

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

PRINTED: 09/17/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>08/19/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ACCORDIUS HEALTH AT WILSON</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1804 FOREST HILLS ROAD W<br/>WILSON, NC 27893</b>                   |                      |   |
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| E 000   | Initial Comments   | E 000   |   |                      |   |
|   | An unannounced COVID-19 Focused Infection Control Survey was conducted on 08/18/2020-08/19/2020. 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# 5JYQ11.  |   |   |                      |   |
| F 000   | INITIAL COMMENTS   | F 000   |   |                      |   |
|   | An unannounced COVID-19 Focused Infection Control Survey was conducted on 08/18/2020-08/19/2020. A new citation was cited during this visit, F880. The facility was found out of compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.   |   |   |                      |   |
| F 880<br>SS=D   | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, | F 880   |   | 8/25/20              |   |

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

TITLE

(X6) DATE

Electronically Signed

08/26/2020

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>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:</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> | F 880   |   |                      |   |

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| F 880   | <p>Continued From page 2</p> <p>§483.80(e) Linens.<br/>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>Based on observations, staff interview and review of the facility's infection control and COVID-19 policies, the facility failed to conduct the complete COVID-19 screening process for 1 of 1 visitor upon entry to the facility.</p> <p>Findings included:</p> <p>A review of the facility ' s COVID-19 Policy and Plan for Facilities dated 5/26/2020 stated all vendors, providers, and visitors permitted into the building were to follow all screening processes: sign in and out on the facility log, check visitor ' s temperature, ask screening questions and use hand hygiene at entrance and exit.</p> <p>On 08/18/2020 at 7:55 am, the receptionist unlocked the front door of the facility and permitted a surveyor to enter the building. When the surveyor entered the building, the receptionist sprayed the entrance floor mat with a bottle labeled "disinfectant" and asked the surveyor to use hand sanitizer. The receptionist instructed the surveyor to proceed to the front desk. The receptionist recorded the surveyor ' s temperature and escorted the surveyor to the facility conference room.</p> <p>On 8/18/2020 at 8:01 am, the surveyor conducted</p> | F 880   | <p>Accordius Health at Wilson<br/>Directed Plan of Correction (DPOC):<br/>Failure to Properly Screen Visitor<br/>Root Cause Analysis (RCA)</p> <p>Identify the root cause resulting in the facilities failure:<br/>A thorough analysis of contributing factors which lead to identifying the root cause regarding the failure to screen a visitor upon entrance to the facility was conducted. The internal investigation included:</p> <ul style="list-style-type: none"> <li>• Interview with the receptionist identified in the 2567</li> <li>• The completion of the 5 WHYS WORKSHEET in collaboration with the QAPI Committee (attached)</li> </ul> <p>The analysis concluded the root cause is: Staffing is challenged, particularly of nursing management staff i.e. the SDC/ICP who is responsible for the implementation and maintenance of re-education and competency regarding proper screening of employees and visitors.</p> <p>The corrective action:<br/>Receptionist was reeducated on 8/20/2020 by the Nursing Home</p> |                      |   |

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| F 880   | <p>Continued From page 3</p> <p>the entrance conference with the Director of Nursing in the facility conference room and proceeded with the facility tour.</p> <p>On 8/18/2020 at 8:50 am, the receptionist stopped the surveyor in the main hallway and stated, "I need you to come back. I forgot to ask your screening questions." The surveyor returned to the front desk. The receptionist asked the surveyor the COVID 19 screening questions.</p> <p>On 8/18/20 at 8:51am, the receptionist stated "just forgot to ask the questions" as the reason the screening questions were not asked when the surveyor entered the building.</p> <p>On 8/18/20 at 10:40 am during an interview, the Director of Nursing stated the facility 's policy was for the screener to complete all aspects of the COVID-19 screening process for all visitors.</p> <p>On 8/18/20 at 10:42 am, an interview was conducted with the administrator. The administrator stated all visitors were to be screened using the entire screening process for COVID-19.</p> | F 880   | <p>Administrator on the proper procedure for screening visitors upon entrance to the facility.</p> <p>Identification of other residents in the facility who may need to be included:<br/>On 8/16/2020, Nursing Home Administrator, Admissions Coordinator, Director of Rehab visually observed receptionist screen employees and visitors to ensure facility policy and procedure for COVID 19 was being followed. This is to ensure all residents and staff remain safe. All staff were properly screened upon entrance to the facility.</p> <p>Solutions and systemic changes that need to be taken to address the root cause:<br/>1. On 8/17/2020 the Staff Development Coordinator started re-education to the current facility staff on COVID 19 policy to include using the CMS recommended "KEEP COVID 19 OUT!" YouTube video. The Director of Nursing/Staff Development Coordinator will continue the education which will be completed by 8/25/2020. This education will be a part of new staff orientation.</p> <p>2. The Nursing Home Administrator/Director of Nursing recruited and hired the following nursing management positions. Under the Director of Nursing's leadership, this team will be responsible for the implementation and maintenance of re-education and competency regarding Properly screening visitors and employees upon entrance to the facility:<br/> <ul style="list-style-type: none"> <li>ç Staff Development Coordinator/Infection Control</li> </ul> </p> |                      |   |

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| F 880   | Continued From page 4  | F 880   | <p>Preventionist – started 7/06/2020</p> <p>3. On 8/16/2020, Director of Nursing/Administrative staff (Admissions Coordinator, Medical Records, Director of Rehab, and Social worker) initiated an Employee/Visitor audit. Facility will observe 10 employees per audit daily times 5 days, weekly times 3 weeks, bi-weekly times 2 weeks and then monthly times 1 to ensure facility is properly screening all employees and visitors upon entrance to the facility utilizing the Employee Visitor screening audit tool. The Staff Development Coordinator/Director of Nursing/Administrative staff (Admissions Coordinator, Assistant Business Office Manager, Medical Records, Director of Rehab, and Social worker) will continue the audits.</p> <p>Monitoring of approaches to ensure infections are controlled going forward: The Nursing Home Administrator will review the results of the observational Employee/Visitor Screening audits daily times 5 days, weekly times 3 weeks, bi-weekly times 2 and monthly times 1 to ensure Facility is properly screening employees and/or visitors. Findings will be reported monthly to the QAPI team for review times 3 months. The QAPI Committee can modify this plan to ensure the facility remains in compliance. Documentation of the review will be kept by the Administrator in the QAPI Book. Completion date: August 25, 2020</p> <p>5 WHYs Worksheet<br/>Accordius Health at Wilson</p> |                      |   |

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| F 880   | Continued From page 5  | F 880   | <p>Root Cause Analysis (RCA): Infection Control – Properly Screening Visitors</p> <p>Define the Problem:<br/>Receptionist failed to screen a visitor upon entering the facility</p> <p>Why is it happening? (Identify each as a concern, influence or control.)</p> <ol style="list-style-type: none"> <li>Interviews with the receptionist demonstrated she had been trained on properly screening visitors upon entrance to the facility, but her concentration was on the tasks at hand and she forgot.<br/>Why is that?</li> <li>There is a lack of re-education and competency demonstration of the Screening process. Why is that?</li> <li>There is not a designated staff member(s) to implement and maintain a re-education and competency demonstration of properly Screening of visitors Why is that?</li> <li>The Staffing Development Coordinator/Infection Control Preventionist position was recently filled.<br/>Why is</li> </ol> |                      |   |

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| F 880   | Continued From page 6  | F 880   | <p>that?</p> <p>5. Staffing is challenged, particularly of nursing management staff i.e. the SDC/ICP who is responsible for the implementation and maintenance of re-education and competency regarding properly screening visitors upon entrance into the facility. Why is that?</p> <p>Caution: If your last answer is something you cannot control go back up to previous answer.</p> <p>*(Provided as a free template by The IPL LLC)</p> |                      |   |