

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

PRINTED: 04/15/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHOWAN RIVER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1341 PARADISE ROAD</b> <b>EDENTON, NC 27932</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			
	An unannounced COVID-19 Focused Survey was conducted on 03/04/2021. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# YBGM11.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 03/02/21 through 03/04/21. The facility was not found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# YBGM11. 2 of the 10 complaint allegations were substantiated.				
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		4/12/21	
	§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,				

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

TITLE

(X6) DATE

Electronically Signed

03/25/2021

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>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;</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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 place Enhanced Droplet Precaution signage on the doors of residents on the 14-day quarantine hall for new admissions, readmissions for 3 of 10 residents (Resident #7, #8, #9) reviewed for infection control.</p> <p>Findings included:</p> <p>A review of the facility policy, revised on 3/10/20 titled, Guidelines for Initiation of Precautions, revealed under 5. As indicated, post appropriate precautions signage on resident room door.</p> <p>An observation on 3/2/21 at 10:35AM revealed Resident #7 was admitted to the quarantine hall from the hospital on 2/17/21, there was no Enhanced Droplet Precaution or transmission based precaution signage on the room door. The entrance doors into the 14-day quarantine hall were not closed nor was there signage on the entrance doors.</p> <p>An observation on 3/2/21 at 10:35AM revealed Resident #8 was admitted to the quarantine hall from the hospital on 2/23/21, there was no</p>	F 880	<p>Chowan River Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Chowan River Nursing and Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Chowan River Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F880 Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p>		

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F 880	<p>Continued From page 3</p> <p>Enhanced Droplet Precaution or transmission based precaution signage on the room door. The entrance doors into the 14-day quarantine hall were not closed nor was there signage on the entrance doors.</p> <p>An observation on 3/2/21 at 10:35AM revealed Resident #9 was admitted to the quarantine hall from the hospital on 2/22/21, there was no Enhanced Droplet Precaution or transmission based precaution signage on the room door. The entrance doors into the 14-day quarantine hall were not closed nor was there signage on the entrance doors.</p> <p>During an interview on 3/2/21 at 10:40AM with Nurse #5, it was stated all residents on the 14-day quarantine hall were on Enhanced Droplet Precautions. The PPE required for the 14-day quarantine hall included an isolation gown, facemask, face shield or goggles and gloves. She further clarified the 3 rooms without signage should have signage on the room doors. Nurse #5 stated the 14-day quarantine hall was for new admissions, re-admissions and for residents that were out of the facility for greater than 24 hours.</p> <p>In a follow up interview on 3/4/21 at 10:10AM Nurse #5 further revealed an Enhanced Droplet Precaution signage was to be placed on all resident rooms who were on transmission-based precautions. Nurse #5 stated she was unaware who was responsible to place this signage.</p> <p>During an interview with the Director of Nursing (DON) on 3/4/21 at 11:10AM, it was revealed Enhanced Droplet Precaution signage had not been on 3 resident rooms on the 14-day quarantine hall. She further stated signage had</p>	F 880	<p>On 3/2/21, the Infection Preventionist and Director of Nursing under the oversight of the Facility Consultant completed an audit of the Quarantine Unit to ensure all rooms and the entrance/exit to the quarantine unit was clearly identify. The Infection Preventionist and DON addressed all concerns identified during the audit.</p> <p>On 3/2/21, the Infection Preventionist and Director of Nursing place colored enhanced droplet precautions and PPE signs on the door to resident #7, resident #8 and resident #9 rooms.</p> <p>On 3/2/21, the Infection Preventionist and Director of Nursing place colored enhanced droplet precaution and PPE signs on the entrance and exit doors of the quarantine unit to clearly identify unit as quarantine area.</p> <p>On 3/25/21, the Facility Consultant in-serviced the Infection Preventionist in regards to Responsibility of Infection Control Monitoring to include but not limited to ensuring appropriate isolation signage is posted on each resident room door requiring isolation monitoring and at the entrance/exit of quarantine unit.</p> <p>On 3/23/21, the Staff Facilitator/Infection Preventionist initiated an in-service with all nurses to include nurse #5, nursing assistants, housekeeping staff, maintenance staff, social worker, activity staff and therapy staff in regards to Isolation Signage with emphasis on</p>		

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F 880	<p>Continued From page 4</p> <p>been placed there now. The DON stated it was the responsibility of the Administrative staff team to ensure this signage was placed on the resident room doors.</p> <p>During an interview with the Administrator on 3/4/21 at 11:15AM, she stated placement of the Enhanced Droplet Precaution signage on resident rooms was accomplished through group effort. She further stated the 14-day quarantine hall should have signage on each resident room doors.</p>	F 880	<p>ensuring appropriate signage for the type of isolation required is placed on resident room door to identify any resident requiring isolation. This includes but not limited to quarantine rooms for Covid monitoring. In-service will be completed by 4/12/21.</p> <p>The Infection Preventionist and/or Minimum Data Set Nurse (MDS) will monitor all quarantine rooms, entrance/exit of quarantine unit and rooms of all residents requiring isolation weekly x 4 weeks then monthly x 1 month utilizing the Isolation Signage Audit Tool to ensure each room has appropriate signage in place for the isolation required. The hall nurse, infection Preventionist and/or MDS nurse will address all areas of concern identified during the audit. The Director of Nursing will review and initial the Isolation Signage Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all areas of concern were identified.</p> <p>The Administrator will forward the Isolation Signage Audit Tool to the Executive Quality Assurance Performance Improvement (QAPI) Committee monthly x 2. The Executive QAPI Committee will review Isolation Signage Audit Tool x 2 months to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p> <p>The Administrator and Director of Nursing</p>		

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F 880	Continued From page 5	F 880	are responsible for all audits, in-services and monitoring for plans of correction.  Final compliance date is 4/12/21		