

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

PRINTED: 07/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360	
(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 05/28/20. 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# 6NM111.	E 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	F 880		7/8/20

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

TITLE

(X6) DATE

Electronically Signed

07/08/2020

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>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 observation, staff interview, and record review a direct care staff member failed to</p>	F 880	GlenFlora acknowledges receipt of the Statement of Deficiencies and proposes		

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F 880	<p>Continued From page 2</p> <p>implement the facility's COVID-19 Plan and Protocols for wearing the personal protective equipment (PPE) required when providing care and services to 2 of 4 sampled residents who were quarantined (Resident #3 and #4). In addition, this direct care staff member also failed to rewash her ungloved hands after touching the shoes of 1 of 4 sampled residents (Resident #3) and before handling the resident's condiments. These failures occurred during the COVID-19 pandemic. Findings included:</p> <p>The facility's Coronavirus Disease 2019 (COVID-19) Plan and Protocols (last revised on 06/08/20) documented, "If resident has no symptoms of COVID, resident will be placed on quarantine measures for 14 days. This includes the following: Staff will utilize appropriate PPE (personal protective equipment) including surgical masks and gloves at all times...."</p> <p>Record review revealed Resident #4 was admitted to the facility on 06/16/20 and placed on the quarantine hall. Her documented diagnoses included surgical aftercare, cancer, diabetes, and an autoimmune condition.</p> <p>Record review revealed Resident #3 was admitted to the facility on 06/17/20 and placed on the quarantine hall. His documented diagnoses included hypertension and anemia.</p> <p>During an interview with the Director of Nursing (DON) on 06/23/20 at 11:08 AM she stated residents who were admitted or readmitted to the facility who were not known to be COVID positive were placed together on a hall where quarantine precautions were in place during their 14-day stay there.</p>	F 880	<p>this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents.</p> <p>GlenFlora response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, GlenFlora reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F880 Infection Prevention & Control</p> <p>The process that led to this deficiency is that the facility failed to ensure that the facility's COVID-19 plan and protocols for wearing the personal protective equipment (PPE) required when providing care and services were followed by direct care staff.</p> <p>On 7/3/20, a root cause analysis (RCA) was conducted with the assistance of the Infection Control Nurse, the QAPI committee, and the management company. The RCA determined that Nursing Assistant (NA) #1 was educated on infection control measures, including handwashing and wearing proper PPE on 5/18/20. On 6/23/20, NA#1 assisted on the quarantine hall with passing trays. This is not the NA's normal assignment</p>		

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F 880	Continued From page 3 During observation of the lunch meal on the quarantine hall, beginning at 12:30 PM on 06/23/20, PPE was stacked on tables outside the resident rooms. This PPE included masks, gloves, gowns and eye protection. During meal observation on 06/23/20 at 12:40 PM Nursing Assistant (NA) #1 washed her hands in Resident #3's restroom. NA #1 was wearing a surgical mask. On her way to get the resident's lunch tray off the cart the resident informed her that he was uncomfortable, and requested that his feet be repositioned. NA #1 touched the resident's shoes while completing the repositioning. She immediately retrieved the resident's meal tray, and set it up for him without rewashing her hands. She tore open the resident's salt/pepper packets. NA #1 did not wear gloves at any time while in the resident's room. During meal observation on 06/23/20 at 12:44 PM NA #1 washed her hands in Resident #4's restroom. NA #1 was wearing a surgical mask. She set up the resident's meal tray which included removing bread from Resident #4's bread bag and tore open the resident's sugar packet. NA #1 did not wear gloves at any time while in the resident's room. During an interview with the DON on 06/23/20 at 12:49 PM she stated NA #1 should have worn the PPE required in the facility's COVID policies to help reduce chances of cross-contamination just in case one of the residents on the quarantine hall were COVID positive or began exhibiting signs and symptoms of respiratory illness. She also reported NA #1 should not have handled	F 880	and the NA was anxious about being watched by a surveyor. Although the NA had been trained on proper procedures, the NA failed to utilize gloves and wash hands due to human error. On 7/7/20, the QAPI Committee met to discuss the RCA and determined that any staff working on the quarantine hall should be re-educated on the Coronavirus Disease 2019 policies and procedures to include handwashing, wearing appropriate PPE and glove usage. Resident #3 and resident #4 continue to be assessed every shift and as needed for change in condition by the hall nurse including signs and symptoms of coronavirus or other respiratory infection. No signs or symptoms of respiratory infection have been identified for either resident. All residents have the potential to be affected by inadequate infection control measures. On 6/23/20, Nursing Assistant #1 was immediately in-serviced by the Infection Control nurse on the facility's Coronavirus Disease 2019 plan and protocols including that staff will utilize appropriate PPE including surgical mask and gloves at all times when entering an isolation or quarantined room. On 7/2/20, the Director of Nursing initiated training with all nursing, housekeeping, and therapy staff utilizing two videos published by Centers of Disease Control and Prevention (CDC) on the topics of CDC clean hands training and CDC PPE		

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F 880	<p>Continued From page 4</p> <p>Resident #3's food and condiments after handling his shoes without washing her hands or washing her hands and re-gloving first.</p> <p>During an interview with NA #1 on 06/23/20 at 12:54 PM she stated she was not assigned to care for residents on the quarantine hall, but was trying to help out on that hall by passing meal trays. She reported she did not realize she was supposed to wear any PPE beside her surgical mask when entering the rooms of residents who resided on the quarantine hall. She also commented she did not realize she had touched Resident #3's food and condiments after she handled his shoes while repositioning his feet.</p>	F 880	<p>training. Each staff member in those departments must watch both videos and take an Infection Control quiz immediately after. Staff must score 80% or higher to demonstrate understanding of videos. All nursing, housekeeping, and therapy staff will be trained/quizzed by 7/7/20. All nursing, housekeeping, and therapy staff was also rein-serviced on the Coronavirus Disease 2019 policies and procedures. Any staff member not trained/quizzed or rein-serviced must do so prior to beginning next scheduled shift by the Infection Control nurse.</p> <p>Any newly hired nursing or housekeeping staff will be educated on the importance of infection control and how to minimize the chance of spreading any virus by the Director of Nursing.</p> <p>On 7/3/20, the Director of Nursing placed new signage on all resident doors on the quarantine hall to remind all staff to wash hands and wear gloves according to policy. Any new staff member working on the quarantine hall will be in-serviced on proper PPE and glove usage. The in-service will be completed by the Infection Control nurse prior to their first scheduled shift.</p> <p>The Director of Nursing will monitor ten staff members providing ADL care, and monitor tray service weekly to ensure that staff are adhering to the facility's Coronavirus Disease 2019 plan and protocols. The audit will occur weekly for 8 weeks, then monthly for two months. The</p>		

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F 880	Continued From page 5	F 880	<p>Director of Nursing will forward the results of the audit to the Executive Quality Improvement Committee monthly for four months. The Executive Quality Improvement Committee will review the audit tool to determine any trends and/or issues that may need further interventions.</p> <p>The Executive Director will be responsible for the implementation of corrective actions to include 100% completion of audits, in-servicing, and monitoring related to the plan of correction.</p>		