

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT STATESVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>520 VALLEY STREET</b> <b>STATESVILLE, NC 28677</b>	
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F 000	INITIAL COMMENTS  An onsite complaint investigation survey was conducted on 05/25/22. 7 of 7 complaint allegations were unsubstantiated. NC 00187828 and NC 00188333. Event ID# Q7EH11.	F 000		
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on record review, and staff interview, the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor interventions the committee put into place on the alleged completion date of 5/3/22. This was for one repeated deficiency for COVID 19 Vaccination of Facility Staff which was originally cited on 04/01/22 during a revisit and complaint investigation survey and cited again on the revisit and complaint investigation completed on 5/25/22. The continued failure of the facility during the two federal surveys showed a pattern of the facility's inability to sustain an effective QAA program.  The findings included:  This citation is cross referred to: F888: Based on record review and staff interviews the facility's process failed to identify 2 staff employed under contract who were not fully vaccinated and failed	F 867	Corrective actions. On June 10, 2022, the Quality Assurance Performance Improvement Committee met and reviewed the purpose and function QAPI Committee, as well as reviewed the on-going compliance issue regarding F888.  Corrective action for those potentially affected. On May 26, 2022, Dietary Aide #1 and Dietary Aide #2 both received their COVID-19 vaccination dose #2. On June 10, 2022, the Administrator educated the QAPI Committee on the appropriate functioning on the QAPI Committee and its purpose to identify issues and correct repeat deficiencies related to F888. Education included identifying other areas of concern related to the Quality Improvement (QI) process, for example: orientation and the on-boarding process, review of audit tools, and observations	6/13/22

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

TITLE

(X6) DATE

Electronically Signed

06/10/2022

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 867	<p>Continued From page 1</p> <p>to implement an effective process for tracking COVID-19 vaccinations status for 2 of 5 staff reviewed for COVID-19 Vaccination Status (Dietary Aide #1 and Dietary Aide #2). The facility was not in outbreak status and had no positive cases for COVID-19 among the residents.</p> <p>During the revisit and complaint investigation survey completed on 04/01/22 the facility failed to implement an effective process for tracking the COVID-19 vaccination status for 49 of 105 (47%) staff working in the facility who were reviewed for COVID-19 Vaccination Status.</p> <p>The Administrator was interviewed on 05/25/22 at 4:30 PM. The Administrator stated that at the time of the April 2022 survey, the facility did not have a process in place for tracking the vaccination status for all staff, but that now the facility currently had that process in place. The Administrator stated that the facility was aware of 2 dietary staff under contract who were not fully vaccinated, but the plans were to offer them the 2nd dose of a multi-dose vaccine at the facility's next COVID 19 clinic on 06/7/22. The Administrator also stated that she was aware that the dietary staff could obtain their 2nd dose of the COVID 19 vaccine elsewhere, but that the facility was planning to offer it to them at the next clinic. The Administrator stated that per federal regulations the facility was only required to ensure their staff had at least one dose of a multi-dose COVID 19 vaccine, and that the 2nd dose was not currently required.</p>	F 867	<p>during leadership rounds. The completion date is June 13, 2022.</p> <p>Systemic Changes include a weekly QAPI meeting consisting of our Medical Director, Administrator, Director of Nursing, Nurse Consultant, Assistant Director of Nursing, Unit Support Nurses, Medical Records coordinator, Business Office Manager, Minimum Data Set (MDS) Nurse, Activities Director, Director of Rehabilitation, and Social Worker to review audit findings for compliance and/or revisions.</p> <p>Quality Assurance. The QAPI committee will continue to meet monthly to develop and implement appropriate corrective actions for identified issues. Corrective action has been taken for the identified concern related to the repeat deficiency. Both Dietary Aides received COVID-19 dose #2. The facility will monitor the vaccination log for all newly hired staff and/or vendors to ensure compliance, as well as vaccination eligibility weekly times 4 weeks, biweekly times 4 weeks, and then monthly times one month. Corporate will provide oversight of our monitoring tool and validate the facility's progress, review corrective actions and dates of completion. The Administrator will be responsible for ensuring QAPI committee concerns are addressed through further training and/or other interventions</p>		
F 888 SS=D	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x)	F 888		6/13/22	

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F 888	<p>Continued From page 2</p> <p>§483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.</p> <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i) (1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section.</p>	F 888			

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F 888	Continued From page 3 §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized	F 888			

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F 888	Continued From page 4 clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.  Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or	F 888			

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F 888	<p>Continued From page 5</p> <p>those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility's process failed to identify 2 staff employed under contract who were not fully vaccinated and failed to implement an effective process for tracking COVID-19 vaccinations status for 2 of 5 staff reviewed for COVID-19 Vaccination Status (Dietary Aide #1 and Dietary Aide #2). The facility was not in outbreak status and had no positive cases for COVID-19 among the residents.</p> <p>The findings included:</p> <p>A review of the facility document titled "Employee COVID-19 Vaccination Mandate Policy" revised 12/28/21 read in part: 1. The facility will ensure that all eligible employees are fully vaccinated against COVID-19, unless religious or medical exemptions are granted. 2.All employees include the following: Facility employees, licensed practitioners, students/trainees/and volunteers, and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. 14. The facility will track and securely document the vaccination status of each staff member (current and as new employees are onboarded).</p> <p>The facility staff vaccination spreadsheet was reviewed. The spreadsheet included in-house staff, staff exemptions, and contract/agency staff. A review of the facility spreadsheet revealed</p>	F 888	<p>Corrective actions. On May 26, 2022, Unit Support Nurse administered Pfizer COVID-19 vaccination dose #2 to Dietary Aide #1. On May 26, 2022, Unit Support Nurse administered Moderna COVID-19 vaccination dose #2 to Dietary Aide #2.</p> <p>Corrective action for those potentially affected. On 5-26-2022, the Administrator audited the vaccination status of all employees, to include agency and vendors, who provide care, treatment or other services for the facility and/or Residents. All employees fully vaccinated.</p> <p>Systemic Changes. On May 26, 2022, the Administrator began in-servicing department managers, on obtaining documented COVID-19 vaccination status to included booster vaccination of staff. Additional education includes obtaining documented COVID-19 vaccination status of vendors and/or individuals who provide care, treatment, or other services prior to services being rendered. The COVID-19 vaccination status will be tracked utilizing a master log. The Administrator/Director of Nursing will ensure newly hired department heads will receive education during facility orientation in person or via telephone during prior to working by June 13, 2022.</p>		

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F 888	<p>Continued From page 6</p> <p>Dietary Aide #1 was documented for receiving only one dose of the Pfizer vaccination dated 12/03/21. The review revealed Dietary Aide #2 was documented for receiving only one dose of the Moderna vaccination dated 01/27/22.</p> <p>A review on 05/25/22 of the National Healthcare Safety Network (NHSN) data for the week ending on 05/23/22 revealed no staff vaccination information.</p> <p>On 05/25/22 at 11:48 AM The facility Administrator stated the recent percentage of staff who are fully vaccinated was 100%.</p> <p>On 05/25/22 at 12:30 PM an interview was conducted with Dietary Aide #1. During the interview he stated he had been working in the facility for one year. He stated he received his first dose of the Pfizer vaccination on 12/03/21 but had not received a second dose. He further stated he was waiting on someone in the facility to administer his second dose but that he did not know when that would be.</p> <p>On 05/25/22 at 12:45 PM an interview was conducted with Dietary Aide #2. During the interview she stated she had been working in the facility for a total of 5 months. She stated she received her first dose of the Moderna vaccination on 01/27/22 but had not received a second dose. She stated someone had told her that she would need a second dose after she received the first one however nobody from the facility had come to her and offered the second dose. She stated she had been waiting to take it.</p> <p>On 05/25/22 at 2:15 PM an interview was</p>	F 888	<p>Quality Assurance. The Administrator/Director of Nursing will monitor using a Quality Assurance tool. The monitoring will include a sample of staff and vendors documented COVID-19 vaccination status. The QA monitoring will be conducted weekly x 12 weeks. The Administrator/Director of Nursing will report the results of the QA monitoring monthly to the Quality Assurance Performance Improvement (QAPI) committee for continued compliance and/or revision.</p>		

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F 888	Continued From page 7 conducted with the Business Office Manager (BMO). She stated she was handling the staff's vaccination status and had not seen the two staff members hadn ' t received the second dose. She stated she reviewed the staff vaccination spreadsheet and must have just missed it. The interview revealed the facility had already had 3 vaccination clinics on the dates of 04/20/22, 04/26/22 and 05/03/22 in which she had mentioned to all staff and only two staff members signed up for the clinic on 04/26/22. The interview revealed the dietary staff were contract staff and the facility did not accept exemptions from contract staff. She stated she could not speak to if the dietary staff members should be fully vaccinated.  On 05/25/22 at 2:30 PM an interview was conducted with the Administrator. During the interview she stated she had been overseeing the staff vaccination spreadsheet and knew the two staff members were not fully vaccinated. She stated she believed it was okay because she read the regulation and thought they just needed the initial vaccination, and a plan was in place for them to receive the following dose in June. She stated she had used her vaccination clinics to ensure residents were up to date with the COVID-19 vaccination.	F 888			
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)  §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff	F 925	Residents # 21 and #22 room were	6/13/22	



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F 925	<p>Continued From page 8</p> <p>interviews, the facility failed to maintain an environment free from ants for 1 of 2 residents rooms (Room 222) observed for pests.</p> <p>The findings included:</p> <p>An observation and interview conducted on 5/25/22 at 10:50 AM revealed Resident #21 was swatting at a three-shelf plastic drawer and stated she "could not get rid of the bugs in the room". It was observed several small black ants crawling on her plastic shelf, side table, and around Residents #21's bed. Resident #21 further revealed she had ants in the room several times, but they would always come back.</p> <p>An interview conducted on 5/25/22 at 10:55 AM with Resident #22 revealed she was Resident #21's roommate and had seen ants in the room multiple times. Resident #22 further revealed last week the ants were awful and the Director of Maintenance sprayed around the room. Resident #22 stated she did not recall the Director of Maintenance coming back to check the room. Resident #22 indicated they had ants in their room for the last three days and had told nursing staff but could not recall their names and nobody had come to the room to check.</p> <p>During a subsequent observation on 5/25/22 at 10:57 AM the Director of Maintenance entered Resident #21 and #22's room with spray to kill the ants. The Director of Maintenance further revealed every time it rained there was an issue with ants in this room due to the room being beside the courtyard. The Director of Maintenance stated last week staff told him there were ants in Resident #22's room and he went and sprayed and checked back the next day and</p>	F 925	<p>sanitized and received pest control management on 5/25/22 by the Maintenance and Housekeeping Director. Resident #21 and resident #22 were offered a room change and both declined to the room change. Ecolab pest control were notified and came to the facility on 5/26/22 for pest control management. On 5/27/22 the Maintenance Director and the Maintenance Assistant received education by the RN Consultant on the process of Pest Control Management on scheduling a facility visit with Pest control. An audit was completed on 5/26/22 of all resident rooms to inspect for any ants. Resident rooms identified received pest control management by the Maintenance Director. Effective 5/27/22 the Assistant Director of Nursing/ Nurse Managers began education on the facility process when ants are identified in the residents' rooms to ensure a work order is communicated to the Maintenance Director so that the resident room will receive pest control management. Effective 5/27/2022 all new staff to include agency will receive education on the facility process prior to the start of their shift by Nurse Management by June 13, 2022. Effective 5/30/22 the Interdisciplinary Team including the Director of Nursing, Assistant Director of Nursing, Unit Managers, Business Office Director, Medical Records Director, Activity Director, Rehab Director, Social Service Director, Maintenance Director, Housekeeping Director, and the Minimum</p>		

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F 925	<p>Continued From page 9</p> <p>they were all dead. The Director of Maintenance indicated the facility exterminator came out monthly and sprayed for insects.</p> <p>An interview conducted with the facility exterminator on 5/25/22 at 11:08 AM revealed he had a contract with the facility and visited monthly to spray in the building. The exterminator stated the last time he sprayed at the facility for bugs was on 4/11/22. The facility exterminator further revealed he had not been contacted about Resident #21 and #22's room prior to today but should have been contacted to take care of multiple ants in the facility. The exterminator explained the room would probably need to be treated twice within a week.</p> <p>An interview and observation conducted with the Administrator on 5/25/22 at 2:32 PM in Residents #21 and #22's room revealed multiple ants dead on the floor where the Director of Maintenance had sprayed, but several were still alive crawling on the three-shelf plastic drawer up against the wall. The Administrator further revealed the residents' room needed to be sprayed thoroughly and items be removed and cleaned.</p> <p>Another interview was conducted with the Administrator on 5/25/22 at 4:15 PM revealed she did not know ants had been an ongoing issue when it rained. The Administrator stated she expected for the exterminator to be contacted and to take care of the issue of ants.</p>	F 925	<p>Data Sets LPN Coordinator will audit 10 Resident rooms 2 weekly x 4 weeks then weekly x 8 weeks to ensure no ants are in the resident rooms.</p> <p>The Maintenance Director will report findings to Quality Assurance Performance Improvement meeting for any needed improvement monthly x 3 months.</p>		