

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

PRINTED: 10/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/09/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAVIE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>498 MADISON ROAD</b> <b>MOCKSVILLE, NC 27028</b>		
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E 000	Initial Comments  The survey team entered the facility on 08/05/24 to conduct a recertification survey and complaint investigation. The survey team was onsite 08/05/24 through 08/06/24. Additional information was obtained offsite on 08/07/24 through 08/09/24. Therefore, the exit date was 08/09/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#OKN711.	E 000			
F 000	INITIAL COMMENTS  The survey team entered the facility on 08/05/24 to conduct a recertification survey and complaint investigation. The survey team was onsite 08/05/24 and 08/06/24 but was unable to return to the facility due to adverse weather of a hurricane and unsafe travel conditions. Additional information was obtained offsite on 08/07/24 through 08/09/24. Therefore, the exit date was 08/09/24. Event ID# OKN711. The following intakes were investigated: NC00218084, NC00213412, NC00211158, NC00210915, and NC00220391. 8 of the 8 complaint allegations did not result in deficiencies.	F 000			
F 880 SS=D	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.	F 880		8/23/24	

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

TITLE

(X6) DATE

Electronically Signed

08/29/2024

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>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:</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>	F 880			

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F 880	<p>Continued From page 2</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 observations and staff interviews, the facility failed to ensure 1 of 1 Nurse Aides (NA #1) followed the "Special Droplet Contact Precautions" signage posted on the door of a resident's room (Resident # 47) by not donning and doffing Personal Protective Equipment (PPE) while entering 1 of 1 resident rooms on transmission-based precautions (TBP).</p> <p>The findings included:</p> <p>The Special Droplet Contact Precautions (SDCP) signage, with a revised date of 02/09/22, noted staff should follow the instructions listed on the signage before entering the resident's room which included: "all healthcare personnel must: 1) clean hands before entering and when leaving the room, 2) wear a gown when entering room and remove before leaving, 3) wear N95 or higher level respirator before entering the room and remove after exiting, 4) wear protective eyewear (face shield or goggles), and 5) wear gloves when</p>	F 880	<p>This plan of correction constitutes our written plan of compliance for deficiencies cited; however, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal laws.</p> <p>On 8/6/24 Nurse aide # 1 entered resident room that was on special droplet precautions without donning Personal Protective equipment.</p> <p>On 8/6/24 Nurse Aide # 1 was removed from facility upon exit of affected room 411.</p> <p>On 8/6/24 Director of nursing or designee audited all other residents on Special droplet precautions were identified no improper use of personal protective equipment was identified.</p> <p>By 8/23/24 All staff that enter isolation precaution rooms were educated on</p>		

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F 880	<p>Continued From page 3 entering room and remove before leaving."</p> <p>A review of staff training revealed NA #1 received training on the facility's Infection Control policy and completed the PPE Skills Competency review on 08/06/24.</p> <p>A progress note and physician order dated 08/05/24 revealed the Nurse Practitioner assessed Resident #47 for a sore throat and cough. An order was written for throat lozenges and Combined Droplet/Contact Precautions/Isolation related to pending respiratory viral panel results. Resident was tested for influenza, respiratory syncytial virus, and corona virus.</p> <p>An observation on 08/06/24 at 9:46 AM of the 400-hall revealed NA #1 entered room 411, which had SDCP signage posted on the room door and a PPE cart outside of it, without sanitizing her hands or donning any personal protective equipment (PPE) per the instructions on the signage.</p> <p>An interview was conducted with NA #1 on 08/06/24 at 9:47 AM as she exited room 411 without required PPE. When asked about the instructions on the SDCP signage on room 411 she stated the Assistant Director of Nursing (ADON) told her she could enter any room that had precaution signage without PPE on as long as she did not touch a resident to provide care. She stated she was hired through an agency, and she never wore all PPE at any other facility unless she was providing direct care. NA #1 questioned this surveyor "Are you going to fine them for me not wearing PPE? That's messed up". NA #1 then donned a gown, gloves, and mask and reentered</p>	F 880	<p>proper Donning and Doffing techniques prior to entry and exit of room. All new hired staff and agency staff will be educated upon the start of shift. Starting on 8/25/24 the director of nursing or designed will observe 5 staff members per week providing care for residents on isolation precautions to ensure proper personal protective equipment is used x 12 weeks.</p> <p>The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations. Changes to the plan of correction will be made as needed. DON/Designee is responsible for compliance.</p>		

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F 880	<p>Continued From page 4</p> <p>room 411. She did not wear a face shield or goggles when she reentered room 411.</p> <p>An interview was conducted with Nurse #1 on 08/06/24 at 9:53 AM. Nurse #1 stated earlier, on the morning of 08/06/24, NA # 1 had requested to wear a surgical mask instead of the N95 respirator prior to entering rooms with SDCP signage posted. Nurse #1 stated she asked the Director of Nursing (DON) about NA #1's request to wear a surgical mask and the DON replied "No, an N95 respirator is required for droplet precautions". Nurse #1 stated she educated NA #1 on the required PPE, including the N95 respirator, for rooms with SDCP signage posted. Nurse #1 said she informed NA #1 the required PPE was to protect both residents and staff from respiratory illnesses. She stated she told NA #1 the signage posted on the outside of the room for any resident on TBP listed the required PPE and instructions.</p> <p>On 08/06/24 at 10:00 AM NA #1 opened the door of room 411 and asked Nurse #1 if she could leave after she finished her assignment. She told Nurse #1 she was hired through agency, and she was not going to wear all the PPE to enter the rooms posted with SDCP the rest of the day. She stated she felt as if this surveyor had intentionally allowed her to initially enter the room without PPE. Nurse #1 sent a text to the DON and asked for her assistance.</p> <p>An interview was conducted with the DON on 08/06/24 at 10:02 AM outside of room 411. She stated NA #1 was aware of the PPE required for rooms posted with SDCP signage. She stated NA #1 would be relieved of her assignment upon exit from room 411.</p>	F 880			

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F 880	Continued From page 5  On 08/06/24 at 11:05 AM an interview was conducted with NA #2 and she stated full PPE is required for rooms with droplet precaution signage. She stated the SDCP signage contained instructions and outlined which PPE was required before entering a room of a resident on TBP. NA #2 stated she received infection control training when she was hired 24 years ago and was required to complete yearly competencies on infection control.  An interview was conducted with the ADON on 08/06/24 at 2:28 PM. She stated she is the facility Infection Preventionist. She stated for rooms with SDCP signage an N 95 mask, face shield or appropriate goggles, gown and gloves are required prior to entry for any reason. She stated she had not educated NA #1 that she could enter a room with SDCP signage without PPE if she was not going to make any contact with the resident. She stated infection control policy education was provided to all facility and agency during orientation and a yearly training competency. She stated the training included the PPE required for each type of precaution. She stated all staff are required have infection control and PPE training prior their first assignment on a hall. She stated NA #1 had received the infection control and PPE training that morning, 08/06/24, before she started working on the floor. The ADON stated NA #1 was specifically educated on the two signs (droplet, enhanced barrier) that were active on her assigned hall. She stated she explained to NA #1 if she forgot the difference between the two precautions to read the signage outside the door, and it would direct her to the proper PPE required prior to entering the room. The ADON added NA #1 was directed to leave	F 880			

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F 880	Continued From page 6 the facility when she exited room 411 that morning.  On 08/06/24 at 2:45 PM a follow up interview was conducted with the DON and she stated NA #1 should have had utilized the required PPE indicated on the SDCP signage. She stated she had received a message from Nurse #1 asking if the NA #1 could wear a surgical mask in place of an N 95 respirator and she told her "No, not if it is an isolation room". She said she told Nurse #1 to inform NA #1 that an N 95 respirator was required to enter a room with SDCP signage. The DON stated all staff, including agency NAs, are trained on PPE and the infection control policy and procedures policy when hired and yearly thereafter.	F 880			