

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

PRINTED: 07/29/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345151</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHITE OAK MANOR - KINGS MOUNTAIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>716 SIPES STREET KINGS MOUNTAIN, NC 28086</b>
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E 000	Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 07/08/20. 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# XG7Y11	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 infections before they can spread to other	F 880		7/31/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>07/23/2020</b>
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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>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, record reviews, staff interviews and review of the facility's Infection Control policies and procedures, the facility failed</p>	F 880	<p>White Oak Manor Kings Mountain ensures the establishment and maintains an infection prevention and control</p>		

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F 880	<p>Continued From page 2</p> <p>to implement their policy on hand hygiene when 1 of 1 Certified Occupational Therapy Assistant working on the isolation hall failed to wash her hands after discarding dirty linen and trash in the hallway bins prior to entering the clean linen room to obtain a clean washcloth and non-skid socks for resident use. This failure occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>A review of the facility's Infection Control Policies and Procedures revised on April 2020 indicated the following statements regarding Hand Hygiene:</p> <p>Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene:</p> <ol style="list-style-type: none"> <li>When hands are visibly soiled (hand washing with soap and water): before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice);</li> <li>Before and after assisting a resident with personal care (e.g., oral care, bathing);</li> <li>After handling soiled or used linens, dressings, bedpans, catheters and urinals;</li> <li>After removing gloves or aprons;</li> </ol> <p>A continuous observation was made on 07/08/20 from 10:12 AM to 10:16 AM of Certified Occupational Therapy Assistant (COTA) #1. COTA #1 was observed coming out of resident room #212 carrying a bag of dirty linen and a bag of trash without gloves on her hands. She</p>	F 880	<p>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>The certified Occupational Therapy Assistant (COTA) worked at the facility as needed (PRN) and will no longer be returning to the facility. The COTA was re-educated on 7/8/2020 by the Assistant Director of Nursing (ADON). The COTA was re-educated on hand hygiene procedures that included washing/sanitizing hands after handling soiled linen and trash. Hand washing/sanitizing to be completed prior to entering the clean linen room to obtain items such as a clean washcloth and non-skid socks for resident use. Re-education also included sanitizing or washing hands at the closest station available.</p> <p>This re-education was further completed on 7/8/2020 by the Assistant Director of Nursing for current employees in the therapy department. All White Oak facility staff members in all departments started re-education on hand washing techniques and the nearest hand washing /sanitizing station on 7/10/2020 and all staff will be re-inserviced prior to July 31, 2020 by the DON ( Director of Nursing), ADON, SDC ( Staff Development Coordinator) or Restorative Nurse. The current employees in the therapy department received additional education through a web-ex in-service on hand hygiene procedures and return demonstration from Heritage (contracted service for</p>		

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F 880	<p>Continued From page 3</p> <p>proceeded down to the end of the hallway and discarded the dirty linen and the trash bag in the appropriate bins. COTA #1 then proceeded back up the hallway and went into the clean linen closet and obtained a clean washcloth and non-skid socks and proceeded back into room 212. At 10:21 AM COTA #1 was observed coming back out of room 212 with gloves in hand and discarded them in the trash bin outside the resident's room. She proceeded down the hallway passing dispensers of hand sanitizer in the hallway and a sink with soap at the nurse's station and walked down the hallway and turned right onto the next hallway and entered the clean shower room and washed her hands in the shower room with soap and water.</p> <p>An interview on 07/08/20 at 10:25 with COTA #1 revealed she had received education on COVID-19 precautions and was told to wash her hands often and after handling any kind of dirty objects or materials. She stated she always wore her gloves when providing resident care but stated she should have washed her hands before obtaining clean linen for the resident after handling dirty linen and trash.</p> <p>An interview on 07/08/20 at 10:38 with the Assistant Director of Nursing (ADON) and the Administrator revealed COTA #1 should have washed her hands immediately after handling dirty linen and trash and certainly prior to entering the clean linen closet. The ADON stated although room #212 was not on precautions he was on the hallway with other residents, who were on enhanced infection control precautions. In addition, the ADON stated COTA #1 should have sanitized her hands or washed her hands after discarding her gloves in the trash bin prior to</p>	F 880	<p>in-house therapy services) on 7/16/2020 by HomeCEUConnection.com offered by Healthpro Heritage.</p> <p>Newly hired and PRN employees in the therapy department and the facility are educated on the hand washing procedures that include washing /sanitizing hands after handling dirty items and prior to handling clean items for residents. These employees are educated by the SDC or designated nurse supervisor.</p> <p>The facility DON, ADON, SDC, Restorative Nurse or designated nures supervisor will monitor that hand hygiene procedures are being followed through observations of therapy and facility staff members. There will be 3 random observations of all departments for hand hygiene procedures 5 times a week for 4 weeks, then 3 observations 3 times a week for 4 weeks, then 2 observations a week for 4 weeks and then as needed thereafter. The random observations will be monitored by the DON, ADON, SDC, Restorative Nurse or Designated Nursing Supervisor.</p> <p>The monitoring tool completed from the observations will be reviewed during Morning Quality Improvement (QI) Meeting that is held Monday through Friday for 12 weeks and as needed thereafter. The hand hygiene procedure detail is also included in the facility's Infection Prevention and Control Quality Assurance and Performance Improvement. Any concerns or issues from monitoring will be further discussed at the monthly Quality Assurance Meeting. The SDC is responsible for gathering all</p>		

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F 880	Continued From page 4 walking all the way down the hall to the shower room to wash them. According to the ADON and Administrator, COTA #1 could have gone back into the resident's room and washed her hands, sanitized them with hand sanitizer from the dispensers or washed her hands at the nurse's station rather than going all the way down the hall and into the shower room to wash her hands. They both stated COTA #1 should have knowledge of proper hand hygiene technique. The Administrator stated staff had been educated on proper handwashing and it was her expectation that all staff follow proper handwashing techniques while providing care to the residents.	F 880	random observations and monitoring tools that are presented to the QA. The Administrator and the Director of Nursing are responsible for the continued compliance of F880. The Completion date is 7/31/2020.		