STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345285	A. BUILDING _____ B. WING _____	C 04/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT HENDERSONVILLE LLC	200 HERITAGE CIRCLE HENDERSONVILLE, NC 28791

(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
F 000	INITIAL COMMENTS A complaint investigation and COVID-19 Focused Survey for Nursing Homes was conducted on 4/3/2020. There was one allegation investigated and it was unsubstantiated. Event ID 6NVJ11.	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 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	F 880		5/1/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/10/2020

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F 880	Continued From page 1 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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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, record review, and staff interviews the facility failed to perform hand hygiene after passing ice to 3 of 3 resident rooms	F 880	1. A.) On 4/32020, Hospitality Aide #1 was inserviced by the Infection Preventionist on proper hand hygiene	

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F 880	Continued From page 2 and after cleaning 1 of 2 resident rooms observed for infection control. These failures occurred during a COVID-19 pandemic. The findings included: A review was completed of a facility policy titled Infection Control for all Nursing Procedures, last revised in March, 2012. The policy specified that handwashing for 10-15 seconds using soap and warm water was required after removing gloves and after coming into contact with items potentially contaminated with body fluids, secretions or blood. The policy further stated that an alcohol-based hand sanitizer could be used if hands were not visibly soiled in situations requiring hand hygiene including: after contact with items in the immediate vicinity of the resident. A review of a facility policy revised 03/28/20 titled COVID-19 Policy/Plan for Facilities revealed COVID 19 may live on surfaces for hours or days. The policy indicated that handwashing for twenty seconds with warm, soapy water appeared to be the most effective prevention strategy for COVID 19 and that alcohol-based hand sanitizer appeared to be an effective preventative aide. The policy further indicated that wall dispensers of sanitizer were strategically located for use in resident care areas and it was noted that staff were to be reminded that handwashing was the single most important and effective prevention strategy. 1 a. An observation was conducted on 04/03/20 at 9:35 AM of a Hospitality Aide #1 (HA) passing ice to residents on the 300 hall. HA #1 entered a resident room without performing hand hygiene,	F 880	when delivering ice or other indirect care to residents with handwashing/hand hygiene competency completed. B.) On 4.3.2020, the housekeeping aide was inserviced by the housekeeping supervisor on proper hand hygiene and donning /doffing gloves when cleaning resident rooms with handwashing/hand hygiene competency completed. 2. All facility ad agency staff will be inserviced by the Infection Proventionist by 5/1/2020 on proper hand hygiene and donning/doffing gloves while providing direct and indirect care to residents or resident rooms with hand hygiene competency completed. Newly hired facility and agency staff will receive education with handwashing/hand hygiene competency upon hire. 3. On 4/9/2020, the Regional Nurse Consultant inserviced the Infection Proventionist on the responsibilities of completing and maintaining in-service records on proper hand hygiene practices for all current facility and agency staff and upon hire. The Infection Proventionist will complete environmental surveillance rounds monthly and as needed to observe for ongoing proper hand hygiene practices. 4. The Infection Proventioninst or Director of Nursing will complete quality assurance monitoring by observing five (5) resident care staff including housekeeping staff for proper hand hygiene practices and that	

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F 880	Continued From page 3 retrieved a resident's cup, walked into the hall and put ice in the cup, went back into the resident's room and filled the cup with water from residents sink and sat the cup on the resident's bedside table. This process was completed with the roommate of the same room. HA #1 then left the room and completed the same process in two more rooms without performing any hand hygiene. An interview was completed with HA #1 on 04/03/30 at 9:40 AM who reported that she aimed to perform hand hygiene, using either soap and warm water or hand sanitizer, every two to three rooms. A follow up interview was completed at 12:16 PM, HA #1 reported that she had not been instructed to clean her hands after leaving each room in training. HA #1 further explained that she had only had one training shift during which she shadowed HA #2. A telephone interview was completed with HA #2 on 04/03/20 at 12:25 PM who reported she had been trained to clean her hands after each room but did not recall explicitly telling that to HA #1 when she was shadowing her. HA #2 stated she thought HA #1 would get more training from staff higher up before working on her own. An interview was conducted with the nurse who was over infection control on 04/03/20 at 10:47 AM who reported that staff were to perform hand hygiene on their way in and out of rooms and after all direct care. The nurse stated that she expected HAs to perform hand hygiene as they left each resident room. In a follow up interview at 12:37 PM it was reported that HA #1 was new and had recently had orientation during which handwashing was discussed but the nurse could	F 880	gloves are being changed between rooms and hands washed. Monitoring will be completed five (5) times weekly for four (4) weeks, then weekly for eight (8) weeks and as necessary thereafter. The Administrator will report findings of the monitoring to the Interdisciplinary Team during QAPI meetings monthly for three (3) months and make changes to the plan as necessary to maintain compliance with proper hand hygiene practices. 5. Compliance Date: 5/1/2020	

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F 880	Continued From page 4	F 880		

not recall if she explicitly told her to wash her hands upon exiting each room. The nurse could not explain why HA #1 did not know to wash her hands as she left each room.

1 b. On 04/03/20 at 10:41 AM a Housekeeper was observed leaving one resident room after she finished cleaning it, and then entered another resident room for cleaning without changing her gloves or performing hand hygiene between.

At 10:46 AM on 04/03/20 the Housekeeper was interviewed and reported she changed her gloves 2-3 times a shift and when she changed her gloves she would perform hand hygiene.

On 04/03/20 at 12:20 AM the Housekeeping Supervisor was interviewed and reported it was her expectation that gloves were changed and hands were washed after leaving each residents room. The Housekeeping Supervisor stated they did not have a shortage of gloves at the facility.

An interview was conducted with the Director of Nursing (DON) on 04/03/20 at 12:31 PM. The DON stated she expected hands were washed upon leaving a resident's room.

On 04/03/20 at 12:34 PM the Administrator was interviewed who stated that housekeeping does report to her but she was not familiar with housekeeping regulations and did not have an expectation regarding how often they should be changing their gloves and performing hand hygiene.