

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

PRINTED: 07/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/25/2020
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT HENDERSONVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 06/24/20 through 06/25/20. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b) (6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# T26N11.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and Complaint Investigation were conducted on 06/24/20 through 06/25/20. A total of 5 allegations were investigated and none were substantiated. Event ID# T26N11.	F 000			
F 880 SS=E	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	F 880		7/22/20	

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

TITLE

(X6) DATE

Electronically Signed

07/13/2020

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 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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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>	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: Based on observations, staff interviews, and review of the facility's "Infection Prevention - Hand Hygiene" policy, the facility failed to perform hand hygiene between 4 of 4 resident rooms (Rooms #222, #224, #225 #226) during meal tray delivery. These failures occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>A review was completed of a facility policy titled, "Handwashing/Hand Hygiene", revised August 2015. The policy specified staff should wash their hands or use an alcohol based hand rub before and after handling food, after contact with objects in the immediate vicinity of the resident or before and after assisting a resident with meals.</p> <p>1 a. During an observation of Nurse Aide (NA) #1 on 06/24/20 at 12:05 PM, she retrieved a meal tray from the food cart positioned in the middle of the resident hall, entered room #222 and set the meal tray on the table directly in front of the resident. NA #1 then assisted the resident with putting on a clothing protector, pulled the table closer to the resident, uncovered the food, patted the resident on the shoulder, and exited the room without washing her hands or using hand sanitizer. NA #1 returned to the food cart, retrieved another meal tray, entered room #225, placed the meal tray on the table beside the resident, and exited the room without performing hand hygiene. NA #1 returned to the food cart,</p>	F 880	<ol style="list-style-type: none"> 1. CNA 1 and 2 were in-serviced by the infection preventionist on 7/8/2020 on proper procedure with hand hygiene when going in and out of rooms especially when delivering meal trays. 2. All facility and agency staff will be in-serviced by 7/17/2020 on hand hygiene including when delivery of meal trays to the room by the Infection Preventionist/Staff Development Coordinator. During the orientation process new hired staff and new agency personnel will be educated and have to demonstrate competency of handwashing hygiene by the Staff Development Coordinator. 3. The facility will have the department heads complete surveillance round for meal delivery and proper hand hygiene with tray passing. 4. Each department head will complete a monitoring tool for each meal: breakfast, lunch, and dinner 5 times weekly for four(4) weeks and then three time a week for four(4) weeks and then weekly for eight (8) weeks and as necessary thereafter. This will start 7/13/2020. During monitoring if there is an incident of improper hand hygiene the department head will immediately educated on the proper procedure. The Administrator will report findings of the monitoring to the Interdisciplinary team during QAPI 		

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F 880	<p>Continued From page 3</p> <p>retrieved another meal tray, entered room #226 and completed the same process without performing hand hygiene.</p> <p>During an interview on 06/24/20 at 12:20 PM, NA#1 stated she had recently received training on the importance of hand hygiene and was instructed to sanitize her hands any time she went in and out of a resident's room. NA #1 confirmed she did not perform hand hygiene before or after delivering meal trays to residents in rooms #222, #225 and #226. NA #1 explained she carried a small bottle of hand sanitizer in her pocket and should have used it to sanitize her hands but just forgot to do so when delivering the meal trays.</p> <p>Review of the facility's in-service staff sign-in sheets with the subject listed as "Hand Hygiene" revealed education was provided on 04/13/20 and signed by NA #1.</p> <p>During an interview on 06/24/20 at 12:34 PM, the Director of Nursing (DON) stated all facility staff were recently re-educated on hand hygiene and instructed to perform hand hygiene every time they entered and exited a resident's room. The DON added she expected staff to perform hand hygiene before and after delivering each meal tray.</p> <p>During an interview on 06/24/20 at 1:21 PM, the Administrator stated all facility staff were expected to perform hand hygiene every time they entered and exited a resident's room and should have sanitized their hands between resident rooms when delivering the meal trays.</p> <p>During a telephone interview on 06/25/20 at 10:43</p>	F 880	<p>meeting monthly for three (3) months and make changes to the plan as necessary to maintain compliance with proper hand hygiene.</p> <p>5. Compliance date of plan will be 7/22/2020</p>		

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F 880	<p>Continued From page 4</p> <p>AM, the Staff Development Coordinator (SDC) confirmed she was responsible for the facility's infection control program and stated reeducation was provided to staff in April 2020 on the facility's hand hygiene policy. The SDC explained staff were instructed to use hand sanitizer every time they went in and out of resident rooms, even if they didn't touch anything, and to wash their hands after all direct care.</p> <p>1 b. During an observation on 06/24/20 at 12:18 PM, Nurse Aide (NA) #2 walked from the food cart positioned in the middle of the resident hall, entered room #224, retrieved a coffee cup from the resident's meal tray, and exited the room without performing hand hygiene.</p> <p>During an interview on 06/24/20 at 12:22 PM, NA#2 stated she recently received training on the importance of hand hygiene and was instructed to sanitize her hands any time she went in and out of a resident's room. NA #2 stated she should have sanitized her hands but just forgot to do so when she entered and exited room #224.</p> <p>Review of the facility's in-service staff sign-in sheets with the subject listed as "Hand Hygiene" revealed education was provided on 04/13/20 and signed by NA #2.</p> <p>During an interview on 06/24/20 at 12:34 PM, the Director of Nursing (DON) stated all facility staff were recently re-educated on hand hygiene and instructed to perform hand hygiene every time they entered and exited a resident's room. The DON added she expected staff to perform hand hygiene before and after delivering each meal tray.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>During an interview on 06/24/20 at 1:21 PM, the Administrator stated all facility staff were expected to perform hand hygiene every time they entered and exited a resident's room regardless of the reason.</p> <p>During a telephone interview on 06/25/20 at 10:43 AM, the Staff Development Coordinator (SDC) confirmed she was responsible for the facility's infection control program and stated reeducation was provided to staff in April 2020 on the facility's hand hygiene policy. The SDC explained staff were instructed to use hand sanitizer every time they went in and out of resident rooms, even if they didn't touch anything, and to wash their hands after all direct care.</p>	F 880			