

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

PRINTED: 01/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLAPP'S CONVALESCENT NURSING HOME INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 MOUNTAIN TOP DRIVE</b> <b>ASHEBORO, NC 27203</b>		
(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 onsite on 12/8/2020 and continued offsite through 12/10/2020. 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# X4P211.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/8/20 with the remainder of the investigation completed remotely through 12/10/20. Event ID #X4P11. The facility was not found in compliance with 42 CFR §483.80 infection control regulations resulting in Federal Citation.	F 000			
F 880 SS=D	1 of the 1 complaint allegation was substantiated. 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	F 880		12/28/20	

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

TITLE

(X6) DATE

Electronically Signed

12/24/2020

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>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> <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. 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 and staff interviews, the facility failed to use standard infection precautions when placing ice into a resident ' s reusable water cup (Hall 300) for 1 of 4 halls. Two nursing assistants used the same ice scoop to retrieve ice from a universal cooler with ice and touched the ice scoop to the inside and lip after touching two resident ' s reusable water cups. These failures occurred during the COIVD 19 pandemic.</p> <p>Findings included:</p> <p>An observation occurred on 12/8/2020 at 10:40 am of Nursing Assistant #1 on Hall 300 who provided ice to the resident in room 301A. The NA had a gloved hand and retrieved the resident ' s reusable water cup from her bedside table, removed the lid, took hold of the ice scoop from a clear container on a hall cart, scooped ice from a universal cooler, and placed the scoop into the reusable water cup to slide the ice. The scoop touched the lip and inside of the reusable water cup. The NA then placed the scoop back into the clear container and removed her gloves.</p> <p>At 10:42 am Nursing Assistant #2 on Hall 300 retrieved the reusable water cup on the bedside table from the resident in room 302A. The NA</p>	F 880	<p>F880 – Infection Prevention &amp; Control This plan of correction will serve as the facility's allegation of compliance with requirements of 42 CFR, Part 483, Subpart B for long term care facilities. Preparation and submission of this plan of correction is in response to DHSR 2567 for the December 10, 2020 survey and does not constitute an agreement or admission of Clapp's Nursing Center of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirements of 42 CFR, Part 483, Subpart B throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, however, submits this plan of correction to address the statement of deficiencies and to serve as its allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction and as fully completed as of December 28, 2020</p> <p>For the resident affected: After becoming aware of the scoop touching the cups on</p>		

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F 880	<p>Continued From page 3</p> <p>had a gloved hand and removed the cover from the water cup, retrieved the same ice scoop used by NA #1 housed in the clear container on the hall cart, scooped ice from the same universal cooler, and placed the scoop into the cup to slide the ice. The scoop touched the lip and inside of the reusable water cup. The NA then placed the scoop back into the clear container on the hall cart and removed her gloves. The Facility Nurse Manager was standing nearby observing the hall (within 5 feet).</p> <p>On 12/8/2020 at 10:44 am an interview was conducted with NA #1, NA #2, and the Facility Nurse Manager (FNM). The FNM, after being informed of the NAs observed process for ice pass, agreed the ice scoop used for all residents on the hall should not touch the reusable water cup. The FNM stated a direction to both NAs to bring the ice scoop they were using to the kitchen and to obtain a clean ice scoop. (The ice was not discarded, and no mention of NA touched the outside of the individual resident 's reusable water cup with a clean glove and then touched the ice scoop was mentioned.)</p> <p>An interview was conducted with the Nurse Unit Manager on 12/8/2020 at 11:05 am. She stated that each resident 's water/ice cup was for reuse for 2 weeks and then replaced by the nursing assistant (initial orientation).</p> <p>The Dietary Manager commented during observation of the kitchen on 12/8/2020 at 12:05 pm that the facility was using all disposable dishware to prevent the spread of COVID-19. (Nursing is responsible for water/ice at the bedside.)</p>	F 880	<p>12/8/20, the Unit Manager stopped CNA #1 and CNA #2 and inserviced them the ice scoop should not touch the residents' cup. The cooler was emptied. The cooler and the ice scoop were sanitized.</p> <p>For residents with the potential to be affected: On December 8, 2020 all residents cups were taken from their rooms and sanitized in the entire facility. Also all coolers and scoops in the facility were sanitized on 12/8/20. Education was also provided by Unit Managers, and/or Director of Nursing on 12/8/20 through 12/28/20 to Nurses and CNAs telling them to never let the ice scoop touch the residents cup while refilling the ice. If scoop was to touch a resident's cup, immediately the scoop and the cooler are to be sanitized before using the scoop and the cooler for another resident's cup. The 2567 states "An interview was conducted with the Nurse Unit Manager on 12/8/20 at 11:05 am. She stated that each resident's water/ice cup was for reuse for 2 weeks and then replaced by the nursing assistant." This was misquoted and the facility changes out every resident's water pitcher twice a week.</p> <p>Measures put in place and monitoring: Director of nursing, a Unit manager, or Director of operations will observe 10 hall ice passes a week for four weeks to ensure while Nurses or CNAs are filling up the water cups for the resident's the ice scoop does not touch the cup. If substantial compliance is found, then a Unit Manager, Director of Nursing or Director of operations will observe 10 hall ice passes a month for two months. If</p>		

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F 880	Continued From page 4 On 12/8/2020 at 1:05 pm an interview was conducted with the Administrator, Director of Operations, and Director of Nurse (also infection preventionist). The Administrator was informed of the observation and interview with staff regarding the handling (touch) of the resident ' s reusable water/ice cup and process for providing ice with potential for viral spread (COVID-19). The Administrator commented that this was addressed (corrected ice scoop touching the cup during pour) by the FNM today (12/8/2020). (There was no mention of facility-wide education).	F 880	substantial compliance is found, this quality improvement monitoring will be discontinued. This plan of correction and the quality improvement monitoring will be followed by the facility's Quality Assurance Performance Improvement Committee and any areas of concern will be addressed timely and appropriately.	