

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

PRINTED: 03/18/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DICKENS DRIVE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 DICKENS DRIVE RALEIGH, NC 27610</b>
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W 000	INITIAL COMMENTS	W 000		
W 508	<p>COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)</p> <p>§ 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting</p>	W 508	<p>W 508 A review of systems revealed that although ASI has a robust COVID-19 (and other) communicable disease policy and emergency preparedness plan and also that while in practice, ASI assured all facility staff discussed in DHHS policy 483.430(f)(1)-(3)(i-x) were vaccinated, ASI has no formal policy addressing that ASI facility staff, unless otherwise lawfully exempted from the COVID-19 vaccine, would be vaccinated within the time allotted by Federal guidelines and CDC guidelines. Additionally, ASI's HR Department Manager, working in conjunction with the Clinical Director and Program Director of respective facility will develop and implement a tracking and documentation system to assure all facility staff required to be COVID-19 vaccinated, are, in fact, vaccinated as required by Federal law. The HR Manager will report any non-compliance issues to the CEO, Clinical Director and Program Director within 14 days of compliance. The HR Department Manager will monitor all staff to assure all facility staff are vaccinated.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

*Alene Shirley* CEO 3/31/22

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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W 508	<p>Continued From page 1</p> <p>and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and</p> <p>(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section.</p> <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination</p>	W 508		
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W 508	Continued From page 2 requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully	W 508			

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W 508	<p>Continued From page 3 vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop policies and procedures to ensure all staff are fully vaccinated for COVID-19. The finding is:</p> <p>Review on 3/10/22 of the facility's employee COVID-19 vaccination cards revealed all eligible employees had completed a primary vaccination series for COVID-19 including a multi-dose vaccine.</p> <p>Interview on 3/10/22 with the Program Coordinator confirmed all staff working with client's in the home, including direct care, management, and licensed practitioners/contract staff, have completed a vaccination series for COVID-19. Additional interview indicated all direct care staff are required to submit a negative COVID-19 test at least weekly regardless of vaccination status.</p> <p>However, further interview on 3/10/22 and 3/17/22 with the Program Coordinator revealed the facility has not developed any written policies and procedures to ensure all staff are fully vaccinated for COVID-19.</p>	W 508		
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