

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

PRINTED: 02/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2021
NAME OF PROVIDER OR SUPPLIER WALNUT COVE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 511 WINDMILL STREET WALNUT COVE, NC 27052	
(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 Emergency Preparedness Survey was conducted on February 7-8, 2021. 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# WYP511	F 000		
F 880 SS=D	INFECTION PREVENTION & CONTROL An unannounced COVID-19 Focused Infection Control Survey was conducted on February 7-8, 2021. The facility was found not to be in 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. Event ID# WYP511 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 and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		

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

TITLE

(X6) DATE

Electronically Signed

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>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> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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, staff interviews, and record review, the facility failed to implement their infection control procedures for personal protective equipment (PPE) when a nurse failed to don eye protection prior to entering a resident's room who was on enhanced droplet isolation precautions for 1 of 3 staff observed working on the facility's new admission quarantine unit (Nurse #1). This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>The facility's policy titled, "COVID-19 Pandemic Plan," updated 1/20/2021, was reviewed. The policy stated, in part, "The center will designate an area and cohort new admissions/re-admissions. Initiate transmission based precautions based on Centers for Disease Control (CDC) guidance ...Including PPE-Respirator (or facemask if respirators are not available), face shield or eye protection, gown and gloves."</p> <p>Resident #2 was admitted to the facility on 2/4/21 from the hospital. A COVID-19 test performed on 2/3/21 at the hospital revealed Resident #2 was negative for the virus.</p> <p>A continuous observation of Resident #2's room</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>(on the new admission quarantine unit) was completed on 2/7/21 from 1:41 PM-1:45 PM. An enhanced droplet isolation sign was posted on the door, along with a bin that contained PPE (gowns and gloves). The enhanced droplet isolation sign had the following instructions: "Before entering this room follow the instructions below: Universal masking, eye protection when entering the room, gown and gloves when entering room." Nurse #1 approached the room and wore a facemask. She had eye protection/goggles that rested on top of her head. Nurse #1 donned a gown and gloves, entered the resident's room and placed a blanket on Resident #2. Nurse #1 did not pull the goggles down and her eyes were not covered when she entered the room. The goggles were observed on top of her head while she was in the room. At 1:45 PM Nurse #1 removed the gown and gloves and exited the room. The goggles remained on top of her head.</p> <p>Nurse #1 was interviewed on 2/7/21 at 1:45 PM. She explained Resident #2 was a new admission from the hospital, had tested negative for COVID-19, was under observation for 14 days and was on enhanced droplet isolation precautions. She said whenever staff entered the resident's room they were supposed to wear a gown, gloves, facemask and either a face shield or goggles. Nurse #1 acknowledged she should have worn goggles before she entered Resident #2's room and stated, "I forgot to pull them down."</p> <p>An interview was completed with the Administrator and Director of Nursing (DON) on 2/8/21 at 12:17 PM. The DON explained the enhanced droplet isolation precautions signs on</p>	F 880			

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F 880	Continued From page 4 room doors informed staff what PPE needed to be worn prior to entering a resident's room. She stated staff had regularly been provided education about specific PPE that was worn in resident rooms who were on enhanced droplet isolation precautions and added Nurse #1 was educated on 1/19/21. The DON said Nurse #1 should have put goggles on before she entered Resident #2's room.	F 880		