

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

PRINTED: 07/06/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/03/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LONGLEAF NEURO-MEDICAL TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4761 WARD BOULEVARD</b> <b>WILSON, NC 27893</b>
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E 000	Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 6/01/2020 through 6/03/2020. 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 # EL6N11.	E 000		
F 880 SS=E	<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</p>	F 880		7/1/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  06/17/2020
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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>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 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 the facility ' s "Novel Coronavirus</p>	F 880	Plan of Correction for COVID-19 Focus Audit		

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F 880	<p>Continued From page 2</p> <p>Prevention, Screening and Care" policy, the facility failed to follow infection control procedures when staff failed to disinfect the oral thermometer between resident uses for 4 of 4 residents (#1 Room 231, #2 Room 224, #3 and #4 ) and remove gloves and perform hand hygiene between monitoring the temperatures of 2 of 2 residents (Resident #3, Resident #4). This failure occurred during a COVID-19 pandemic.</p> <p>Findings Included:</p> <p>The facility ' s "Novel Coronavirus Prevention, Screening and Care" policy dated 6/1/2020 revealed thermometers were shared among residents, and the equipment was cleaned and disinfected between use for each individual resident according to manufacturer ' s instructions using an Environmental Protection Agency registered disinfectant. The policy further noted standard precautions, which included hand hygiene, applied to all residents, and staff were to practice hand hygiene after contact with any resident and/or resident environment.</p> <p>On 6/2/2020 at 4:36pm, Nursing Assistant (NA) #1 was observed wearing a N95 face mask covered with a surgical mask, face shield, isolation gown and gloves while exiting #1 Room 231 with an oral thermometer on a mobile cart. Prior to NA#1 rolling the mobile thermometer cart into #2 Room 224, NA#1 was not observed to disinfect the thermometer. When NA#1 exited #2 Room 224, no cleaning or disinfection materials were observed on the mobile thermometer cart as NA#1 rolled the thermometer cart into the nursing station. NA#1 was observed exiting the nurse ' s station without disinfecting the thermometer on the mobile cart and continuing to</p>	F 880	<p>Response for F880</p> <p>Failure to follow infection control procedures It is the policy of the facility to establish and maintain an infection prevention and control program including policy and procedure on infection prevention and control (IPC) strategies for use when infection with the novel coronavirus SARS-CoV-2 and associated illness COVID-19 is present in the community/facility. To achieve the highest level of effectiveness in the response to a COVID-19 outbreak using evidence-based, best practice and public health guidance, LNMTC management and staff shall act in the best interest of residents, staff, and visitors in response to a novel coronavirus outbreak and abide by all applicable related policies and procedures established on a local, state, and federal level. These policies and procedures include hand hygiene, donning /doffing of gloves and cleaning medical equipment in between residents.</p> <p>Immediate actions taken:</p> <p>Following the survey, the Infection Control Preventionist, re-educated the unit HCW's (NA#1 and NA #2) that did not follow policy and procedures on the designated residents regarding hand hygiene, donning/doffing of gloves and cleaning vital sign equipment in between residents. These expectations were also reviewed by the Unit Nurse Supervisor with staff</p>		

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F 880	<p>Continued From page 3</p> <p>wear a N95 face mask covered with a surgical mask, face shield, isolation gown and gloves.</p> <p>An interview with NA #1 was conducted on 6/2/2020 at 4:58pm. NA #1 stated the N95 face mask, face shield, gown and gloves were required to work the quarantine unit and gloves were changed between residents. NA #1 stated she performed hand hygiene and applied new gloves in the resident ' s rooms. NA #1 stated the thermometer was supposed to be cleaned between residents, and she cleaned the thermometer sometimes with alcohol wipes. NA #1 stated she did not clean the thermometer between the residents in room 231 and room 224 and didn ' t have any alcohol wipes during the procedures. NA #1 explained she received training on applying personal protective equipment and wiping surfaces and items off with clothes twice a day.</p> <p>During the continuous observation on 6/2/2020 from 4:40pm to 4:47pm, NA #2, wearing a N95 face mask covered with a surgical mask, face shield, isolation gown and gloves, was observed to enter the nursing station and roll the mobile thermometer cart into Resident #3 ' s room (room #230). NA #2 was observed taking an oral temperature on Resident #3 and disposing the thermometer probe in the trash can and exited Resident #3 ' s room without removing her gloves to perform hand hygiene and without disinfecting the thermometer. After exiting Resident #3 ' s room, NA #2 was observed wearing the same personal protective equipment and entering Resident #4 ' s room (room #231) with the mobile thermometer cart. NA#2 was observed taking Resident #4 ' s temperature, disposing the thermometer probe in the trash can and exiting</p>	F 880	<p>during shift reports on June 4, 2020. The Infection Control Nurse went to all units on June 3 and 4 2020 to review with the staff the deficient practices regarding infection control measures. The Infection Control Preventionist reviewed with the Unit Nurse Managers the importance of following the facility's policies which includes, A.M. No. 10-78 Hand Hygiene, A.M. No. 10-110 Novel Coronavirus Prevention, Screening and Care and A. M. No. 10-67 Infection Prevention &amp; Control. She also reinforced the importance of following standard precautions at all times which includes hand hygiene and changing gloves between residents. She emphasized the facility policy regarding the cleaning of equipment between residents to prevent resident's exposure to pathogens.</p> <p>On June 4, 2020 the Director of Nursing addressed the infection control deficient practices noted by the surveyor with the Unit Nurses Managers, Assistant Directors of Nursing and Infection Control Preventionist. She instructed the UNM's and Nurse Preceptors to increase observations of standard infection control precautions per facility policies and procedures.</p> <p>The Infection Control Preventionist continued the Center's current initiative to provide monitoring and hands-on training to staff on infection prevention and the correct use of PPE on all units under the weekly surveillance of the Novel Coronavirus Prevention, Screening and Care policy. (June 4, 2020 and on-going).</p>		

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F 880	<p>Continued From page 4</p> <p>Resident #4 ' s room without removing her gloves to perform hand hygiene and without disinfecting the thermometer on the mobile cart.</p> <p>An interview was conducted with NA #2 on 6/2/2020 at 4:48pm. NA #2 stated changing the thermometer probe between the residents was an infection control measure but denied any knowledge of cleaning the thermometer between the residents. NA #2 stated gloves were worn all the time on the unit because of COVID-19 and were supposed to be changed between residents. NA #2 noted she washed her hands and applied new gloves in the hallway toilet room after leaving Resident #2 ' s room but did not remove gloves, perform hand hygiene or disinfect the thermometer between Resident #1 and Resident #2. When NA #2 was asked why she did not clean the thermometer, change gloves and perform hand hygiene between the residents, NA #2 stated she had not completed the new employee computer learning modules and had not received instructions verbally.</p> <p>On 6/2/2020 at 5:06pm during an interview, Nurse #1 stated thermometers were disinfected between residents with disinfectant wipes which were in the container with a purple top, and she pointed to a container of the disinfectant wipes at the nurse ' s station. Nurse #1 further stated training on infection control measures occurred on orientation, required computer courses annually and COVID-19 training with updates.</p> <p>On 6/3/2020 at 2:09pm a phone interview was conducted with the infection control preventionist. The infection control preventionist stated the facility had received guidance from the</p>	F 880	<p>Policy and Procedure Revision and Training:</p> <p>The following facility policies: A.M. No. 10-78 Hand Hygiene, A.M. No. 10-110 Novel Coronavirus Prevention, Screening and Care and A. M. No. 10-67 Infection Prevention &amp; Control- were reviewed and or revised on June 10, 2020 to ensure that the facility is in compliance with regulatory standards. Revisions of the policies A.M. No.10-110 and A.M. No. 10-67 include additional emphasis on hand hygiene, changing of gloves and hand hygiene after contact with resident, resident's belongings, equipment, environment and when contaminated, and cleaning of medical equipment between residents using an EPA registered disinfectant for health care settings. The revisions were approved by the QI Committee Members effective date of June 15, 2020.</p> <p>The revised policies were disseminated on June 17, 2020 to all Managers with instructions for all Healthcare staff to read and acknowledge by July 1, 2020. The status of staff completion of this required training will be monitored by the Director of Nursing and reported to the QI Committee in June and July to assure all staff completed the requirements. A review of these policies will continue with New Employee Orientation and with annual required training.</p> <p>Additional Training and Communication:</p>		

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F 880	<p>Continued From page 5</p> <p>organization ' s physician to wear gloves at all times on units where COVID-19 was detected, and gloves were to be removed, hand hygiene performed, and new gloves applied between resident care. The infection control preventionist also stated thermometers were to be disinfected between residents using the disinfectant wipes in the purple top container, and staff had received education on the COVID policies including donning and doffing personal protective equipment and cleaning equipment.</p> <p>A phone interview was conducted with the standards management director (SMD) on 6/4/2020 at 4:10pm. The SMD stated although staff were requested to were gloves at all times on the units COVID-19 was detected, gloves were to be removed, hand hygiene performed, and new gloves applied between resident care. The SMD also stated thermometers were cleaned with the purple top disinfectant wipes between residents.</p> <p>During a phone interview with the Director of Nursing (DON) on 6/4/2020 at 4:58pm, the DON stated gloves were removed and hand hygiene performed after resident care, and thermometers were cleaned between residents. The DON noted all staff were required to complete infection control learning modules, and updates on policies were communicated to the staff through assistant directors, unit managers and shift reports.</p> <p>A phone interview was conducted on 6/4/2020 at 5:17pm with the administrator. The administrator stated gloves were to be changed and hand hygiene performed between residents, and medical equipment should be cleaned with the purple top disinfectant wipes between residents</p>	F 880	<p>Additional education to reinforce (cleaning resident equipment after each resident use, donning and doffing of gloves between resident contact along with hand hygiene.) will be provided to all healthcare workers by visual presentation on a mobile cart starting on June 16, 2020. The mobile cart will be circulated to each unit for a period of three days along with a signature roster. Retraining of all Healthcare workers will be completed by July 1, 2020. The status of HCW completion of this required training will be monitored by Director of Nursing and reported to the QI Committee in June and July. The final location of the mobile cart will be on the 1st floor at the elevators and remain as a visual reinforcer for all staff for an additional month.</p> <p>On June 16, 2020, the Assistant Director of Nursing posted a required message on the Care Tracker HCW documentation system, "Just a few Infection Control Reminders". The message includes performing hand hygiene, changing gloves, and sanitizing medical equipment between residents. Nursing staff must read and acknowledge this message by June 30, 2020. The Director of Nursing will monitor completion of this requirement and report status at the July QI meeting.</p> <p>Monitoring of Staff Compliance:</p> <p>To promptly assure staff are following the expectations of the policies and procedures regarding the cleaning of</p>		

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F 880	Continued From page 6	F 880	<p>residents' equipment, donning and doffing of gloves, and hand hygiene between all residents, the Infection Control Preventionist developed surveillance competency assessment tools.</p> <p>On June 12, 2020, the Infection Control Preventionist in-serviced Staff Development Nurses and Floor Shift Supervisors on the surveillance competency assessment tools in order to audit Infection Control Practices effectively.</p> <p>These tools and monitoring program were implemented on June 15, 2020. Since all residents have the potential to be affected by the deficient practice by any HCW an audit of 10 employees per unit daily will be completed through June 30, 2020. Monitoring of staff on each unit and on each shift, which includes performing resident care involving hand hygiene, changing of gloves and sanitizing medical equipment (ie: mobile thermometer) between residents. Correction actions including re-training will be taken as needed. The Infection Control Preventionist will forward the results of the audits to the QI Committee in June and July.</p> <p>To assure performance is sustained, then 40 employees will be monitored weekly for 1 month, then 20 employees monthly. This monitoring will include all units and all shifts. Monthly monitoring will continue and be incorporated into our existing monthly competency audits conducted by</p>		

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F 880	Continued From page 7	F 880	<p>Infection Control Preventionist. The results of the audits will be forwarded to the QI Committee for the next 5 months through December 2020. Corrective action/re-training will be taken as necessary.</p> <p>The Centers Plan of Correction completion date is July 1, 2020.</p>		