

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: 345221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2020
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER H & REHAB WEAVERV			STREET ADDRESS, CITY, STATE, ZIP CODE 78 WEAVER BOULEVARD WEAVERVILLE, NC 28787	
(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	An unannounced COVID-19 Focused Survey was conducted 12/9/20 thru 12/10/20. 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# ST9311. INITIAL COMMENTS	F 000		
F 880 SS=E	An unannounced COVID-19 Focused Infection Control Survey was conducted 12/9/20 thru 12/10/20. The facility was found to be 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# ST9311. 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	F 880		12/28/20

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

TITLE

(X6) DATE

Electronically Signed

12/30/2020

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>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> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 resident and staff interviews, review of the Centers for Disease Control and Prevention (CDC) guidelines and the facility's Infection Control and Personal Protective Equipment (PPE) policies and procedures, the facility failed to implement their PPE policy when 2 nurses (Nurse #1 and Nurse #2) failed to keep a mask over their mouth and nose while talking to residents in their room for 9 of 16 residents interviewed (Resident #1, #2, #3, #4, #5, #6, #7, #8 and resident #9). These failures occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>The CDC guidelines updated November 4, 2020 read: Implement Universal Source Control Measures. Source Control refers to use of facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Healthcare Personnel (HCP) should wear a facemask at all times while they are in the healthcare facility.</p> <p>The facility's PPE policy and procedure, dated October 29, 2020, included: The center should ensure that all staff are using appropriate PPE when they are interacting with residents. Masks should be worn by all center staff at all times when in the facility, when interacting with the</p>	F 880	<p>Criteria 1: To correct the alleged deficient practice and ensure appropriate masking, employees who voiced that they had violated the policy we re-educated and given a disciplinary action. These 2 staff members were also tested and found negative for COVID-19 on 12/9/20.</p> <p>Criteria 2: All residents in the facility have the potential to be affected by the same alleged deficient practice. Staff members who are currently working and residents were tested the same week on 12/9-12/11. A Root Cause Analysis will be completed in order to understand any other barriers that would prevent effective resident/staff communication with the use of masks.</p> <p>Criteria 3: Systemic changes that will be made to ensure the alleged deficient practice will not recur are as follows: All staff members in all departments will be re-educated as to the appropriate practice of wearing a mask at all times. All staff members in all departments will also be re-educated that in the event that a resident has difficulty understanding them as a result of the mask, staff should refrain from removing masks, but rather find an alternate method of</p>		

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F 880	<p>Continued From page 3</p> <p>residents and when direct care is being provided.</p> <p>The most recent facility in-service training, dated 11/30/20, included instructions for wearing masks and included signatures of Nurse #1 and Nurse #2. An in-service, dated 9/16/20, included instructions on proper use of masks and included signatures of Nurse #1 and Nurse #2.</p> <p>On 12/9/20 from 10:00 AM to 11:30 AM, interviews conducted with 16 alert and oriented residents on 1 of 6 halls (100 hall) revealed they had difficulty understanding what staff were saying through the masks. Nine of the 16 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8 and Resident #9) stated some of the staff pulled their mask down below their mouth so that they could understand what the staff were saying. The staff would then put the mask back over their nose and mouth. The residents were unable to identify specific staff.</p> <p>An interview, conducted on 12/9/20 at 12:30 PM with Nurse #1, revealed she cared for Resident #9, who had difficulty hearing and only read lips. She stated she lowered her mask below her mouth so that Resident #9 could read her lips. She then placed the mask back over her nose and mouth. Nurse #1 stated she thought it was alright to lower her mask while speaking to the resident since she was wearing a face shield. She could not recall how many times this had occurred. Nurse #1 stated she had been educated to wear the mask at all times when in the facility and when talking to the residents.</p> <p>An interview, conducted on 12/9/20 at 12:45 PM with Nurse #2, revealed she had lowered her mask to communicate with residents who had</p>	F 880	<p>communication such as writing, hand gestures, or a specialized communication board. The education will be completed by Nursing Home Administrator (NHA) and Director of Nursing (DON), also Infection Preventionist and was completed from 12/10-12/18.</p> <p>Criteria 4: To monitor these efforts, Infection Preventionist or designee will observe 5 staff members and interview 5 residents, 5 x week for 4 weeks, 2 x week for 4 weeks, and 1 x week for 4 weeks. The Root Cause Analysis and Plan of Corrections will be submitted to the QAPI committee and governing body, and will be reviewed monthly x 6 months for any changes. NHA is responsible for presenting this information to the QAPI committee and maintaining audit data.</p> <p>Criteria 5: The facility will be in compliance with this plan of correction on or before 12/28/20.</p>		

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F 880	<p>Continued From page 4</p> <p>difficulty understanding her through the mask. She stated residents become frustrated when unable to understand what she is saying when speaking to them with the mask on. She could not recall how often this had occurred or with which residents. Nurse #2 stated she had been educated to wear the mask at all times when in the facility and when talking to the residents</p> <p>An interview was conducted on 12/9/20 at 1:45 PM with the Infection Preventionist (IP), who was also the Director of Nursing. She stated she and the unit managers monitored the staff daily for proper use of PPE, which included masks. She stated it was inappropriate for staff to lower their mask when talking to a resident. The IP stated staff have been instructed to use white boards or pen and paper to communicate with residents when residents have difficulty understanding them through the masks. There is an expectation that masks are to be worn at all times while in the facility and when talking to and providing care for the residents.</p> <p>An interview, conducted with the Administrator on 12/9/20 at 2:00 PM, revealed when staff are in a resident's room, they should communicate by writing on a white board or on paper. The in-service, conducted on 11/30/20, addressed wearing the mask at all times and covering the mouth and nose. It is not acceptable for staff to pull their mask down to speak to the residents when in their room. The only time staff should remove their mask is when they are in a private place with only themselves.</p>	F 880			