

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

PRINTED: 12/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345542</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/04/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE FOREST AT DUKE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 PICKETT ROAD DURHAM, NC 27705</b>
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(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
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E 000	Initial Comments  An unannounced COVID-19 Focused Survey was conducted 11/03/2020-11/4/2020. 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# DVOL11	E 000		
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted 11/03/2020-11/04/2020. The facility was found not 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 #DVOL11.	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,	F 880		11/27/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  11/27/2020
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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>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 identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 2</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 interviews and facility policy and procedure review it was determined that the 2 of 2 staff facility (staff #1, #2) failed to don gowns when entering the room of resident with enhanced droplet contact precaution signs on their room doors. Findings included:</p> <p>Observation at 5:33 PM on 11/3/2020 revealed staff #1 entering room 256 wearing gloves and a mask. Staff #1 was then observed entering room 265 wearing gloves. Observation during this time revealed a sign posted on room 256 and 265 which stated, "Enhanced Droplet Precautions: Perform Hand Hygiene, Surgical Mask when entering room, eye protection when entering room, gown when entering room, gloves when entering room, private room and keep door closed. Families and visitors do not enter the room, report to the nurses' station with questions." Staff #1 did not wear a gown when entering either resident room.</p> <p>Staff #2 was observed entering room 258 at 5:33 PM wearing gloves and a mask. She then entered room 263 wearing a fresh pair of gloves. Observation revealed that both room 258 and room 263 had a sign posed the resident room door which stated, "Enhanced Droplet Precautions: Perform Hand Hygiene, Surgical</p>	F 880	<ol style="list-style-type: none"> <li>1. The Clinical Practice &amp; Quality Manager immediately initiated education covering Infection Control Practice on 11/4/2020.</li> <li>2. The Director of Nursing, Clinical Practice &amp; Quality Manager and Nursing Supervisors provided teach-back education regarding Enhanced Droplet-Contact Transmission and the Personal Protective Equipment required on 11/7/2020 and as isolation occurs over the next 90 days.</li> <li>3. The facility increased purchase inventory of isolation gowns to ensure adequate supplies for compliance and will continue over the next 90 days and as needed.</li> <li>4. The facility increased the number of isolation kits in common areas of isolated neighborhoods for easy accessibility of PPE supplies and will continue over the next 90 days and as needed.</li> <li>5. The above plan will be implemented and corrective action evaluated for effectiveness. The Director of Nursing, Clinical Practice &amp; Quality Manager and Nurse supervisors will conduct PPE audits as listed to ensure staff compliance:             <ol style="list-style-type: none"> <li>i. Every shift for 2 weeks then,</li> </ol> </li> </ol>		

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F 880	<p>Continued From page 3</p> <p>Mask when entering room, eye protection when entering room, gown when entering room, gloves when entering room, private room and keep door closed. Families and visitors do not enter the room, report to the nurses' station with questions." Staff #2 did not wear a gown when entering either resident room.</p> <p>Interview with staff #1 at 6:02 PM on 11/3/2020 revealed that she did not believe she had to put on a gown because all the residents on that unit were in isolation. The nurse stated that she was told that if they are going to provide care, they have to don all PPE. As long as they were just doing meals, masks, face shields and gloves were fine.</p> <p>Review on 11/4/2020 of the facility COVID -19 response plan dated 3/13/2020 revealed protocols for identification and management of potential COVID-19 cases(healthcare); this policy stated that certified nursing assistants (CNAs) and floor nurses would strictly observe ordered droplet/contact precautions, alert charge nurse immediately with any questions regarding the use of PPE, if supplies require restocking, or other aspects of maintaining precautions.</p>	F 880	<p>ii. Twice a day for 2 weeks then,</p> <p>iii. Daily for 1 month</p> <p>iv. On-Going as needed</p> <p>The threshold is 100% compliance; once achieved for 60 consecutive days audits will be randomly performed. Audit results will be reported to the QAPI committee for review and ongoing compliance.</p> <p>6. The Clinical Practice &amp; Quality Manager will perform training and audits during new hire orientation.</p>		