

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

PRINTED: 01/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345419</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/20/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>17 CORNELIA DRIVE</b> <b>LEXINGTON, NC 27292</b>	
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E 000	Initial Comments  An unannounced COVID 19 Focused Infection Control Survey was conducted 11/18/2020 to 11/20/2020. The facility was found in compliance with 42 CFR 483.72 related to E-0024 (b) (6) subpart B Requirements for Long Term Care Facilities. Event ID #GXPW11.	E 000		
F 000	INITIAL COMMENTS  An unannounced COVID 19 Focused Infection Control Survey was conducted on 11/18/2020 to 11/20/2020. The facility was not found in compliance with CFR483.30 Infection Control Regulations and was cited at F880.	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	F 880		12/12/20

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

TITLE

(X6) DATE

Electronically Signed

12/11/2020

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 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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(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</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <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>	F 880			

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F 880	Continued From page 2  §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 review of facility policies titled "Emerging infections Disease(s)- Covid1-19" the facility failed to implement infection control procedures for donning and doffing Personal Protective Equipment (PPE) when working with residents on enhanced droplet contact precautions when staff failed to put on a gown and gloves prior to entering resident rooms and failed to remove PPE prior to exiting a resident's room for 2 of 3 staff observed working on the facility's quarantine unit (Nursing Assistants #1 and #2). This failure occurred during a COVID-19 pandemic.  Findings included:  A review of the facility's policy titled "Emerging Infectious Disease(s) - Covid-19" dated 7/23/20 read in part; 6. New Admissions/Readmissions: New admissions/readmissions within the 14 day monitoring period will be cared for using recommended PPE and placed on enhanced droplet - contact precaution. An interview was completed with the administrator and the Infection Preventionist/ Staff Development coordinator on 11/18/20 at 9:30 AM. The administrator stated the facility had a 14-day quarantine unit for new admissions/re-admissions which was located on the 200 hallway. An observation on 11/18/20 at 9:50 AM of resident room #205, on the quarantine unit, revealed signage posted outside of the room titled "Enhanced Droplet-Contact Precautions"	F 880	F880  This Plan of Correction is submitted in compliance with applicable law and regulation. To demonstrate continuing compliance with applicable law, the center has taken or will take the actions set forth in the following allegation of compliance. The following Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies have been, or will be completed by the dates indicated.  How corrective action will be accomplished for those residents found to have been affected by the deficient practice;  CNA # 1 was noted not donning PPE before entering an Enhanced Droplet-Contact Precaution room when delivery a glass of water. CNA#2 was noted to wear PPE into the hallway from an isolation room and take it off in the hallway. CNA#1 and CNA #2 were given re-education by Staff Development Coordinator on 11/23/20 on donning and doffing of PPE, infection control practices, when to don and doff PPE when entering isolation rooms. Other designated staff members were re-educated on proper		

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F 880	<p>Continued From page 3</p> <p>which read in part; Gown when entering room and Gloves when entering room. Nursing Assistant (NA) #1 was observed coming out of room #205, wearing a mask, and face shield, but she was not wearing a gown or gloves. An interview was completed with NA #1 at 9:50 AM regarding why she was not wearing a gown and gloves while in room #205 with signage on the door for Enhanced Droplet-Contact Precautions. NA #1 replied "I just went to give the resident a drink, we don't need to wear a gown if we are not performing care or only going to be in the room under ten minutes."</p> <p>An observation on 11/18/20 at 1:13 PM of resident room #210, on the quarantine unit, revealed signage posted outside of the room titled "Enhanced Droplet-Contact Precautions" which read in part; Gown when entering room and Gloves when entering room. NA #1 was observed in room #210 talking to NA #2. The resident was observed in the bed. NA #1 was by the resident's bed and was touching the handle of a portable vital machine while talking to NA #2. NA #2 was wearing full PPE. NA #1 was wearing a mask and face shield but was not wearing a gown or gloves. NA #1 exited room #210 and walked down the hallway.</p> <p>On 11/18/20 at 1:16 PM an interview was completed with NA #1 who was asked why she wasn't wearing a gown or gloves when she was in room #210, NA #1 stated "I was just going to see if she (NA #2) took the residents vitals". NA #1 specified, "As long as we are not in the room more than ten minutes we do not have to put on PPE".</p> <p>An observation on 11/18/20 at 1:21 PM of resident room #210, on the quarantine unit, revealed signage posted outside of the room titled, "How to safely Remove PPE" example 1</p>	F 880	<p>donning and doffing of PPE, infection control practices, and when to don and doff PPE when entering an Enhanced Droplet-Contact Precaution room, this was completed by 12/10/20 by Staff Development Coordinator or designee. New hires will not be permitted to start an assignment until they have been educated on donning and doffing PPE, infection control practices, when to don and doff PPE when entering an Enhanced Droplet-Contact Precaution room.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>All residents have the potential to be affected by the alleged deficient practice. Designated staff members that enter and exit Enhanced Droplet-Contact Precautions rooms have been observed Doffing and Donning PPE using proper infection control techniques.</p> <p>Measures to be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>Designated staff members were re-educated on proper donning and doffing of PPE, infection control practices, and when to don and doff PPE when entering an Enhanced Droplet-Contact Precaution room, this was completed 12/10/20 by Staff Development Coordinator or designee. New hires will not be permitted to start an assignment until they have been educated on donning</p>		

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F 880	<p>Continued From page 4</p> <p>read in part; Remove all PPE before exiting the patient room except a respirator, if worn. At 1:21 PM, NA #2 was observed exiting room #210. NA #2 shut the door to the room and removed her PPE, gown and gloves outside the resident's room and then open the door to room #210 and threw the gown and gloves away in the room. On 11/18/20 at 1:21 PM an interview was completed with NA #2 who stated, "I know, I should have removed my PPE inside the resident's room, it was a mistake".</p> <p>An interview was completed with the second shift unit manager on 11/18/2020 at 3:25 PM who stated all staff are to put on all PPE including gown and gloves, when entering a resident's room on the quarantine unit with enhanced droplet precautions signage posted.</p> <p>On 11/19/20 at 2:56 PM an interview was completed with the Infection Preventionist/staff development coordinator. She stated the expectation for staff going into a resident's room with the enhanced droplet precautions is that they wear gown, gloves, shield or goggles and a mask. She specified that staff must wear full PPE anytime they enter a resident's room on the quarantine unit, even if they are only giving the resident a glass of water.</p> <p>An interview was completed with the Director of Nursing (DON) on 11/19/20 at 3:55 PM who stated the staff need to put on a gown and gloves every time they go into a resident's room on the quarantine unit. DON stated that removal of PPE is to be done in the resident's room and not in the hallway. The DON was asked if staff are just giving the resident a glass of water would they need to wear full PPE and the DON replied, "I would."</p> <p>An interview was completed with the administrator on 11/19/20 at 4:00 PM who stated</p>	F 880	<p>and doffing PPE, infection control practices, when to don and doff PPE when entering an Enhanced Droplet-Contact Precaution room.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>" An audit will be completed on three designated staff members 5 days/week x 2 weeks, three times a week x 2 weeks, weekly x 1 month. Results of the audit will be reported to the Administrator. Any staff found not to be following infection control protocols will have progressive disciplinary action.</p> <p>" The findings will be reviewed at the quarterly Quality Assurance/Performance Improvement (QAPI) meetings for 1 quarter.</p> <p>Date of compliance is December 12, 2020 The Administrator is responsible for implementing the acceptable plan of correction.</p>		

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F 880	Continued From page 5 that staff needed to look at the posted precaution sign and be aware of the need for donning and doffing the PPE appropriately. The administrator specified; they have a receptable in each room for staff to dispose of their PPE prior to leaving the room. The administrator specified, staff were to put on the appropriate gown and gloves, goggles/face shield and a mask when entering a resident's room on the quarantine unit.	F 880		