STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345133	A. BUILDING _____ B. WING _____	11/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT WILKESBORO	1000 COLLEGE STREET WILKESBORO, NC 28697

(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 An unannounced COVID-19 Focused Survey was conducted on 11/23/20 with exit from the facility on 11/23/20. Additional information was obtained and reviewed through 11/30/20. Therefore, the exit date was changed to 11/30/20. 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# QHQS11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted on 11/23/20 with exit from the facility on 11/23/20. Additional information was obtained and reviewed through 11/30/20. Therefore, the exit date was changed to 11/30/20. The facility was found out of compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# QHQS11.	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	F 880		12/24/20

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

Electronically Signed | 12/23/2020

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F 880	Continued From page 1 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 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.	F 880		

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F 880	Continued From page 2 §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, and facility staff and resident interviews the facility failed to ensure residents did not access the smoking area by going through the quarantine unit for 3 of 3 residents reviewed for infection control practices (Resident #1, Resident #2 and Resident #3). These infection control failures occurred during a global COVID-19 pandemic. The findings included: According to guidelines published by the CDC on 4/30/20 all recommended COVID-19 PPE should be worn during care of residents under observation/quarantine, which included use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. Upon entrance to the facility and interview with Administrator, she revealed the COVID-19 quarantine unit was on the back hallway and the side hallway which included rooms 130 - 160 to the left of the entrance to the facility and was being used to house residents that had a positive	F 880	F880 Root cause analysis was conducted on 11/23/20 and completed on 11/26/20 to identify the root cause of the facility□s failure to ensure residents did not access the smoking area by going through the quarantine unit for 3 of 3 residents reviewed for infection control practices. These infection control failures occurred during a global COVID-19 pandemic. The root cause analysis determination was led by the Administrator with input from the Director of Nursing, Assistant Director of Nursing/ Infection Preventionist, Unit Manager, Activities Director, Social Worker, Therapy Director, Maintenance Director and Admissions Coordinator. The results of the root cause analysis were reviewed by the QAPI Committee on 11/30/20 and incorporated into the facility□s plan of correction. Resident #s 1, 2 and 3 were all immediately educated by the Administrator on 11/23/20 on the proper	

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F 880	Continued From page 3 COVID-19 test. Resident #1 was admitted to the facility on 10/21/20 with diagnoses that included acute and chronic respiratory failure, and nicotine dependence. Review of Resident #1's most recent quarterly Minimum Data Set Assessment dated 08/04/20 revealed Resident #1 to be moderately impaired for daily decision making. Resident #2 was admitted to the facility on 10/17/19 with diagnoses that included Diabetes Mellitus and hemiplegia. A review of Resident #2's most recent quarterly Minimum Data Set Assessment dated 09/16/20 revealed her to moderately impaired for daily decision making. Resident #3 was admitted to the facility on 11/16/19 with diagnoses that included renal disease and Diabetes Mellitus. A review of Resident #3's most recent annual Minimum Data Set Assessment dated 10/09/20 revealed her to be cognitively intact for daily decision making. An observation completed on 11/23/20 at 10:53 AM revealed Resident #1, Resident #2, and Resident #3, who were all wearing a smoking apron, coming out from the quarantine hall back into the hall designated for general population. All three residents were wearing face masks. An interview with Resident #1 on 11/23/20 at 11:09 AM revealed she was returning to her room from smoking when she was observed exiting the quarantine hall. She also reported she had continued to smoke in the same area and went the same way to the smoking area she had since she her admission to the facility.	F 880	route to take when exiting the facility to smoke, to include wearing a mask when in the hallways for infection control purposes. These residents were also educated on not crossing barriers into other units with other residents who may not be under the same precautions and physically shown by the Administrator where their designated smoking area was located. All in-house smokers have the potential to be affected, therefore were evaluated on 11/23/20 to include 2 additional residents, to ensure knowledge and compliance with procedures and following the appropriate route when exiting the facility to smoke. These residents were also shown the appropriate smoking location. In addition to the already placed signage indicating general population from quarantine and the smoking times for quarantine smokers, the Administrator added additional signage on 11/23/20 for ease of observation by residents and staff indicating designated units to ensure compliance with barriers for infection control purposes. Care plans were updated by the MDS Coordinator for all resident #s 1,2 and 3 to include noncompliance with barriers based on continued reminders needed since initiating separate units for quarantine secondary to the COVID-19 pandemic. Staff were educated beginning on 11/26/20 with completion on 11/28/20 by	

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F 880	Continued From page 4 An interview with Resident #3 on 11/23/20 at 12:01 PM revealed staff had educated her today on how to access the smoking area through the therapy gym door. During an interview with Nurse #1 on 11/23/20 at 11:13 AM revealed residents not on quarantine should not enter the quarantine hallway to exit to the smoking area. She reported per discussions with administration, she believed residents had access to the smoking area via a door in the therapy gym and should utilize that door if they were not on quarantine. An interview with Nurse Aide (NA) #1 on 11/23/20 at 11:20 AM revealed she had noticed Resident #1 coming in from the smoking area off the quarantine hall and had spoken to her about smoking in a different area at scheduled times due to being on enhanced droplet precautions. She stated she also informed Resident #2 and Resident #3 about needing to access the smoking area through the therapy gym. An interview with the Administrator on 11/23/20 at 12:53 PM revealed she was concerned that Resident #1, Resident #2 and Resident #3 accessed the smoking area by going through the quarantine unit instead of accessing the smoking area through the therapy gym which was located on the general population hallway. The Administrator reported only staff and residents on quarantine should access the quarantine hall to prevent possible spread of COIVD 19 and all other smokers should access the smoking area via the door in the Therapy Gym, which was located on the general population hallway. She stated she would place new signage up around the building as a reminder to staff and residents	F 880	the Director of Nursing on Infection Control practices to include the appropriate route for resident smokers to take in order to exit the facility to smoke, whether on quarantine or general population, as well as ensuring the monitoring of residents to prevent any barrier from being crossed when in route. Additional infection control training was initiated on 12/21/20 by the Director of Nursing with 100% of staff completion on 12/24/20 to include smoking procedures in place for the exit route to prevent crossing into quarantine from general population and so on. This education also included proper use of PPE by staff and residents, adherence to signage and ensuring monitoring and intervening as needed of residents to prevent barriers from being crossed. To ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirement the Administrator and/or Director of Nursing will oversee weekly QAPI meetings to discuss all findings, and/or any changes to the plan that are needed. An audit tool was created to monitor the success of the plan. Meetings will include the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager, Activities Director, Maintenance Director and Admissions Coordinator at minimum. Result of findings and/or corrections will be discussed weekly x4, then monthly x3 to include addressed during the quarterly	

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F 880	Continued From page 5 about smoking policy changes with COVID-19 and also would re-educate the staff on safe smoking practices for residents on enhanced droplet precautions. She reported she had already spoken to Resident #1, Resident #2, and Resident #3 regarding the proper way to access the designated smoking areas. She stated she had spoken with Resident #1 multiple times about this issue but apparently it continued to be an issue.	F 880	QAPI meeting. At that time frequency will be determined by the team for continued monitoring needs as well as input from the Medical Director.	