

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

PRINTED: 02/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2021
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC 28778		
(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	An unannounced COVID-19 Focused Survey was conducted onsite 12/30/20 with exit from the facility on 12/30/20. Additional information was obtained offsite through 01/08/21; therefore, the exit date was changed to 01/08/21. 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# T19311. INITIAL COMMENTS	F 000			
F 880 SS=E	An unannounced COVID-19 Focused Infection Control Survey was conducted onsite 12/30/20 with exit from the facility on 12/30/20. Additional information was obtained through 01/08/21; therefore, the exit date was changed to 01/08/21. The facility was not found in compliance with 42 CFR 483.80 infection control regulations and has not implemeted the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# T19311. 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:	F 880		2/1/21	

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

TITLE

(X6) DATE

Electronically Signed

02/03/2021

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 §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 and staff interviews, the facility failed to ensure their infection control policies and procedures and the Centers for Disease Control and Prevention (CDC) guidelines for screening were implemented when Nurse #1 failed to document her symptoms on the screening form or report her symptoms to her supervisor and worked her scheduled shift on three dates for 1 of 3 staff (Nurse #1) reviewed for COVID screening. These failures occurred during a COVID-19 pandemic. From 12/11/20 to 12/29/20, a total of 72 residents out of 84 had tested positive for COVID-19.</p> <p>Findings included:</p> <p>Review of a facility document provided by the Administrator and dated 05/22/20, noted in part: "2) Signs and symptoms to report to nurse: shortness of breath, temperature of 99.0 or higher, increased nasal drainage, sore throat, body aches, abnormal tiredness, loss of taste and smell, new cough ...6) If you feel unwell, please see your supervisor as soon as possible; isolate, get assessed, if appropriate wear a mask and</p>	F 880	<p>To correct the alleged deficient practice, education with all staff in all departments has been initiated and will be completed by 2.1.21. Education will include a review of the correct screening process, a review of symptoms of COVID and importance of notifying appropriate personnel when experiencing symptoms and review of Accordius Health COVID Policy. To ensure other residents or staff will not be affected by this alleged deficient practice, the Administrator, Director of Nursing or assigned personnel will review all screening sign in and sign out sheet twice a day for 30 days, then daily for 60 days, then three times a week for 90 days, then as needed; Effective 1/7/21. Person responsible will check that all staff have signed in, out and completed all questions. If a staff member answers yes to any of the questions during the screening process that they have symptoms of a sore throat, malaise, cough, shortness of breath, GI symptoms or temperature greater than 99.6°F; they</p>		

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F 880	<p>Continued From page 3</p> <p>leave (you may be asked to log where all you have been in the building)."</p> <p>Review of the CDC guidance updated 11/20/20 read in part: "As part of routine practice, ask healthcare personnel 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, 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."</p> <p>The facility's COVID-19 infection and testing spreadsheet for staff dated 12/07/20 revealed a line item for Nurse #1 that noted a lab specimen was collected for COVID-19 testing and sent to an outside laboratory for processing on 12/07/20. It was documented under the clinical information column that Nurse #1 had "COVID-like" symptoms of being "weak" with no onset date of the symptom listed. Further review revealed test results dated 12/10/20 confirmed Nurse #1 was positive for COVID-19.</p> <p>The COVID-19 Employee Sign In/Out screening log for 12/06/20 noted the following: Nurse #1's name. Time in was recorded as 6:44 AM. Temperature upon entry was recorded as 97 degrees. Screening question #1 (Do you have any symptoms of sore throat, fever, cough, shortness of breath, fatigue or GI symptoms) was documented as "N" to indicate 'no'.</p>	F 880	<p>will not be allowed into the facility or work their scheduled shift. Staff is to immediately notify Administrator and DON if any questions have been answered yes. If there are any blanks in the sign in or sign out log that are observed, the Administrator and/or DON will immediately contact the staff to obtain missing information. If a follow up call must be made, the staff that has failed to complete the sign in or sign out log completely must receive the education again listed above.</p> <p>Effective 1.27.21 the Director of Nursing re-educated all staff on the new screening tool to be used at check-in and check-out. In addition, the previous education was reiterated along with Accordius <input type="checkbox"/> new check-in tool/log. All new hired staff will be educated upon hire.</p> <p>The administrator or DON will begin auditing check-in logs on 1.8.21 on the following schedule: twice a day for 30 days, then daily for 60 days, then three times a week for 90 days, then as needed. Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. Review and revisions will be made as necessary.</p> <p>DOC: 2.1.21</p> <p>RCA:</p> <p>Administrator and Director of Nursing held an Ad Hoc QAPI meeting with the IDT team to determine the root cause analysis</p>	

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F 880	<p>Continued From page 4</p> <p>Screening question #2 (Have you had any type of sickness or generally not feeling well in the last 72 hours) was documented as "N" to indicate 'no'. Screening question #3 (have been in any location or around anyone that has had a confirmed case of COVID 19 in the last 14 days, if yes please see charge nurse) documented as "N" to indicate 'no'. Time out was recorded as 8:00 PM.</p> <p>Screening question #4 (Did you at any time during your shift feel sick or have any respiratory symptoms. If yes, please see charge nurse) was documented as "N" to indicate 'no'. Temperature upon exit was recorded as 98.1 degrees.</p> <p>Review of the Daily Census report for 12/06/20 revealed a total of 4 residents resided on the new admission/quarantine unit.</p> <p>The COVID-19 Employee Sign In/Out screening log for 12/09/20 noted the following: Nurse #1's name. Time in was recorded as 7:30 AM. Temperature upon entry was recorded as 98 degrees. Screening questions #1, #2, #3 and #4 were all documented as "N" to indicate 'no'. No time out was recorded. Temperature upon exit was recorded as 97.8 degrees.</p> <p>The COVID-19 Employee Sign In/Out screening log for 12/10/20 noted the following: Nurse #1's name. Time in was recorded as 7:00 AM. Temperature upon entry was recorded as 97.5 degrees. Screening questions #1, #2, #3 and #4 were all documented as "N" to indicate 'no'. Time out was recorded as 8:25 PM.</p>	F 880	<p>of the alleged tag F-880 Infection Control. After analysis of all documentation; staff sign in logs; COVID staff line listing; and staff interviews the QA team determined that this was an isolated staff incident of not reporting symptoms listed on the sign-in log as instructed to do through various in-services and huddles. As such, we conclude that this event was isolated and contained.</p> <p>Holly Self, LNHA</p>		

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F 880	<p>Continued From page 5</p> <p>Temperature upon exit was recorded as 97 degrees.</p> <p>Review of the Daily Census report for 12/10/20 revealed a total of 7 residents resided on the new admission/quarantine unit.</p> <p>The facility's COVID-19 Resident Surveillance Line List dated 12/21/20 revealed the first positive COVID-19 was confirmed on 12/11/20. Further review revealed a total of 72 residents had tested positive for COVID-19 as of 12/29/20.</p> <p>During a telephone interview on 01/05/21 at 4:27 PM and follow-up telephone interview on 01/06/21 at 1:41 PM, the Administrator verbalized there were a total of 7 residents that resided on the new admission/quarantine unit on 12/09/20. She confirmed Nurse #1 was assigned to work 7:00 AM to 7:00 PM on the new admission/quarantine unit 12/06/20, 12/09/20 and 12/10/20.</p> <p>During telephone interviews on 01/04/21 at 4:29 PM and 01/06/21 at 8:20 AM, Nurse #1 stated on 12/06/20 she had an onset of symptoms that she felt to be a sinus infection, headache and earache with some fatigue. Nurse #1 explained the symptoms she had at the time were normal for her as she had an inner ear problem which frequently caused symptoms of sinus pressure, earache, headache, and at times, even woke up in the morning with a "stuffy head" and her symptoms were relieved by taking medication. She added fatigue was normal for her due to working a lot of hours. Nurse #1 confirmed she was instructed to report any signs or symptoms consistent with COVID-19 and explained she did not report her symptoms on 12/06/20 because she frequently developed those type of symptoms</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>due to her inner ear problem and did not believe her symptoms to be COVID related. Nurse #1 verbalized she was tested on 12/06/20 as part of the facility's weekly testing and was notified on 12/11/20 her results were positive for COVID-19. Nurse #1 stated that after testing positive, she was "never really symptomatic" as she never developed a fever or lost her appetite but did stay cold, weak and tired. Nurse #1 confirmed her symptoms started on 12/06/20 and verbalized she was feeling better when she reported back to work on 12/09/20 and 12/10/20.</p> <p>During a telephone interview on 01/05/21 at 12:10 PM, the Administrator explained sometimes the Nurse Supervisors collected samples for testing on the evening shift that were sent out to the lab the next business day. She stated it was possible that the sample was collected from Nurse #1 on Sunday 12/06/20 but would not have been sent to the lab until Monday 12/07/20. She added the lab sent Nurse #1's test results to the facility sometime during the night of 12/10/20 and the facility did not retrieve the results from the computer system until 12/11/20 which had confirmed Nurse #1 was positive for COVID-19. The Administrator stated staff were instructed on multiple occasions to report any signs or symptoms consistent with COVID-19 and not self-diagnose their symptoms. She explained staff were instructed to report their symptoms to their supervisor who would then assess and make the determination if they could report to work as scheduled or go home if they had already started their shift. The Administrator was not sure if Nurse #1 had reported her symptoms to anyone on 12/06/20 as previously instructed and stated when she spoke with Nurse #1 on 12/11/20 to inform her of the test results, Nurse #1 had told</p>	F 880			

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F 880	Continued From page 7 her she just felt "run-down" but never mentioned having sinus related symptoms or headache when she had worked on 12/06/20. During a follow-up telephone interview on 01/05/21 at 2:18 PM, the Administrator clarified staff were instructed to call their supervisor if they developed any signs or symptoms such as: loss of taste or smell, nausea and/or vomiting, diarrhea, fever, etc. and not report to work at the facility. After the recent outbreak, the Administrator stated it was reiterated to staff they could not "self-diagnose" their symptoms and they were to report any signs or symptoms immediately to her or the Nurse Supervisor.	F 880			