

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345208</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>12/17/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT BREVARD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 N COUNTRY CLUB ROAD</b> <b>BREVARD, NC 28712</b>		
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F 000	INITIAL COMMENTS  An onsite revisit was conducted on 12/17/21. A repeat tag was cited. A new tag was also cited as a result of the revisit survey. The facility is still out of compliance. The Directed Plan of Correction including the Root Cause Analysis were reviewed. Event ID #R3LG13.	F 000			
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on record review, observations, and interviews with staff the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following a complaint survey conducted on 9/20/21. This was for one deficiency originally cited on 9/20/21 and cited again during two revisit surveys on 11/12/21 and 12/17/21. The deficiency was in the area of Infection Prevention and Control. This continued failure of the facility during the past complaint survey and two revisit surveys show a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance Program.  The findings included:	F 867	1. No residents cited. 2. Residents receiving wound care in the facility have the potential to be affected by this alleged deficient practice. 3. The Regional Director of Clinical Services has educated the Administrator and Interim Director of Nursing on effectively managing ongoing plans of correction for citations to sustain the facility's Quality Assessment and Assurance Program. This education was completed by 1/6/22. This information will be presented in new hire orientation. 4. The Administrator will randomly review the monitoring of open citations for substantial compliance weekly for 4 weeks then monthly for 2 months. Results of this monitoring will be presented to the Quality Assurance and Performance Improvement Committee by	1/6/22	

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

TITLE

(X6) DATE

Electronically Signed

01/07/2022

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 867	<p>Continued From page 1</p> <p>This tag is cross referenced to: F 880</p> <p>F 880: Infection Prevention and Control: Based on record review, observations, and interviews with staff the facility failed to ensure infection prevention procedures for hand hygiene were followed when Nurse #1 and Nurse #2 failed to perform hand hygiene after gloves were removed during a dressing change for 3 of 3 residents reviewed for wound care (Resident #1, Resident #2, and Resident #3).</p> <p>During the complaint survey of 9/20/21 the facility was cited for failure to ensure staff handled soiled linen and a soiled brief in a sanitary manner for 1 of 1 resident reviewed for infection control.</p> <p>During the revisit survey on 11/12/21 the facility was cited for failure to ensure staff changed gloves and performed hand hygiene when going from a dirty to a clean task and failed to remove soiled gloves and perform hand hygiene after completing wound care for 1 of 1 resident reviewed for wound care.</p> <p>An interview conducted on 12/17/21 at 3:07 PM with the Regional Clinical Operations Consultant (RCOC) revealed she had put together the facility's Plan of Correction book that showed the previous Director of Nursing (DON) educated all facility employees on proper hand hygiene. The RCOC revealed nurses were validated for infection control and hand hygiene procedures and the facility's monitoring tool for competency of non-sterile dressing changes were done 3</p>	F 867	<p>the Administrator for a period of 3 months. Any concerns identified will be addressed at time of discovery.</p>		

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F 867	Continued From page 2 times a week and ongoing at this time. The RCOC stated she didn't understand why the nurse didn't follow through with the training the facility provided.	F 867			
{F 880} SS=E	<p>Infection Prevention &amp; 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 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: (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</p>	{F 880}		1/6/22	

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{F 880}	<p>Continued From page 3</p> <p>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. 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 interviews with staff the facility failed to ensure infection prevention procedures for hand hygiene were followed when Nurse #1 and Nurse #2 failed to perform hand hygiene after gloves were</p>	{F 880}	<p>1. Resident's #1, #2 and #3 are receiving wound care in conjunction with appropriate infection control procedures that include hand hygiene after the removal of gloves.</p>		

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{F 880}	<p>Continued From page 4</p> <p>removed during a dressing change for 3 of 3 residents reviewed for wound care (Resident #1, Resident #2, and Resident #3).</p> <p>The findings included:</p> <p>A review of the facility's policy titled, "Infection Prevention and Control Program" revised on 10/27/20 read in part:</p> <p>14. Staff education:</p> <p>a. All staff shall receive training relevant to their specific roles and responsibilities regarding the facility's infection prevention and control program, including policies and procedures related to their job function.</p> <p>b. All staff shall demonstrate competence in relevant infection control practices.</p> <p>A review of the facility's policy titled, "Handwashing/Hand Hygiene revised on 8/2015 read in part:</p> <p>2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>7. Use an alcohol-based hand rub or soap and water for the following situations:</p> <p>m. after removing gloves.</p> <p>8. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>1. An observation of wound care for Resident #1 was made on 12/17/21 at 11:04 AM. Nurse #1 performed hand hygiene using soap and water and donned gloves. Nurse #1 cleaned the wound bed with gauze soaked with normal saline then patted dry and applied a collagen powder and</p>	{F 880}	<p>2. Residents receiving wound care in the facility have the potential to be affected by this alleged deficient practice.</p> <p>3. The Interim Director of Nursing has re-educated Licensed Nurses on appropriate hand hygiene practices during wound care, specifically between every glove change, as well as before and after wound care. Receipt of this re-education was confirmed via successful completion of the non-sterile dressing change competency and a minimum score of 80% on the hand hygiene post-test. This re-education was completed by 1/6/22. Any Licensed Nurse not completing this re-education by this date will complete prior to next scheduled shift. This information will be presented in new hire and agency orientation.</p> <p>4. The Interim Director of Nursing/Staff Development Coordinator will monitor resident wound care 5 times per week for 4 weeks then weekly for 2 months. The Administrator will randomly review results of the monitoring for concerns. Results of this monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Administrator for a period of 3 months. Any concerns identified will be addressed at time of discovery.</p>		

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{F 880}	<p>Continued From page 5</p> <p>covered the wound with a clean dressing. Nurse #1 removed her gloves and without performing hand hygiene donned a new pair and placed the bed covers back over Resident #1 and pushed a button on the bed remote to reposition the bed. Nurse #1 removed her gloves and washed her hands with soap and water.</p> <p>During an interview on 12/17/21 at 1:52 PM Nurse #1 revealed she was an agency staff member and had worked approximately six shifts at the facility. Nurse #1 revealed she attended an in-service about hand hygiene, but it wasn't specifically about wound care and was for all the staff. Nurse #1 revealed her process was to perform hand hygiene at beginning and end of wound care and if her gloves were visibly soiled, she would remove and wash her hands. Nurse #1 acknowledged during Resident #1's wound care she didn't perform hand hygiene after she cleaned the wound and applied a clean dressing or before she donned a new pair of gloves. Nurse #1 stated her gloves were not visibly soiled and she performed hand hygiene before wound care and before she left Resident #1's room.</p> <p>2. An observation of wound care for Resident #2 was made on 12/17/21 at 12:36 PM. Nurse #2 washed her hands with soap and water and donned a pair of gloves. Nurse #2 removed a gauze bandage wrapped around Resident #2's right foot and removed a protective foam pad covering the heel. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair then cleaned the wound bed with gauze soaked with normal saline and patted dry. Nurse #2 removed her gloves and without performing</p>	{F 880}			

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{F 880}	<p>Continued From page 6</p> <p>hand hygiene donned a new pair then used a betadine cotton tipped applicator to rub over the wound bed then placed a calcium alginate dressing over the wound and covered the heel with a clean foam pad. Nurse #2 wrapped the area with clean gauze around the foam pad and foot. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair and placed the bed covers over Resident #2's foot. Nurse #2 washed her hands with soap and water and donned a new pair of gloves and begun to clean a second wound on the buttocks of Resident #2 with normal saline and pat dry with clean gauze. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair then applied a honey infused dressing over the wound. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair then placed a foam dressing over the wound. Nurse #2 removed her gloves and washed her hands with soap and water.</p> <p>3. An observation of wound care for Resident #3 was made on 12/17/21 at 1:21 PM. Nurse #2 washed her hands with soap and water and donned a pair of gloves. Nurse #2 removed a gauze wrap and a visibly soiled foam pad from Resident #3's right foot. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair and cleaned the wound bed with normal saline and patted with dry gauze. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair and painted the wound bed with a betadine cotton tipped applicator. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair then placed a clean foam pad to cover the wound bed and wrapped the foot with clean</p>	{F 880}			

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{F 880}	<p>Continued From page 7</p> <p>gauze. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair and lifted Resident #3's left foot and removed the shoe to observe a second wound on the heel. Nurse #2 removed her gloves to adjust her face shield then donned a new pair of gloves and begun to clean the wound bed with normal saline and pat dry with clean gauze. Nurse #2 removed her gloves and without performing hand hygiene donned a new pair and painted the wound bed with a betadine cotton tipped applicator then applied a clean foam pad and wrapped the foot with clean gauze. Nurse #2 removed her gloves and washed her hands with soap and water.</p> <p>During an interview on 12/17/21 at 1:36 PM Nurse #2 revealed she mostly worked weekends and had received paperwork for an infection control in-service from the previous Director of Nursing (DON) that included perform hand hygiene before and after removing gloves. Nurse #2 revealed the previous DON watched her perform hand hygiene and stated she washed her hands before and after wound care and thought changing her gloves during wound care was enough. Nurse #2 revealed the floor nurses provide wound care for the residents and stated the infection control in-service didn't review when to perform hand hygiene during wound care.</p> <p>During an interview on 12/17/21 at 3:21 PM the Interim DON revealed she expected the nurses to follow the steps for non-sterile dressing changes and wash their hands after they remove their gloves. The Interim DON revealed she had observed nurses perform wound care and hadn't identified problems with hand hygiene.</p>	{F 880}			

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{F 880}	Continued From page 8  A second interview on 12/17/21 at 4:27 PM with the Interim DON and Regional Clinical Operations Consultant (RCOC) revealed both expected the nurses to wash their hands before donning and after removing gloves. The DON and RCOC explained the nurses have been trained infection prevention procedures to remove their gloves and perform hand hygiene upon completion of a dirty process such as cleaning a wound and the expectation was for nurses to perform hand hygiene before the application of a clean dressing and between changing gloves.	{F 880}		