

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

PRINTED: 01/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2020
NAME OF PROVIDER OR SUPPLIER GIVENS HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BARRETT LANE ASHEVILLE, NC 28803	
(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		
F 000	INITIAL COMMENTS	F 000		
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at</p>	F 880		12/30/20

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

TITLE

(X6) DATE

Electronically Signed

12/30/2020

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	Continued From page 1 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 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880			

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F 880	<p>Continued From page 2</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 record review, observations, and staff interviews the facility failed to implement their COVID-19 surveillance policy and Centers for Disease Control and Prevention (CDC) guidelines when a Housekeeper (HK) failed to report symptoms consistent of COVID-19 upon arrival at work for 1 of 3 staff reviewed for COVID-19 screening. These failures occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>A review of the facility's policy titled, "Resident/Staff Surveillance Policy During Covid-19 Pandemic updated 6/8/20 read in part: It is the facility's policy to ensure that all staff are appropriately screened according to most recent CDC guidelines, to ensure any exposure or symptoms symptomatic carriers of Covid-19 do not spread the virus to other residents or staff within the facility. Procedures:</p> <p>2. Every staff member will continue to be</p>	F 880	<p>On 12/17/20 a review of the policies and procedures was made and it was determined that the current policies and procedures required updating in order to strengthen the screening and monitoring employees for Covid 19 symptoms. The updated policy and procedures re-affirms that each employee must contact their supervisor at any time when any symptoms of Covid 19 are present. Further, it requires the supervisor or their designee to review the screening logs daily for compliance and to note symptoms stated by an employee. Further, the updated policy requires supervisors to immediately restrict from work any employee noting any symptoms. These employees must be immediately be referred to Nursing leadership for a clinical judgement on work status in compliance with current CDC guidance. These clinical decisions are considered final and are communicated by email to the supervisor to ensure clarity and for</p>		

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F 880	<p>Continued From page 3</p> <p>screened for symptoms, exposure and temperatures daily upon arrival at work.</p> <p>a. These screening logs will be maintained for source tracking as needed</p> <p>b. The questions will be modified as CDC changes.</p> <p>A review of the Center for Disease Control (CDC) guidance updated 11/20/20 read in part: "As part of routine practice, ask ancillary staff such as environmental services to regularly monitor themselves for fever and symptoms consistent with COVID-19." The guidance included: "to remind personnel to stay home when ill or if they develop symptoms consistent with COVID-19 while at work they should inform their supervisor and leave the workplace; to screen at the beginning of their shift for fever and symptoms of COVID-19; actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, leave the workplace."</p> <p>A review of the CDC website updated 5/13/20 the section titled, "Watch for symptoms," read in part: People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. People with these symptoms may have COVID-19:</p> <ul style="list-style-type: none"> Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose 	F 880	<p>tracking purposes.</p> <p>In order to ensure no residents were affected from similar situations, an audit of all screening logs, from all departments was initiated 12/14/20 to determine if similar issues existed with screening of employees. This audit looked at the past 30 days and revealed one other employee who had noted the presence of a symptom on the screening log. This employee had reported a symptom to Nursing Leadership and was allowed to work after an investigation of the noted symptom. This Employee subsequently tested negative in routine PCR testing. No other employees were noted to have screened as symptomatic. It is noted that other employees were symptomatic during this time, however per protocol, they did not report to work as appropriate under the Policy and procedures of Givens Estates</p> <p>To ensure all team members are aware of the updated policy and procedures, beginning 12/18/20, all team members have been reminded of their responsibility to report any symptoms to supervisor, prior to coming to work, or immediately when any symptoms develop. Any employee noted to fail to report symptoms in a timely manner will be subject to disciplinary action.</p> <p>Supervisors were instructed on the updated policy in the daily meetings in December 2020 (21, 22, 23, 24, 28, 29, and 30.) They were informed of their</p>		

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F 880	<p>Continued From page 4</p> <p>Nausea or vomiting Diarrhea</p> <p>A review of the facility's 12/14/20 screening of employees for COVID-19 titled, "Team Member Sign-In-Log revealed the following: Name: Housekeeper (HK) #1 Signature: HK #1 Do you have ANY of the following symptoms? Fever (100.4 or greater) or chills Nausea/vomiting Muscle/body aches Congestion/runny nose Shortness of breath New loss of taste/smell Cough Fatigue Sore throat Diarrhea</p> <p>-If you answer "yes" to any of these questions, contact your supervisor immediately. HK #1 circled yes indicating the presence of a symptom. -Check your temperature and record it here. The HK #1 recorded a temperature of 99.1.</p> <p>A review of HK #1's assignment and list of the resident room numbers revealed on 12/14/20 11 resident rooms residing on the non-COVID-19 unit had been cleaned. Five rooms were shared by 2 residents and 6 were individual resident rooms. HK #1 also cleaned a sitting area, an employee office, a common use bathroom, and the restorative and dependent dining room.</p> <p>During an observation and interview on 12/14/20 at 11:01 AM HK #1 was observed in the hallway on the non-COVID unit wearing an N-95 face mask and face shield. HK #1's eyes were red and</p>	F 880	<p>responsibility to ensure each employee working that day has screened in and noting if any symptoms were stated. Supervisors were instructed to indicate proper screening and symptom follow up by initialing each employee's sign in log for that day. Supervisors were further informed to refer any staff member with any symptoms to nursing leadership to provide a clinical judgement regarding work status prior to allowing them to perform any work.</p> <p>Nursing leadership was informed of their responsibility for determining work status based upon clinical judgement in accordance with CDC recommendations, and is required to document in writing the decision to restrict or return to work and communicate this to the Dept supervisor.</p> <p>Ongoing compliance with the updated policy and procedures will be monitored as part of the facility QAPI process, as noted in a Performance Improvement Plan (PIP) that was initiated 12/18/20. This PIP addresses improvements needed in the screening and monitoring of employees for symptoms that may be associated with Covid 19 in compliance with CDC guidelines. The Administrator and/ or IP is performing Audits of each Department's forms to ensure supervisor's compliance, and any discrepancies are addressed immediately. These audits are being completed daily until 1/8/21. If substantial compliance is noted, the audits will be done weekly until 2/12/21, at which point, they will be</p>		

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F 880	<p>Continued From page 5</p> <p>watery and used her cleaning cart to lean on. HK #1 explained she self-screened prior to starting her cleaning assignment on 12/14/20 at approximately 7:00 AM and documented a symptom on the COVID-19 screening form. When asked about her symptom HK #1 said she had a dry cough which started the night before. HK #1 indicated she had reported this to her supervisor at the beginning of her shift on 12/14/20 and was told to let the supervisor know if she began to feel worse or have other symptoms. HK #1 confirmed after she reported her cough to her supervisor she was not assessed by the Infection Preventionist (IP) for review of her symptoms and started her cleaning assignment. HK #1 stated she doesn't feel out of the ordinary from her baseline except being tired.</p> <p>During an interview on 12/14/20 at 11:09 AM the Environmental Services/Housekeeping Supervisor (HK Supervisor) confirmed she had spoken with HK #1 at the beginning of her shift on 12/14/20. HK #1 only reported being tired and they both discussed the previous day's cleaning work schedule which the HK Supervisor determined was the cause of being tired. The HK Supervisor indicated she was not made aware of a cough and expected HK #1 to report all the symptoms she was having. The HK Supervisor did not review HK #1's screening log for 12/14/20 after HK #1 reported being tired. After being informed of the cough by this writer the HK Supervisor stated she was going to inform the Infection Preventionist. The HK Supervisor indicated she did not review HK #1's screening log because the form stated to immediately contact your supervisor and she expected HK #1 to report all her symptoms.</p>	F 880	<p>performed periodically to ensure compliance is maintained. These logs will be presented to the QAPI Committee for ongoing monitoring and oversight until 3/31/21 or until the QAPI Committee determines that ongoing, consistent compliance has been achieved, or earlier if no longer required due to the Public Health Emergency.</p> <p>The completion date is 12/30/20.</p>		

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F 880	<p>Continued From page 6</p> <p>During an observation on 12/14/20 at 11:21 AM HK #1 was noted to have a cough. HK #1 was asked by the Infection Preventionist (IP) to provide samples for COVID-19 testing then informed she needed to leave the facility. After test samples were collected HK #1 left the facility.</p> <p>During an interview on 12/14/20 at 11:50 AM the Infection Preventionist revealed she had collected 2 test samples one for the rapid Point of Care (POC) and one for the Polymerase Chain Reaction (PCR) from HK #1. The POC test resulted positive for the COVID-19 virus and the PCR result was pending.</p> <p>A second interview on 12/14/20 at 12:31 the HK Supervisor revealed HK #1 only reported being tired and not her cough which she did not report to the IP. The HK Supervisor confirmed fatigue was a symptom on the screening sign-in log but the training she received was to report a fever or any other 2 symptoms. The HK Supervisor did not think being tired alone was a reportable symptom, so she did not inform the IP. The HK Supervisor revealed she did offer to send HK #1 home if she was not feeling well and indicated it was HK #1's decision to stay at work. The HK Supervisor explained the screening sign-in log was used to start the conversation with an employee when they answer yes to having symptoms and employees were expected to report all symptoms. The HK Supervisor revealed she did not review employee screening logs unless they reported symptoms to her.</p> <p>During an interview on 12/14/20 at 1:05 PM the Administrator revealed when an employee reported a symptom to their supervisor that should trigger a conversation. The conversation</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>was to clarify what was going on with the employee and the Administrator expected all symptoms would be identified at that point. The Administrator reiterated HK #1 only reported being tired to her supervisor who did not hear about the cough until it was reported to her by the surveyor on 12/14/20 at 11:11 AM. The facility immediately began their protocol and performed a POC test which resulted positive and a PCR result was pending. HK #1 was sent home and will be restricted from work until cleared to return.</p> <p>During an interview on 12/14/20 at 3:06 PM the IP revealed supervisors from other departments inform her if an employee had reported COVID-19 symptoms. The IP indicated the symptom of being tired would not be sufficient in reporting alone and since it was not known about the cough she would not expect the HK Supervisor to report the symptom of being tired. There were also reminders posted throughout the facility to remind employees the symptoms of COVID-19. The IP did not specifically include training about what to do if you feel sick and when to stay home, but this has been shared with staff repeatedly through other trainings to stay home if you are sick. It was her understanding that the HK Supervisor did ask HK #1 about her symptoms and was told only about the fatigue. The IP indicated if she reviewed HK #1's screening log who answered yes to question do you have any symptoms and with a temperature of 99.1 she would ask HK #1 more questions and would want to know which symptoms she was having. If HK #1 identified having a cough and fatigue the IP indicated HK #1 would have been sent home. The IP revealed she did a COVID-19 POC test when made aware of the cough symptom.</p>	F 880			

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F 880	Continued From page 8 During a second interview on 12/16/20 at 9:34 AM HK #1 revealed a history of asthma and living with a smoker did cause her to cough. The night before 12/14/20 HK #1 noted a change in her cough but felt well enough to report to work. HK #1 revealed it was hard for her to recognize or differentiate from her normal health or when she had a new onset symptom. HK #1 revealed she did not think the HK Supervisor heard her say she had a cough and thought wearing a mask made it difficult to hear. HK #1 had no reason why she did not ensure the HK Supervisor, IP, Director of Nursing or the floor nurse were aware she was having symptoms consistent to COVID-19 while at work. During a second interview on 12/16/20 at 11:34 AM the Administrator revealed HK #1's PCR test resulted positive for the COVID-19 virus. The employees were not expected to circle their symptoms on the screening log but notify their supervisor. Employees were monitored for symptoms consistent of COVID-19 daily and the screening log was the first step. Observations of the employee during their shift and supervisors asking employees how they feel throughout the day. There was not always a supervisor present when staff report to work, and employees know they should report all symptoms and not come to work. The screening log was a second chance for employees to report their symptoms prior to starting their shift and have a conversation with their supervisor. The screening log was also a follow up for the supervisor to check if the employee documented having symptoms at the beginning of their shift. During an interview on 12/17/20 at 11:30 AM the	F 880			

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F 880	Continued From page 9 Administrator confirmed there was no system in place to ensure all employees were screened prior to starting their shift but employees were expected to self-screen and document on the facility's form titled, "Team Member Sign-In-Log" and report all symptoms to their supervisors. The supervisors were expected to review the screening logs by the end of each day.	F 880		