

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

PRINTED: 06/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/27/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC 28778		
(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			
F 000	INITIAL COMMENTS	F 000			
F 880 SS=D	<p>Infection Prevention & 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</p>	F 880		6/15/20	

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

TITLE

(X6) DATE

Electronically Signed

06/16/2020

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>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 corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 review of a facility memorandum regarding the use and storage of face masks and a facility document titled, "Coronavirus Disease", the facility failed to ensure 3 of 3 nursing staff implemented the facility's infection control measures related to the storage of surgical masks for reuse. These failures occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>A review of a facility memorandum dated 04/04/20, provided by the Administrator and addressed to all staff, specified staff were required to wear surgical masks at all times while at work. The memorandum further specified the surgical masks were to be stored in a paper bag labeled with the staff member's name until their next shift and left at the facility.</p> <p>A review of a facility document provided by the Administrator dated 04/09/20 and titled, Coronavirus Disease - Accordius Health update, specified isolation (surgical) masks would be provided for staff to wear at all times while in the facility and should be left in a bag labeled with the staff member's name at the end of their shift.</p> <p>During an interview on 05/26/20 at 11:20 AM, Nurse Aide (NA) #1 stated staff reused the</p>	F 880	<ol style="list-style-type: none"> 1) To correct the deficient practice, Administrator /Designee re-educated all staff on 5/26/20 to follow the Accordius process on following our Mask Infection Control process set forth 4/9/20. 2) To ensure all residents were not affected by this deficient practice a new mask system was implemented on 5/26/20 then 5/27/20 for all surgical masks to be picked up and dropped off outside at the check-in tent at the beginning and end of every shift. 3) Effective on 5/27/20 the Administrator educated the leadership team of the new mask system. Administrator/Designee began in-servicing all staff as of 5/26/2020 on facility policy for mask storage. All New staff will be educated upon hire. The Director of Nursing, Staff development Coordinator, or the Check-In staff member will start conducting 5 random audits of staff's compliance with the Masking Infection Control guidelines 5xweek for the first two weeks then weekly x 6weeks on 5/27/20. 4) Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. IDT team will review finding for any revisions to be made as necessary. 		

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F 880	<p>Continued From page 3</p> <p>surgical masks throughout the work week and received a new mask to wear each week or sooner if it became soiled. NA #1 stated she wore the surgical mask when entering the facility to start her shift and then removed it when she got into her car at the end of the day where it would remain until the start of her next shift. NA #1 explained when leaving the surgical mask at the facility, she stored it in a brown paper bag that was placed in the storage container located at the nurses' station as instructed but added she did not place the surgical mask in a paper bag when storing it in her car.</p> <p>During an interview on 05/26/20 at 11:40 AM, Nurse #1 stated she received a new surgical mask each week to wear during her shifts. Nurse #1 stated at the end of her shift, she put on a cloth mask to leave the facility and stored her surgical mask in a zippered pouch that she carried to and from work. Nurse #1 added once she got home, she washed her cloth mask and sprayed the surgical mask with Lysol. Nurse #1 confirmed the facility provided ongoing education related to COVID-19 but could not recall the specific instructions she received on how to store the surgical masks in between use.</p> <p>During an interview on 05/26/20 at 11:57 AM, NA #2 stated that each week she received a new surgical mask and paper bag to use throughout the work week. NA #2 stated she was instructed to remove the surgical mask at the end of her shift and store it in the paper bag until her next shift. NA#1 added instead of using the paper bag, she stored the surgical mask in a closed Tupperware container that she kept in the trunk of her car.</p>	F 880	Date of completion is 6/15/20.		

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F 880	<p>Continued From page 4</p> <p>Review of the facility's in-service staff sign-in sheets with the subject listed as "Masks" revealed education was provided on 04/13/20 and 04/28/20 and signed by NA #1 and Nurse #1 respectively. There was no signature from NA #2 on either sign-in sheet.</p> <p>During an interview on 05/26/20 at 12:00 PM, the Administrator stated the facility followed the Centers for Disease Control (CDC) guidelines regarding the storage and reuse of surgical masks in an effort to conserve Personal Protective Equipment (PPE). She stated all staff were educated on the facility's protocol for storing surgical masks in-between uses as outlined in the facility documents she provided which included the 04/04/20 memorandum about the staff's use and storage of face masks and the 04/09/20 document titled "Coronavirus Disease." She explained, staff were instructed and expected to place their surgical masks in a labeled, brown paper bag at the end of their shift and store it in the container located at the nurses' station until their next shift. She added staff were also provided cloth face masks for their use when entering and exiting the facility. The Administrator stated she had been so focused on making sure the staff were wearing face masks, that she hadn't paid close attention to the type of mask they were actually wearing when entering and exiting the facility.</p> <p>An observation of the East wing nurses' station supply closet and interview was conducted on 05/26/20 at 12:55 PM with the Infection Control Nurse (ICN)/Interim Director of Nursing (IDON). Inside the supply closet was a blue, plastic storage container with a lid that contained individual brown paper bags labeled with staff</p>	F 880			

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F 880	Continued From page 5 members names. The ICN/IDON explained all staff received education on the use of PPE and were instructed to store their surgical masks in a brown paper bag labeled with their name at the end of their shift and then place the bag in the storage container located at the nurses' station until their next shift.	F 880		