

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

PRINTED: 01/13/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/07/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/SPRUCE PINES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>218 LAUREL CREEK COURT SPRUCE PINE, NC 28777</b>	
(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=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		1/15/21

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

TITLE

(X6) DATE

Electronically Signed

12/23/2020

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	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	<p>Continued From page 2</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 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, staff interviews and record review, the facility failed to ensure nursing staff implemented the facility's infection control measures for wearing surgical masks when 2 of 3 nursing staff (Nurse #1 and Nurse Aide #1) working on a non-isolation, resident hall failed to wear their surgical masks covering both the mouth and nose. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>A review of a undated facility document provided by the Director of Nursing (DON) titled, "COVID Active and COVID Care Centers Personal Protective Equipment (PPE) Decisions", specified when providing care for non-COVID positive residents or in a non-care area (common areas, offices), staff were to utilize standard precautions and wear a surgical facemask unless otherwise indicated.</p> <p>1. An observation was conducted on 12/02/20 at 12:15 PM of Nurse #1 talking with Resident #1, in</p>	F 880	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it the required by the provisions of federal and state law."</p> <p>F880</p> <p>On 12-2-20 the Director of Nursing validated that staff members should not be lowering their mask to speak to residents, and should not be lowering their masks when at the kiosk. Nurse # 1, who lowered her mask, stated that the resident could not understand what she was saying due to use of mask. Nurse #1 and Nurse Aide #1 were re- educated by Director of Nursing to wear face mask at all times and to not lower mask for any reason.</p>		

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F 880	<p>Continued From page 3</p> <p>the resident's room, with her face mask pulled down below her mouth and nose. Without adjusting her surgical mask, Nurse #1 exited Resident #1's room and stopped at her medication cart before going to the nourishment room. Nurse #1 was then observed leaving the nourishment room with the surgical mask adjusted to cover her mouth but not her nose, went back into Resident #1's room and then returned to her medication cart with the surgical mask down below her nose.</p> <p>During an interview on 12/02/20 at 12:20 PM, Nurse #1 confirmed she had received education on the proper use of PPE and was instructed to wear a surgical mask, covering both the mouth and nose. Nurse #1 explained Resident #1 could not hear her with the surgical mask covering her mouth so she pulled it down so they could understand what she was saying.</p> <p>During an interview on 12/02/20 at 1:00 PM the Director of Nursing (DON) explained she had taken over the responsibility for the facility's infection control program when the Assistant Director of Nursing left employment in September 2020. She added staff had received education and instructed on how to wear PPE appropriately. The DON stated when a staff member or resident was within 6 feet and/or when staff were with a resident in their room or out in the resident hall, surgical masks should not be removed and worn covering both the mouth and nose.</p> <p>2. An observation was conducted on 12/02/20 at 12:23 PM of Nurse Aide (NA) #1 sitting in a chair in the middle of a non-isolation, resident hall in the NA charting area wearing no surgical mask with another NA standing within close proximity.</p>	F 880	<p>Resident #1 has bilateral hearing loss. Resident #1 was evaluated by Speech Therapist and was provided adaptive equipment to aid resident while communicating with others.</p> <p>Facility initiated re-education of facility and agency staff on 12-2-20 to wear their mask over nose and mouth at all times and to not lower their mask to speak with residents or staff. Staff were educated on alternative approaches to communicating with others who have difficulty hearing.</p> <p>Medical Director or designee will assess current residents by 12-31-20 to identify any other residents at risk for difficulty with communication related to the use of facemasks. Residents will be referred to speech therapy when appropriate. Facility will also monitor new admits for difficulty hearing and communicating related hearing loss and the use of facemasks.</p> <p>Administrator initiated root cause analysis on 12/21 with team consisting of Nurse, Nurse Aides, and members of facility management team in an effort to identify root causes and assist in the development of a sustainable plan of correction. On 12-24-20 Facility initiated re-education of facility staff on PPE policy and PPE strategies and their importance. Re-education included, but was not limited to, reporting hearing/ communication difficulties to the charge nurse, alternative approaches to pulling mask down when communicating with others, facility</p>		

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F 880	Continued From page 4  During an interview on 12/02/20 at 12:24 AM, NA #1 confirmed she had received education on the proper use of PPE and was instructed to wear a surgical mask covering both the mouth and nose. NA #1 confirmed she had removed her surgical mask and explained she thought it was okay to remove it for a few minutes to breathe as long as no residents were in the area.  During an interview on 12/02/20 at 1:00 PM the DON explained she had taken over the responsibility for the facility's infection control program when the Assistant Director of Nursing left employment in September 2020. She added staff had received education and instructed on how to wear PPE appropriately. The DON stated when a staff member or resident was within 6 feet and/or when staff were with a resident in their room or out in the resident hall, surgical masks should not be removed and worn covering both the mouth and nose.	F 880	required PPE, donning/doffing of PPE, and hand washing. Based on root cause analysis, the facility will continue to utilize N-95 in Covid 19 positive areas and Covid observation (quarantine) areas. In all other areas of the facility, including non-isolation resident halls, staff were educated to wear surgical masks.  Facility use of agency was temporary due to Covid -19 outbreak. Agency was eliminated effective 12-13-20. In the event the facility utilizes agency staffing in the future, agency personnel will be educated at the time of hire regarding all PPE policy prior to the start of their shift.  The Director of Nursing or designee will conduct personal protective equipment audits to ensure proper use of PPE, staff understand alternative approaches, and resources are readily available 5 x□s a week for 4 weeks, , 3 times a week for 4 weeks, and 2 x week for 4 weeks. The Director of Nursing will review the results of the audits, and those results will be reported at the QAPI meeting for 3 months and then quarterly for 3 quarterly until substantial compliance has been achieved.  The DON will be responsible for the implementation of the acceptable plan of correction.  Date when corrective action will be completed: January 15, 2020		

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