

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

PRINTED: 06/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OR SUPPLIER HARNETT WOODS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS ROAD DUNN, NC 28334	
(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 5/28/2020 through 5/29/2020. 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 # 954L11.			
F 000	INITIAL COMMENTS	F 000		
	An unannounced COVID-19 Focused Suvery was conducted on 5/28/2020 through 5/29/2020. Event ID #: 954L11. Information of a COVID-19 outbreak at the facility was received on 6/8/2020.			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		
	<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>			

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

TITLE

(X6) DATE

Electronically Signed

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 §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. §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.	F 880			

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F 880	<p>Continued From page 2</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:</p> <p>Based on observations, interviews, record review, and review of the facility ' s "Contact Precautions" policy, the facility failed to follow infection control procedures when a staff member removed and disposed an isolation gown outside a resident ' s room, who was on contact isolation, and failed to apply an isolation gown and gloves when she reentered the resident ' s room for 1 of 1 resident reviewed for contact isolation (Resident #1). This failure occurred during a COVID-19 pandemic.</p> <p>Findings Included:</p> <p>The facility ' s Infection Control Policy dated 3/10/20 for Contract Precautions revealed a gown and clean gloves were worn when entering the resident ' s room and caring for the resident and the gown was removed and disposed of before leaving the resident ' s room.</p> <p>Resident #1 ' s physician orders revealed on 5/19/20 an urinalysis with a culture and sensitivity test was ordered, and Resident #1 was started on antibiotic therapy for a urinary tract infection on 5/20/20. The culture and sensitivity report dated 5/22/20 identified Escherichia coli (E-coli) as the organism growing in the urine.</p> <p>On 5/28/20 at 2:29 pm, Nursing Assistant (NA) #1 was observed removing her yellow isolation gown outside Resident #1 ' s room (room #112) beyond the room ' s door frame. NA #1 was observed disposing of the yellow isolation gown that she</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>was wearing into a trash compartment on the sectional hamper sitting in the hallway. After receiving a bed protection pad from a staff member, NA#1 turned and re-entered Resident #1 ' s room without applying an isolation gown or gloves. A container with yellow isolation gowns and gloves was observed hanging on the left side of resident ' s room door. The right side of the resident ' s door was observed to have two signs: a "Contact Precautions" sign that instructed staff to wear a gown and gloves when entering the room and an "Attention All Staff" sign that instructed staff to apply proper isolation precautions before entering the room regardless of the type of care performed or the resident receiving care in the semi-private room.</p> <p>Observations on 5/28/20 at 2:32 pm revealed NA#1, who was not wearing a gown or gloves, was at the bedside of Resident #1 pulling up the resident ' s covers, lowering the bed and opening the privacy curtain. NA #1 was observed to perform hand hygiene with soap and water and exit the room.</p> <p>An interview was conducted with NA #1 at 2:33 pm on 5/28/20. NA #1 stated Resident #1 was on contact precautions and staff were required to wear a gown and gloves when entering the resident ' s room. NA#1 specified after she changed Resident #1 ' s adult brief, she exited the room and removed her isolation gown and gloves on the hallway side of Resident #1 ' s room door, disposed the gown and gloves in a trash compartment of the hamper located in the hallway. She stated she then reentered the resident ' s room without wearing a gown and gloves to apply a bed protective pad under the resident. NA#1 stated she had received training</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>on Contact Precautions and when asked why personal protective equipment was not applied and removed per the facility ' s Contact Precautions procedure, the NA #1 stated, "I was not thinking."</p> <p>An interview conducted with the Director of Nursing (DON) on 5/28/20 at 3:07 pm revealed Resident #1 was on contact isolation for Extended Spectrum Beta-Lactamases (ESBL). The DON stated Contact Precautions required a gown and gloves to be applied before entering the resident ' s room for any reason, and the gown and gloves were to be removed inside the resident ' s room before exiting. In a follow up phone interview on 5/29/20 at 3:58pm, the DON stated Resident #1 was placed on Contract Precautions by the hall nurse on 4/22/20 after the urine culture and sensitivity reported E-Coli in the urine and ESBL was suspected.</p> <p>An interview conducted with the Administrator on 5/28/20 at 3:47 pm revealed staff were to follow the signage on the resident ' s door for personal protective equipment (PPE) requirements of contact precautions. The Administrator stated with Contact Precautions PPE was applied prior to entering the room and removed before exiting the room. The Administrator further stated removal of the gown outside the door and disposing the gown into a trash container on the hamper in the hallway was not acceptable per the facility ' s infection control policy.</p>	F 880			