

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

PRINTED: 12/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/06/2020
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - SHELBY			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 NORTH MORGAN STREET SHELBY, NC 28150		
(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	E 000			
	An unannounced onsite COVID-19 Focused Infection Control and Complaint Investigation Survey was conducted on 11/05/20. Additional information was obtained through 11/06/20; therefore, the exit date was changed to 11/06/20. 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#6XBR11.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced onsite COVID-19 Focused Infection Control and Complaint Investigation Survey was conducted on 11/05/20. Additional information was obtained through 11/06/20; therefore, the exit date was changed to 11/06/20. The facility was found to be out of compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. There was one allegation investigated and it was substantiated without citation. Event ID# 6XBR11.				
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		11/30/20	
	§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.				

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

TITLE

(X6) DATE

Electronically Signed

11/25/2020

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>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:</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>	F 880			

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F 880	<p>Continued From page 2</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, record review, and staff interview the facility failed to implement the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19 when the facility failed to require staff to wear all recommended Personal Protective Equipment (PPE) when caring for residents on enhanced droplet contact precautions for 2 of 4 residents who tested positive for COVID-19 and reviewed for infection control (Resident #2 and Resident #3). This failure occurred during a COVID-19 pandemic. On 11/05/20 there were 47 residents in the facility who had tested positive for the COVID-19 virus.</p> <p>The findings included:</p> <p>The CDC guideline entitled "Responding to Coronavirus (COVID-19) In Nursing Homes" last reviewed and updated on 11/04/20 indicated the following statements:</p>	F 880	<p>F880</p> <p>The preparation and/or execution of the plan of correction does not constitute agreement by the provider that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facilities desire to comply with the regulation and to provide high quality care.</p> <p>The nurse's aide failure to follow written standards, policies and procedures regarding the proper use Personal Protective Equipment when caring for a resident on enhanced droplet contact precautions was determined the root cause which led to the deficiency.</p> <p>1. Corrective action has been accomplished for the alleged deficient practice regarding resident #2 and resident #3 by immediately educating the</p>		

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F 880	<p>Continued From page 3</p> <p>*Healthcare Personnel (HCP) who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.</p> <p>*The PPE recommended when caring for a resident with suspected or confirmed COVID-19 included the following:</p> <ol style="list-style-type: none"> 1. Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the resident room or care area, if not already wearing one as part of extended use. 2. Put on eye protection (goggles or a face shield that covers the front and sides of the face) upon entry to the resident room or care area. 3. Put on clean, non-sterile gloves upon entry into the resident room or care area. 4. Put on a clean isolation gown upon entry into the resident room or care area. <p>A review of the facility's Infection Control Precautions Policy updated March 2020 read in part:</p> <p>*Diseases requiring Enhanced Droplet-Contact Precautions include but are not limited COVID-19.</p> <p>*Use PPE appropriately, including mask, gloves, gown and eye protection.</p>	F 880	<p>staff member working with those residents regarding wearing full PPE including gowns, gloves, facemask, goggles and/or face shield when entering isolation rooms to deliver care. This education was initiated on 11/06/2020 by the Infection Preventionist. Residents #2 and #3 had no adverse effects from staff entering the room without wearing full PPE.</p> <p>2. Other residents who are transmission-based precautions have the potential to be affected by the alleged deficient practice. There was potential for residents to be affected prior to education of alleged deficient practice. No other violation regarding PPE was noted. The infection preventionist in-serviced the specific staff member caring for those residents immediately on 11/6/2020. All other staff were in-serviced starting on 11/06/2020 by infection preventionist regarding proper PPE for all residents on enhanced droplet contact precautions. In-service completion will be completed on or before 11/30/2020. Any staff on LOA or not available for in-service will be educated prior to receiving their next assignment. Any new employee will be in-serviced on PPE during orientation.</p> <p>3. Policy titled "Infection Control Precaution" dated March 2020 was reviewed by the Corporate Clinical Manager on 11/9/2020. No changes were indicated.</p> <p>4. An audit tool is being utilized to</p>		

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F 880	<p>Continued From page 4</p> <p>*Wear a mask, gown, gloves and eye protection for all interactions that may involve contact with the resident or the resident's environment.</p> <p>Resident #2 was admitted 07/01/19 and required transmission-based precautions for enhanced droplet-contact due to a positive COVID-19 test on 11/04/20. Resident #3 was admitted 07/11/19 and required transmission-based precautions for enhanced droplet-contact precautions due to a positive COVID-19 test on 11/04/20.</p> <p>An observation on 11/05/20 at 10:20 AM revealed Nurse Aide #1 (NA #1) entered Resident #2 and Resident #3's room. NA #1 was wearing two surgical masks only and did not put on eye protection, gown, or gloves prior to entering the room of Resident #2 and Resident #3 who both tested positive for COVID-19 on 11/04/20. NA #1 entered the room and brought ice to Resident #2 and filled her cup with the ice and poured her a soda from Resident #2's personal belongings. NA #1 washed her hands at the sink before exiting the room of Resident #2 and Resident #3.</p> <p>An interview on 11/05/20 at 11:28 AM with NA #1 revealed she had not noticed the new sign indicating Enhanced Droplet Contact precautions on the door to the room of Resident #2 and Resident #3's room when she came on shift in the morning of 11/05/20. NA #1 indicated she had received report from third shift NAs but had not paid attention to the sign for isolation precautions and stated, "that was my fault". NA #1 stated she was currently wearing two surgical masks and had not worn an N-95 mask while working on 11/05/20 or on 11/04/20. NA #1 further indicated she did not ask for an N-95 mask when she came</p>	F 880	<p>monitor staff compliance with proper use of PPE when caring for residents on transmission-based precautions. 60% of staff will be audited at random during all shifts, including weekends. Random audits will be conducted at least 5 times per week for 4 weeks, then 2x week x 4 weeks, then weekly x 4 weeks and PRN thereafter. Ongoing audits will be determined by the prior 4 weeks of auditing. Audits will consent of staff names, roles in the facility, staff able to correctly identify the appropriate PPE/precautions and auditor observing donning and doffing PPE correctly per CDC guidelines. Infection Preventionist, hall nurses, charge nurses and supervisors will be completing the audits.</p> <p>5. The results of the audits will be analyzed and reviewed by DON/Infection Preventionist at the monthly Quality Assurance Performance Improvement meeting to evaluate the effectiveness of the above plan for the next three months.</p>		

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F 880	<p>Continued From page 5</p> <p>on shift and stated she should have obtained and put on an N-95 before going to resident care areas and should have worn gown, gloves, and eye protection when providing care to residents who were being isolated for enhanced droplet-contact precautions.</p> <p>An interview on 11/05/20 at 11:10 AM with Nurse #2 who was assigned to the care of Resident #2 and Resident #3 revealed she expected all staff including NAs to wear appropriate PPE when providing care to residents who were on isolation precautions due to testing positive for COVID-19. Nurse #2 stated all staff had been educated to wear an N-95 mask at all times when working in the facility providing care to residents. Nurse #2 further reported all staff, including all nurse aides had received education regarding the use of PPE and were provided with an N-95 mask at the beginning of the shift and as needed.</p> <p>An interview on 11/05/20 at 11:44 AM with the Infection Preventionist Nurse revealed she was not aware that NA #1 was not wearing an N-95 face mask during her shift and was also not aware that NA #1 was not wearing eye protection, gown, or gloves when providing care to residents on isolation precautions. The Infection Preventionist Nurse further indicated she did not know why NA #1 was not given an N-95 at the start of her shift on 11/05/20 when she was screened before beginning her shift. She obtained an N-95 during the interview and provided to NA #1 who put it on immediately.</p> <p>An interview on 11/05/20 at 1:45 PM with Nurse #3 indicated all staff had received education on the appropriate use of PPE and that N95 masks were readily available at the screening area at the</p>	F 880			

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F 880	<p>Continued From page 6 front entrance and throughout the facility.</p> <p>An interview on 11/05/20 at 2:40 PM with the Director of Nursing (DON) revealed there were no shortages of N95 masks or any PPE supplies in the facility currently. The DON stated that N95 masks, gowns, and gloves were readily available on all units, at the front entrance, in supply areas, and on all medication carts. The DON further stated that education had been provided to all staff multiple times and she expected all staff to know what PPE to wear when providing care to all residents and to know where to obtain PPE. The interview with the DON revealed she would expect nurses to observe nurse NAs and to correct instances of staff not wearing appropriate PPE.</p> <p>An interview on 11/05/20 at 3:35 PM with the Administrator revealed all staff had been instructed to wear N95 masks at all times and there were no issues with adequate supplies of N95 masks, gowns, gloves, or any other PPE supplies. The administrator stated she expected staff to adhere to transmission-based precautions when providing care to residents and wearing two surgical masks instead of an N95 and not wearing gloves, gowns, or eye protection was not acceptable.</p>	F 880			