

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

PRINTED: 01/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2020
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF KINSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 907 CUNNINGHAM ROAD KINSTON, NC 28501	
(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</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>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.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</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</p>	F 880	1/6/21	

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>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> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 observations and staff interviews, the facility failed to: 1. ensure visitors received education and performed hand hygiene during the entrance screening process and, 2. failed to ensure housekeeping staff implemented the facility's infection control measures for wearing surgical masks when 1 of 2 housekeeping staff (Housekeeper #1) working on a non-isolation resident hall failed to wear their surgical mask covering both the nose and mouth. These failures occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>1. A review of the Novel Coronavirus (COVID-19) facility policy last revised 11/25/20 read in part the facility should advise persons who enter the facility to monitor themselves for signs and symptoms of respiratory infection for at least 14 days after leaving. The policy also read in part the facility should provide visitors education on the importance of hand hygiene.</p> <p>During the screening process to enter the facility on 12/14/20 at 8:15 AM, the state surveyor was not educated to monitor for signs and symptoms nor asked to perform hand hygiene. A bottle of hand sanitizer was observed behind the counter and a wall hand sanitizer unit was observed across the lobby by the front door and another</p>	F 880	<p>1) No residents were found to be affected by the cited deficient practices. Education provided with the Activities Assistant on ensuring visitors receive education and perform hand hygiene during the entrance screening process. Education provided with Housekeeper #1 on the importance of wearing a surgical mask covering both the nose and the mouth at all times. This education was completed by 12/30/20.</p> <p>2) All residents had the potential to be affected by the deficient practices. Complete in house audit completed on current employees to validate that all employees were wearing face masks appropriately. This audit was completed by 12/31/20.</p> <p>3) Education on the Infection Control Policy as it relates to the Novel Coronavirus (COVID 19) facility policy, specifically as it relates to the facility advising persons who enter the facility on how to monitor themselves for signs and symptoms of respiratory infection for at least 14 days after leaving and how to respond if they do have signs and symptoms. Additionally, the facility shall provide visitors education on the importance of hand hygiene. Education</p>		

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F 880	<p>Continued From page 3</p> <p>wall hand sanitizer unit was observed past the visitor sign in station.</p> <p>During an interview with the Activities Assistant on 12/14/20 at 9:55 AM she acknowledged she was the staff member who screened the state surveyor for entrance to the facility. She stated she checked that the visitor had completed the paperwork and provided a visitor sticker. She confirmed the hand sanitizer bottle was not available for use at the sign in desk. The Activities Assistant stated she had not ensured staff or visitors used hand sanitizer and just assumed they knew how to use it and did so. She was unaware of the need for visitors to receive education related to monitoring for signs and symptoms or hand hygiene.</p> <p>During an interview on 12/16/20 at 11:37 AM with the Administrator, he stated hand hygiene and visitor education should have been done when the state surveyor was screened and he believed it was an isolated incident.</p> <p>2. A review of the Novel coronavirus (COVID-19) facility policy last revised 11/25/20 read in part that the facility should require all non-direct care stakeholders to wear a surgical facemask and face shield or goggles while in a resident care area.</p> <p>An observation was conducted on 12/14/20 at 9:34 AM of Housekeeper #1 sweeping a resident's room with her surgical mask below her nose and covering her mouth.</p> <p>During an interview on 12/14/20 at 9:35 AM, Housekeeper #1 was observed to have her mask below her nose and covering her mouth while she</p>	F 880	<p>will also be provided on the Novel Coronavirus (COVID 19) facility policy that requires all stakeholders to wear a surgical facemask and face shield or goggles while in a resident care area. This education will be provided to all staff by 1/6/2021. This training will also be provided to all staff upon hire and during orientation.</p> <p>4) The Root Cause Analysis was conducted by the Infection Preventionist, QAPI Team and Governing Board and the root cause of the cited deficient practices was determined to be need for further education regarding proper PPE usage, proper wearing of face masks, the facilities infection control policy for the Covid -19 along with ensuring visitors receive education and perform hand hygiene during the entrance screening process. The RCA also revealed there is a need for more frequent observations to ensure staff are following Infection Control guidelines to include the previously stated concerns. Due to the findings of the RCA, the above education will be completed and then ongoing audits will be conducted by the Director of Nursing, Infection Preventionist, and/or Assistant Director of Nursing for observations and review to ensure staff are wearing face masks appropriately and following the infection control policy for prevention of the spread of Covid 19. Observations will also be conducted to validate visitors are receiving education and performing hand hygiene during the entrance screening process. These audits and observation rounds will be conducted 5 x weekly for 4</p>		

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F 880	Continued From page 4 answered questions about which disinfectants she used. Housekeeper #1 stated she pulled the mask down to talk and then put it back up. During an interview on 12/14/20 at 10:30 AM with the Housekeeping Supervisor, he stated housekeeping staff should wear a mask which covered their nose and mouth at all times within the facility. During an interview on 12/16/20 at 11:37 AM, the Administrator stated all staff had been trained on how to wear a surgical mask and other proper personal protective equipment and the housekeeper should have had her mask covering her nose and mouth.	F 880	weeks on various shifts, 3 x weekly for 4 weeks on various shifts, weekly x 4 weeks on various shifts and then monthly x 3 months. Any staff found not in compliance with Infection Control guidelines will have immediate education by the observer. Subsequent noncompliance will result in employee disciplinary action. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise, and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Infection Preventionist, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director and Director of Social Services. 5) The Administrator and Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 1/6/21.		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 883		1/6/21	

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F 883	<p>Continued From page 5</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits</p>	F 883			

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F 883	<p>Continued From page 6 and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, family, staff, and physician interviews, the facility failed to: 1. offer a resident the 23 Valent Pneumococcal Polysaccharide vaccine (PPSV23) (Resident #1) and 2. obtain the resident's Responsible Party (RP) consent prior to the administration of the influenza vaccine for 1 of 6 residents reviewed for pneumococcal and influenza immunizations (Resident #6). These failures occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>1. Review of the Center for Disease Control and Prevention (CDC) policy titled Pneumococcal Vaccination: Summary of Who and When to Vaccinate last revised November 21, 2019 read in part CDC recommends PPSV23 for anyone with any of the conditions listed below which included diabetes mellitus.</p> <p>The facility Vaccination of Residents policy last revised October 2019 read in part "All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated."</p> <p>Resident #1 was admitted to the facility on 10/30/20 with diagnoses which included end stage renal disease and diabetes mellitus.</p>	F 883	<p>1. No residents were found to be affected by the deficient practices. Resident #1 will be offered the 23 Valent Pneumococcal Polysaccharide vaccine (PPSV3) and appropriate documentation made by 12/30/20. The Responsible Party (RP) will be contacted to obtain consent for the influenza vaccine previously administered to Resident #6 and document. Education will be provided to the Infection Preventionist and the Director of Nursing on the Center for Disease Control and Prevention (CDC) policy and the facility Vaccination of Residents policy that states that all residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine if medically contraindicated or the resident has already been vaccinated by 12/31/20.</p> <p>2. All residents had the potential to be affected by the deficient practice. Complete in house audit completed on current resident population to validate that all residents have been offered vaccines unless the vaccine is medically contraindicated, or the resident has already been vaccinated. If the resident and/or RP refuses vaccination, the appropriate documentation will be made in the medical record. If a resident has a</p>		

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F 883	<p>Continued From page 7</p> <p>Review of Resident #1 Preventive Health Care record, observation notes, and progress notes revealed no documentation related to the PPSV23 vaccine.</p> <p>During an interview on 12/15/20 at 9:54 AM, the Infection Control Nurse revealed she was responsible to ensure Resident #1 received the appropriate immunizations. She stated she thought she had offered Resident #1 the PPSV23 vaccine but had not documented it. She stated she should have documented it and it was an oversight. The Infection Control Nurse stated she reviewed the immunizations for all residents and was responsible to offer all residents the CDC recommended immunizations. She also stated if they refused the PPSV23 vaccine it should be documented as refused.</p> <p>During an interview on 12/16/20 at 11:16 AM, the Director of Nursing (DON) stated they typically don't offer vaccines to the younger residents and she was unaware of the specific CDC recommendations.</p> <p>During an interview on 12/16/20 at 11:37 AM with the Administrator, he stated the facility should adhere to the recommendations of the CDC.</p> <p>2. A review of the facility's Vaccination of Residents policy last revised October 2019 read in part that prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. Resident #6 was admitted to the facility on 5/05/17 with diagnoses which included heart disease and chronic obstructive pulmonary</p>	F 883	<p>Brief Interview for Mental Status (BIMS) score of 8 or less, the RP will be contacted to obtain consent. This audit was completed by 12/31/20.</p> <p>3. Education will be provided to all Licensed Nurses on the Center for Disease Control and Prevention (CDC) policy and the facility Vaccination of Residents policy that states that all residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated. If the resident and/or RP refuses vaccination, the appropriate documentation will be made in the medical record. If a resident has a BIMS score of 8 or less, the RP will be contacted to obtain consent. This education will be completed by 1/6/2021. This training will also be provided to all licensed nurses upon hire and during orientation.</p> <p>4. The Root Cause Analysis was conducted by the Infection Preventionist, QAPI Team and Governing Board and the root cause of the cited deficient practices was determined to be need for further education on the facility policy on Vaccination of Residents with the DON, ADON, Infection Preventionist and Licensed Nurses. The RCA also revealed there is a need for more frequent audits to ensure staff are following Infection Control guidelines as it relates to vaccinations. Due to the findings of the RCA, the above education will be completed and then ongoing audits will be conducted by the Director of Nursing, Infection</p>		

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F 883	<p>Continued From page 8 disease.</p> <p>Review of Resident #6's annual Minimum Data Set (MDS) dated 11/06/20 indicated Resident #6 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated she had severe cognitive impairment.</p> <p>Review of Resident #6's Influenza Vaccine Consent dated 10/27/20 completed by the Infection Control Nurse) revealed an esignature documented as obtained from the resident.</p> <p>Review of Resident #6's Preventive Health Care record revealed she had received the influenza vaccine on 10/27/20.</p> <p>During a telephone interview on 12/15/20 at 2:46 PM, Resident #6's Responsible Party (RP) stated the facility had not contacted him for consent to give the resident the influenza vaccine.</p> <p>During an interview on 12/15/20 at 9:54 AM, the Infection Control Nurse confirmed she had obtained consent from Resident #6 to administer the influenza vaccine and had given her the vaccine. She stated she had not reviewed the resident's medical record to confirm if the resident had the cognitive ability to consent and was unaware that the resident had a documented BIMS of 3, indicating severe cognitive impairment.</p> <p>During an interview on 12/16/20 at 3:37 PM with the facility Medical Director, she stated she did not know Resident #6 but in general a resident with severe cognitive impairment was probably not capable of giving consent for an influenza vaccine.</p>	F 883	<p>Preventionist, and/or Assistant Director of Nursing for observations and review to ensure all residents are offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated. If residents or RP refuse vaccination, the appropriate documentation should be made in the medical record. If the resident has a BIMS score of 8 or less, the RP will be contacted to obtain consent. These audits will be conducted 5 x weekly for 4 weeks, 3 x weekly for 4 weeks, weekly x 4 weeks and then monthly x 3 months. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise, and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Infection Preventionist, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director and Director of Social Services.</p> <p>5. The Administrator and Director of Nursing are responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 1/6/21.</p>		

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F 883	Continued From page 9 During an interview on 12/16/20 at 11:16 AM with the Director of Nursing (DON), she stated that Resident #6 had good days and bad days, but someone with severe cognitive impairment probably could not make a decision for the influenza vaccine. During an interview on 12/16/20 at 11:37, the Administrator stated that Resident #6's cognition comes and goes and obtaining consent is a judgement call and should not be totally dependent on the resident's BIMS score.	F 883		