

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

PRINTED: 01/03/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/GASTONIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>969 COX ROAD</b> <b>GASTONIA, NC 28054</b>		
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F 000	INITIAL COMMENTS	F 000			
F 880 SS=F	<p>An unannounced onsite complaint investigation was conducted on 12/8/21. There were 4 allegations investigated and all were unsubstantiated. Event ID# 8FND11.</p> <p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</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 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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p>	F 880		12/10/21	

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

TITLE

(X6) DATE

Electronically Signed

12/22/2021

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>(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: (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.</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 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, review of the facility policy and review of the CDC guidelines, the facility failed to follow CDC guidelines when staff failed to wear eye protection while performing</p>	F 880	<p>Misinterpretation of CDC Guidelines related to eye protection discussed with surveyor on site 12/8/21. Education regarding CDC Guidelines related to eye</p>		

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F 880	<p>Continued From page 2</p> <p>direct care during a Covid-19 pandemic. This was a facility wide practice and all residents could be affected.</p> <p>The findings included:</p> <p>The CDC guidance entitled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," updated on 9/10/21 indicated the following information under the section "Implement Universal Use of Personal Protective Equipment for HCP (Healthcare Personnel): *If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP working in facilities located in counties with substantial or high transmission should also use PPE (Personal Protective Equipment) as described below including: Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.</p> <p>Per the CDC website, <a href="https://covid.cdc.gov/covid-data-tracker/#county-view">https://covid.cdc.gov/covid-data-tracker/#county-view</a>, Gaston County remained in a high transmission rate on 12/8/21.</p> <p>Review of the facility policy dated 11/18/21, "Staff Use of Personal Protective Equipment," read in part, "The center should ensure that all staff is using appropriate PPE when they are interacting with residents ...In centers located in communities with moderate to substantial Covid-19 transmission, Healthcare Personnel (HCP) should wear eye protection during resident care encounters, regardless of COVID status."</p>	F 880	<p>protection based upon County Transmission Rate provided by surveyor to Administrator and Infection Preventionist and accepted.</p> <p>All Residents identified as having the potential to be affected.</p> <p>Eye Protection implemented for all Staff while interacting during patient care encounters per CDC Guidelines, based upon County COVID 19 Transmission Rate. Directed Inservice completed for all staff by Infection Preventionist regarding the implementation and importance of wearing eye protection during patient care encounters in relation to the County COVID 19 Transmission Rate and Infection Control/Prevention.</p> <p>Audit completed by Infection Preventionist to identify existing current staff and new hires to ensure all staff completed/received training related to CDC Guidance of wearing eye protection and County Transmission Rate as it relates to infection control and prevention during the COVID 19 Pandemic. Training was conducted and completed for all staff by the Infection Preventionist on 12/9/21 and 12/10/21. Training to all staff completed 12/10/21.</p> <p>Eye Protection Monitoring Tool implemented and completed by Infection Preventionist to ensure required eye protection is being worn during patient care encounters.</p>		

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F 880	<p>Continued From page 3</p> <p>On 12/8/21 at 10:42am, Therapist #1 was observed sitting on the bed next to the resident in Room 501 having a conversation without wearing eye protection.</p> <p>On 12/8/21 at 10:44am, Therapist #2 was observed providing therapy to the resident in Room 517 without wearing eye protection.</p> <p>On 12/8/21 at 10:59am, Therapist #3 was observed providing therapy to the resident in Room 507 without wearing eye protection. An interview with the therapist revealed she has worn eye protection only when a resident was on contact precautions. She stated she was not aware of the current transmission rate in Gaston County.</p> <p>On 12/8/21 at 11:30am, an interview was conducted with Nurse #1. She stated she has only worn eye protection when the resident was on contact precautions.</p> <p>On 12/8/21 at 12:30pm, an interview was conducted with the Infection Preventionist. She stated that when the guidelines came out from CDC in September 2021, she and the Administrator met with the health department to discuss the high transmission rate and the use of eye protection. The health department recommended the facility staff wear eye protection while the transmission rate was high. They also consulted with the Medical Director. The decision was made not to require staff to wear eye protection because they had not had a recent outbreak and did not want to confuse the staff more.</p> <p>On 12/8/21 at 12:40pm, an interview was</p>	F 880	<p>Eye Protection Monitoring Tool to be completed for 5 Resident Care Encounters on each Hall (5 Halls) five (5) times weekly for four (4) weeks; then three (3) times weekly for four (4) weeks; then once weekly for four (4) weeks to ensure compliance.</p> <p>The results of the Eye Protection Monitoring Tool will be presented by the Infection Preventionist for three (3) months at the facility monthly QAPI Meeting to evaluate compliance and effectiveness. The QAPI Committee will make changes and recommendations as indicated.</p> <p>The completion date for this Plan of Correction is 12/10/21.</p> <p>The Administrator is responsible for implementing the Plan of Correction.</p>		

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F 880	Continued From page 4 conducted with the Administrator. She stated that when the CDC guidelines came out 9/21/21 regarding community transmission rates and wearing eye protection, she and the Infection Preventionist met with the Health Department and consulted with the Medical Director. The Administrator stated since the guidance from CDC stated eye protection should be worn, instead of must be worn, they made the decision not to require staff to wear eye protection.	F 880		