER OR SUPPLIER WILKESBORO HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p>	F 880		12/4/20

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

TITLE

(X6) DATE

Electronically Signed

12/07/2020

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>§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> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2 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, record review, staff interview, Nurse Practitioner (NP) interview, review of the facility's Infection Prevention and Control Manual Policy for Suspected and Confirmed Coronavirus (COVID-19) and review of Center for Disease and Prevention Control (CDC) guidelines for the use of Personal Protective Equipment (PPE) the facility failed to implement their infection control policies and the CDC guidelines when staff did not don full Personal Protective Equipment (PPE) including gloves and a gown when in a resident rooms, failed to sanitize a multi-use stethoscope between residents and failed to perform hand hygiene after cleaning environmental surfaces in a resident's room for 3 of 3 residents on enhanced droplet precautions on the COVID-19 quarantine hall (Residents #1, #2, and #3). These failures in infection control practices occurred during a COVID-19 pandemic.</p> <p>The findings included: According to an undated facility document titled, Infection Prevention and Control Manual Policy for Suspected and Confirmed Coronavirus (COVID-19), when a resident has a suspected or</p>	F 880	<p>1)Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice " Housekeeper immediately re-educated and provided verbal warning by Housekeeping supervisor on appropriate PPE to be utilized on PUI and COVID hall as well as hand hygiene. " NP immediately re-educated by Director of Nursing on appropriate PPE to be utilized on PUI and COVID hall as well as hand hygiene.</p> <p>2) Address the facility will identify other residents having the potential to be affected by the same deficient practice: " 100% re-education provided by Assistant Director of Nursing/ Infection Preventionist to all employees in regards to COVID19 infection control policy and procedure related to donning and doffing of PPE, hand hygiene, transmission based precautions, and sanitizing instruments in between residents. Completed by 12.4.20.</p>		

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F 880	<p>Continued From page 3</p> <p>confirmed case of COVID-19 essential personnel enter the room with appropriate PPE and respiratory protection. The PPE includes gloves, a gown, facemask, and eye protection and hand hygiene using alcohol-based hand sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves, If hands are soiled, washing hands with soap and water is required for at least 20 seconds.</p> <p>According to an undated facility document titled, Infection Prevention and Control Manual Policy for Suspected and Confirmed Coronavirus (COVID-19), dedicated or disposable patient care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations. Cleaning and disinfecting room and equipment will be performed using products that have EPA-approved emerging viral pathogen claims that have demonstrated effectiveness against viruses like COVID-19 on hard porous surfaces.</p> <p>According to guidelines published by the CDC on 04/30/20, all new admissions shall be placed on isolation observation and full PPE is required when providing care. This PPE included the use of a gown, gloves, face mask, and eye wear and indicated hand washing was needed for the first 14 days following admission for all residents who did not meet criteria to discontinue isolation in the hospital prior to admission.</p> <p>A memo dated 10/30/20 written to all staff revealed if a staff member is working the quarantine unit or the COVID unit, the gown must be changed every time a room is entered/exited</p>	F 880	<p>3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur " 100% re-education provided by Assistant Director of Nursing/ Infection Preventionist to all employees in regards to COVID19 infection control policy and procedure related to donning and doffing of PPE, hand hygiene, transmission based precautions, and sanitizing instruments in between residents. Completed by 12.4.20.</p> <p>4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained " An audit tool titled Audit Tool for PPE Usage on PUI and COVID Unit, has been developed to monitor performance. Random Audits will be conducted by the ADON/Housekeeping Supervisor/Rehab Director/designee 5 times a week x 2 weeks, weekly x 2 weeks, and as needed to ensure compliance with accuracy. Completed by 12.4.20. " Audit Compliance will be discussed weekly by the DON/designee during morning administration meetings where the Quality Assurance (QA) Committee members attend, X 4 weeks, and as needed. Completed by 12.4.20. " The DON/designee will bring results of audit to the facility monthly QA meetings for committee review and input monthly X 2 months, and as needed during the pandemic. All discussion will be maintained in meeting minute notes. Any non-compliance will be noted and</p>		

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F 880	<p>Continued From page 4</p> <p>including when passing meal trays. Hands are to be washed before donning PPE and after doffing PPE. Gloves are to be donned before entering resident rooms and doffed prior to exiting the room and hand hygiene is to be performed. A clean gown must be worn when on the unit.</p> <p>A memo titled updated dated 11/6/20 revealed gloves were to be worn anytime while providing patient care including any form of touching the resident even in the hallway.</p> <p>Observations on 11/20/20 beginning at 11:09 AM and ending at 11:40 AM revealed there was signage posted on all resident doors on the 400 and 500 hall COVID-19 quarantine care units titled "Enhanced Droplet Isolation" illustrated hand hygiene as well as use of a universal face mask N95, if available, or surgical mask acceptable and must cover the nose mouth and chin, eyewear, a gown, and gloves were to be worn when interacting with this resident.</p> <p>1 a. An observation on 11/10/20 beginning at 11:09 AM and ended at 11:35 AM revealed the Nurse Practitioner (NP) to be in Resident #1's room performing a physical assessment exam. The NP was wearing a face mask, eye wear, and a gown. Resident #1 had tested positive for COVID-19 on 10/27/20 and resided on the COVID-19 positive quarantine care unit. Resident #1's door had signage displayed that indicated Enhanced Droplet Precautions which required full PPE to include a gown, gloves, face mask, and eye wear with care. The NP was observed to place his personal stethoscope on Resident #1's body with his ungloved right hand and his ungloved left hand on Resident #1's right shoulder and wheelchair when beginning the</p>	F 880	<p>corrective actions taken. Any change to the monitoring plan will require re-in servicing by the DON/designee and monitoring to begin again at the daily audits until compliance is met.</p> <p>The outlined plan above will be implemented and monitored by the facility ED (Executive Director). The Director of Nursing Service (DNS) will be responsible for plan in the ED's absence.</p>		

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F 880	<p>Continued From page 5</p> <p>exam. The NP was observed to use Alcohol Based Hand Sanitizer for hand hygiene when he exited Resident #1's room but was not observed to sanitize the stethoscope before he continued to see additional residents on the unit.</p> <p>b. At 11:30 AM, the NP entered Resident #2's room who to perform a physical assessment exam. Resident #2 had tested positive for COVID-19 on 11/3/20 and resided on the COVID-19 positive quarantine care unit. Resident #2's door had signage displayed that indicated Enhanced Droplet Precautions which required full PPE to include a gown, gloves, face mask, and eye wear with care. The NP was observed to place his personal stethoscope on Resident #2's body with his ungloved right hand.</p> <p>An interview on 11/10/20 at 12:25 PM with the NP revealed he had performed provider physical exams on Resident #1 and Resident #2 on the COVID-19 positive quarantine care unit without the use of gloves. The NP acknowledged Resident #1 and Resident #2 resided on the COVID-19 positive quarantine care unit and both Resident #1 and #2 had positive COVID-19 test results. The NP indicated he had been educated to wear full PPE to include a gown, gloves, face mask, and eye wear and hand hygiene should be performed when interacting with a resident but wasn't thinking about gloves when he performed the assessments on 11/10/20. The NP also revealed he should have sanitized his stethoscope between physical assessments of more than one resident.</p> <p>An interview on 11/10/20 at 12:32 PM with the Infection Control Nurse (IC) revealed Resident #1 and Resident #2 resided on the COVID-19</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>positive quarantine care unit. The IC nurse stated Resident #1 and Resident #2 had each been diagnosed with COVID-19 and were on Enhanced Droplet Contact Precautions and had signage on their door that illustrated the use of a gown, gloves, face mask, and eye wear when in contact with the resident and hand hygiene was required. The IC Nurse explained that although Resident #1 and Resident #2 already had COVID-19, the lack of glove usage during a physical exam and the use of a standard use stethoscope without sanitation between residents on this unit could be a potential area for cross-contamination of germs to other surfaces and residents within the facility.</p> <p>An interview on 11/10/20 at 1:33 PM with the Director of Nursing (DON) revealed the unit where Resident #1 and Resident #2 resided housed residents who have tested positive for COVID-19 and were on Enhanced Droplet Contact Precautions. The DON acknowledged the doors of all residents on this unit have signage on the door that illustrated hand hygiene was required and the use of full PPE to include a gown, gloves, a face mask, and eye wear were needed when interacting with the resident. The DON stated the NP potentially caused cross-contamination in the facility by lack of proper sanitation of a standard stethoscope used on multiple residents in multiple care units in the facility and by performing physical exams without the use of gloves.</p> <p>An interview on 11/10/20 at 1:15 PM with the Administrator revealed Resident #1 and Resident #2 resided on the COVID-19 positive quarantine care unit in the facility and both have tested positive for COVID-19. The Administrator acknowledged Resident #1 and Resident #2 had</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>signage posted on their doors that illustrated the use of full PPE to include a gown, gloves, face mask, and eye wear were needed for interactions with the resident and proper hand hygiene before and after contact with the resident was required. The Administrator agreed that actions by the NP what included performance of physical exams without the use of gloves for residents on the COVID-19 care unit and lack of sanitation of the multi-use stethoscope between each resident use could have potentially caused cross-contamination in the facility.</p> <p>2. An observation on 11/10/20 at 11:40 AM revealed Housekeeper #1 was working the New Admission Observation COVID-19 quarantine care unit. Housekeeper #1 was observed to enter Resident #3's room wearing a mask and eye wear and obtained a white cloth rag off the cleaning cart and entered the room carrying a cloth rag. Signage on the door of Resident #3's room indicated Enhanced Droplet Contact Precautions and illustrated hand hygiene and full PPE that included a gown, gloves, face mask, and eye wear were required when entering the room of Resident #3. Once in the room, Housekeeper #1 moved Resident #3's overbed table then opened the door to Resident #3's bathroom and began wiping the surfaces. Housekeeper #1 then exited the bathroom, closed the door, and exited Resident #3's room. Housekeeper #1 approached her cleaning cart located directly out in the hallway outside Resident #3's door and discarded the soiled cloth cleaning rag. Housekeeper #1 then retrieved an additional cloth cleaning rag and entered a common area located on the hallway and began cleaning a table with the rag. Housekeeper #1 was not observed to wear a gown or gloves when</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>she was in Resident #3's room nor perform hand hygiene before cleaning other environmental surfaces on the New Admission Observation COVID-19 quarantine care unit.</p> <p>An interview on 11/10/20 at 11:45 AM with Housekeeper #1 revealed she was working the New Admission Observation COVID-19 quarantine care unit. Housekeeper #1 acknowledged signage posted on the door of Resident #3's door stated she was on Enhanced Droplet Contact Precautions and illustrated full PPE was required which included a gown, gloves, face mask, and eye wear were to be worn when entering Resident #3's room and hand hygiene must be performed before and after entering the room. Housekeeper #1 stated she had already began boxing Resident #3's items for her planned discharge the following day but entered Resident's room to complete cleaning without the use of a gown or gloves and had forgotten to perform hand hygiene following touching the environmental surfaces in Resident #3's room.</p> <p>An interview on 11/10/20 at 12:32 PM with the Infection Control Nurse (IC) revealed Resident #3 resided on the New Admission Observation COVID-19 quarantine care unit. The IC nurse stated Resident #3 was on Enhanced Droplet Contact Precautions and had signage on her door that illustrated the use of a gown, gloves, face mask, and eye wear when in contact with the resident and hand hygiene was required. The IC Nurse explained that the lack of gown and glove usage while in Resident #3's room during cleaning environmental surfaces could be a potential area for cross-contamination of germs to other surfaces and residents within the facility.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>An interview on 11/10/20 at 1:33 PM with the Director of Nursing (DON) revealed the unit where Resident #3 resided was the New Admission Observation COVID-19 quarantine care unit and residents were on Enhanced Droplet Contact Precautions for 14 days following admission. The DON acknowledged the doors of all residents on this unit have signage on the door that illustrated hand hygiene was required and the use of full PPE to include a gown, gloves, a face mask, and eye wear were needed when interacting with the resident. The DON stated Housekeeper #1 potentially caused cross-contamination in the facility by lack of hand hygiene and by not wearing the appropriate PPE that included a gown, gloves, face mask, and eye wear when in Resident #3's room.</p> <p>An interview on 11/10/20 at 1:15 PM with the Administrator revealed Resident #3 resided on the New Admission Observation COVID-19 quarantine care unit in the facility. The Administrator acknowledged Resident #3 had signage posted on her door that illustrated the use of full PPE to include a gown, gloves, face mask, and eye wear were needed for interactions with the resident and proper hand hygiene before and after contact with the resident was required. The Administrator agreed that actions by Housekeeper #1 what included performance of cleaning of environmental surfaces in Resident #3's room without the use of a gown and gloves potentially caused cross-contamination in the facility.</p>	F 880			