

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT CLEMMONS		STREET ADDRESS, CITY, STATE, ZIP 3905 CLEMMONS ROAD CLEMMONS, NC 27012	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, review of the COVID 19 Policy/Plan and Accordius Health Update policies/instructions, record review, staff interviews and physician interviews, the facility failed to prevent an infection control system failure when (1) 47 of 57 employees did not complete the required screening for signs and symptoms of the COVID 19 virus prior to starting their shift and a nursing assistant entering the facility did not monitor his body temperature as part of the screening process prior to reporting to work in a resident care area and (2) two nursing assistants (NA) #6 and NA #5, who were on duty, were wearing facial masks that were not covering their nasal passages. These system failures occurred during the COVID 19 pandemic and had the likelihood to affect all residents residing in the facility. Immediate Jeopardy began on 4-30-20 when observations were made of a nursing assistant entering the facility without monitoring their body temperature as part of the screening process, two nursing assistants were observed wearing their masks below their nose while on resident halls and record review revealed 47 out of 57 employees did not complete the screening process prior to starting their shift which caused or is likely to cause serious injury, serious harm or death. Immediate Jeopardy was removed 5-1-20 when the facility implemented an acceptable credible allegation of Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity of E that is not Immediate Jeopardy to ensure monitoring systems put in place are effective. Findings included: 1. The facility's policy and procedure for COVID 19 Policy/Plan dated 4-4-20 was reviewed and revealed in part; temperatures of staff will be taken with no person being permitted to work with a temperature greater than 100.4 and all staff will complete the staff log and be screened for potential concerns prior to entering a resident area. Upon entering the facility on 4-30-20 at 5:30am, the Assistant Director of Nursing (ADON) was noted to be by the employee sign in table which was located at the lower entrance to the facility. The table was observed to contain; the employee sign in log, hand sanitizer, alcohol pads and an oral, ear and forehead thermometers. There were no masks or protective covers noted for the ear and oral thermometers. The ADON guided this surveyor in the screening process which included; signing the sign in log, recording a temperature, placing the time of entrance into the facility, and answering 4 yes/no questions regarding symptoms and contact with anyone who may be sick. When this surveyor attempted to use the forehead thermometer, the thermometer screen was noted to remain blank and not registering a temperature. The ADON was noted to take the thermometer, shake it a few times then had to press the power button 3 times for the thermometer to turn on. The ADON was then able to obtain an accurate temperature for this surveyor. The ADON was interviewed on 4-30-20 at 5:35am. She stated the facility had no positive cases of COVID 19. The ADON confirmed staff and visitors could only enter through the lower level door and it was the responsibility of the staff member to stop at the sign in table to be screened which she stated consisted of; signing their name, taking their temperature and recording it in the sign in log, recording the time they entered the facility and answered 4 yes/no questions regarding if they had any symptoms (sore throat, fever, cough or shortness of breath), if they had traveled outside the U.S. in the last 14 days, if they had any general sickness or not feeling well in the last 72 hours and if the employee/visitor had been around any person who was sick or had COVID 19. The detail labor report and staffing sheets for 4-23-20 through 4-30-20 which showed the days and times the employees worked, were compared to the COVID 19 employee screening log (where staff place their name, temperature, time they entered the and answered 4 yes/no questions regarding COVID 19) dated 4-23-20 through 4-30-20. The comparison of these records revealed 47 out of 57 employees failed to complete the screening process and did not document an entry in the COVID 19 employee sign in log when they reported to work. Nurse #1 was interviewed on 4-30-20 at 6:12am. The nurse stated she had not attended an in-service or formal training regarding personal protective equipment (PPE) such as wearing masks while in the facility, hand washing, screening process or COVID 19. Nurse #1 stated we were given information sheets on wearing our mask, hand washing and COVID 19 and told to sign the attendance sheet when we signed the waiver to work back in March. She also stated staff were not monitored when they entered the facility to ensure they were taking their temperature or filling out the employee screening log. Nurse #1 specified they are using the honor system. She said staff were supposed to write their name, take their temperature then record their temperature on the screening log, put what time they entered the facility and answer the yes/no questions. Nurse #1 also stated there was not a staff member to let them in the building for the 7:00pm shift and stated, No we just put the code in and come in. During an interview with nursing assistant (NA) #3 on 4-30-20 at 6:30am, NA #3 stated she had not attended an in-service or training on masks, hand washing, infection control or COVID 19 we were given an information sheets on wearing our mask, hand washing and COVID 19 in March and instructed to sign the attendance sheet saying we received the information. She also discussed entering the building on her own and there was not a staff member monitoring employees' entering the building, taking their temperature or completing the screening log which consisted of writing their name, taking their temperature then recording their temperature on the screening log, put what time they entered the facility and answer the yes/no questions. Observation of staff entering the facility occurred on 4-30-20 at 6:35am through 7:20am. During that time 4 staff members were noted to enter the building on their own and complete the screening process at the screening table. The employee screening table was monitored periodically starting at 6:45am by the ADON and the facility's scheduler to ensure employees had a mask, took their temperature, recorded their temperature and answered the 4 yes/no COVID 19 questions on the screening log. An observation of staff entering the building on 4-30-20 at 6:55am, revealed NA #5 stopped at the employee screening table located at the lower entrance to the facility. The screening table was not monitored at that time by the ADON or the facility's scheduler. NA #5 was observed obtaining a mask, writing down a temperature in the employee screening log, putting what time he entered the facility and answering the 4 yes/no COVID 19 questions. NA #5 was observed writing down a temperature without obtaining his temperature using the oral, ear or forehead thermometers and then proceeded to walk down hall 300. During an interview with NA #5 on 4-30-20 at 8:15am, NA #5 stated he had not taken his temperature on 4-30-20 and stated, I don't know why I just didn't. He also stated he had been educated back in March on the importance of screening employees prior to their shift verbally by the Director of Nursing (DON) and then stated oh wait, I did. I ran that thing (forehead thermometer) across my forehead. During an interview with the Administrator on 4-30-20 at 7:54am, the Administrator discussed staff only being able to enter through the lower level entrance of the facility, that the front door was locked and the employee screening table by the lower level entrance was supplied with the employee screening log, masks, hand sanitizer and thermometers. He also stated he did not know why there were not masks on the table or covers for the oral and ear thermometers when I leave in the evening, I make sure all the supplies are there on the table. I will have to ask what happened to them. The Administrator said the facility had not had issues with their supply of personal protective equipment (PPE). He discussed the 300-hall nurse and the facility's scheduler being responsible for monitoring the 7:00am shift employees entering the building to ensure the employees take their temperature, fill out the employee screening log and needed supplies (masks, hand sanitizer, thermometers and screening log) were on the table. He also added the 300-hall nurse was responsible for monitoring the 7:00pm staff entering the facility. The Administrator stated staff had been in-serviced on COVID 19, infection control and PPE in March 2020 and that the education was also part of the employees yearly training. The</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>facility's physician was interviewed by phone on 5-4-20 at 2:35pm. The physician stated he was not aware of staff not screening prior to starting their shift but stated it needed to be completed. He also discussed educating staff when he was in the building on the importance of good hand hygiene and the importance of the screening process. The physician also said if staff were not following the proper screening process [MEDICAL CONDITION] could spread in the building and affect more than one or two people. Review of the facility training revealed staff received training on improving sign in process dated 4-24-20. The Director of Nursing (DON) was interviewed by phone on 5-5-20 at 10:00am. The DON stated the process for screening employees entering the facility was; the employee stops at the employee screening table, takes their own temperature or if they need help can ask for help to have their temperature taken, sign in on the screening log, record their temperature and answer the 4 yes/no COVID 19 questions. She also stated the employee needed to report any symptoms or if they had been in contact with anyone who had symptoms of COVID 19. The DON discussed auditing the employee screening log daily to assure employees were following the screening process but had not tallied the number of employees who had not followed the screening process and stated when she found discrepancies she would re-educate the employee on the proper procedure. A follow up telephone interview occurred with the DON on 5-6-20 at 4:10pm. The DON said when she found the discrepancies for the screening process, she spoke with the individual person and re-educated them on the screening process. She also stated, the staff that did not complete the sign in process during the 7:00am to 7:00pm shift, she escorted them back to the sign in table and had them take their temperature. The DON said staff entering the facility for the 7:00pm to 7:00am shift were monitored by the 300 hall nurse to ensure staff took their temperature and answered the 4 yes/no COVID 19 questions but the staff that had not completed the sign in process were re-educated, no documentation was provided by the DON. 2. The facility's policy and procedure for COVID 19 Policy/Plan dated 4-4-20 was reviewed and revealed in part; All staff will always be required to wear a surgical mask while in the facility. Review of the facilities Accordius Health Update dated 4-9-20 revealed in part; all staff always wear masks while in the facility. An observation was conducted on 4-30-20 at 8:31am of nursing assistant (NA) #6 wearing her surgical mask below the nose, exposing the nasal passages while she was on a resident hall. During an interview with NA #6 on 4-30-20 at 8:31am, NA #6 stated she was given information on hand washing and personal protective equipment (PPE) in March 2020. She said she thought if the top ridge of the mask was covering the nasal opening it was ok but was able to state the ridge of her mask was not covering the opening of her nasal passage. NA #6 discussed receiving education in March 2020 that the surgical mask must cover her nose and her mouth while in the facility. NA #6 was observed a second time on 4-30-20 at 9:15am on a resident hall with her mask below her nose exposing her nasal passages. During an observation on 4-30-20 at 9:20am, NA #5 was noted to be on a resident hall with his mask below his nose, exposing the opening of his nasal passages. NA #5 was interviewed on 4-30-20 at 9:20am. NA #5 stated he thought it was ok to wear the mask below the nose while he was not in a resident room. He stated he received education in March 2020 on proper use of the surgical mask and the mask needed to cover his nose and mouth while in the facility. An interview with the Administrator and DON was conducted on 4-30-20 at 10:10am. The Administrator and DON both stated staff had been in-serviced on the mask needing to cover their nose and mouth while they were in the building and that they would speak/re-educate the employees on the way masks are to be worn. Follow up documentation was provided of the facility's weekly mask audit starting on 3-24-20 to 4-30-20. The documentation revealed staff not wearing their surgical masks covering their nose and mouth. The weekly audit tool also documented that staff were re-educated immediately on the proper wearing of their surgical masks. The facility's physician was interviewed by phone on 5-4-20 at 2:35pm. The physician stated he was not aware of staff incorrectly wearing their masks while in the facility but stated staff needed to wear their masks correctly. He also discussed educating staff when he was in the building on the importance of good hand hygiene and the importance of the protocols related to wearing surgical masks while in the building. The physician also said if staff were not making sure their masks covered their nose and mouth [MEDICAL CONDITION] could spread in the building and affect more than one or two people. The Director of Nursing (DON) was interviewed by phone on 5-5-20 at 10:00am. The DON discussed staff had received training between 3-11-20 and 3-23-20 on wearing their surgical masks while in the facility which included masks were to cover their nose and mouth and should not be below the nose or chin and not pulled down to speak. The Administrator and DON were notified of the Immediate Jeopardy by phone on 5-5-20 at 11:20am. On 5-8-20 the facility provided the following credible allegation of Immediate Jeopardy removal: Allegation of IJ removal of F880 Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance No residents were directly involved in the cited deficient practice, but all residents are at risk from the failure to adhere with correct and adequate infection control processes as guided by the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid (CMS). The deficient practice occurred due to one employee that failed to take his temperature upon entering the facility and two employees failed to have their mask over their nose while on the nursing units. Also, numerous employees that failed to document their temperature and responses to screening questions upon arrival at the facility from [DATE] through 4/30/20. Specify the Action the Facility will take to alter the process or system failure to Prevent a Serious Outcome from occurring or reoccurring and when the Action will be complete. The Director of Nursing re-educated all staff onsite on 4/30/20 from all departments including nursing, dietary, housekeeping, activities, social work, therapy and administration regarding the requirements for entering through a single point of entry and exit for the facility, the required use of the sign in log upon entry, the requirements of documenting their temperature and disclosure of any contacts or signs and symptoms. This procedure is required for every person who enters the facility, whether in contract capacity or an employee. Any such staff who was not in the facility on 4/30/20 was in-serviced by phone and competency evaluated by return demonstration as they reported for their next assigned shift. All staff is required to complete this training prior to working in the facility. For those who are educated by a trained and competency evaluated staff person is responsible for either taking the individuals' temperature or witnessing the individual properly taking their own temperature, validating the reading and observing the correct entry being made, and completing the screening questions. In addition, the requirements of wearing a mask, provided by the facility, always when in the facility. The re-education included proper donning and doffing of surgical masks, to keep the mask clean and covering the nose and mouth at all times as well as methods of preserving the integrity and cleanliness of the mask including the optional use of a cloth mask that will contain or shield the surgical mask but which must be washed and sanitized in a dryer with high heat. Re-education specified the requirement that employees will secure and leave the surgical mask in paper bag with the employee's name on it when exiting the building for use on their next assigned shift. The policy allows for use of the same surgical mask for up to five (5) shifts unless the mask becomes soiled, wet or torn. To ensure all staff participated in the education and competency evaluation, the Director of Nursing compared these in-services and return demonstrations to a master list of all employees and contract workers, including the therapy, housekeeping and dietary. All such staff have been competency evaluated by return demonstration and have not been permitted to work since 4/30/20 unless the education and check off were completed. To assure all staff fully understand the importance of proper donning and doffing, beginning on 4/30/20 on an ongoing basis, the individual who is charged with screening individuals upon entry is observing each person as they take their mask from the paper bag and don it, providing a continuous opportunity to correct any improper process or understanding of proper donning and wearing of a mask. During the hours of 7a to 7pm there is an employee assigned on a daily basis by the Director of nursing who sits by the table and ensures that all visitors and employees sign in and complete the questionnaire and temperatures are taken, and properly logged and the mask is obtained and donned. After 7pm and before 7am the doorbell is to be utilized and a staff member for unit 3 will allow the visitor/ employee in and ensure the questionnaire is complete and temperatures are taken and logged along with mask being donned. The employee who is assigned to sit at the table from 7a to 7p reports off to the unit 3 charge nurse. In the event the assigned employee from unit 3 is unable to answer the doorbell he or she will send another employee to the door to inform those that are waiting to enter that someone would be able to sign them in momentarily. All new hires will receive this education as part of orientation. The facility alleges the removal of the immediate jeopardy on 5/1/20 The Administrator is responsible for assuring corrective actions are sustained. On 5-13-20 at 10:40am the facility's credible allegation for Immediate Jeopardy removal, with an Immediate Jeopardy removal date of 5-1-20 was validated as evidenced by licensed and non-licensed staff interviews, facility training that included desk monitoring for the employee sign in/ sign out screening and the COVID policy review which included donning and doffing of surgical masks and employee sign in/sign out procedure. Observations of staff working the 7:00pm to 7:00am shift and staff working 7:00am to 7:00pm shift, revealed masks were being worn properly covering the nose and mouth. The observations of the employees signing in and out for their shift revealed a designated staff person present at the door, assisting the employees into the facility, taking their temperature, assuring the employee filled out the sign in log, retrieved the employees mask from a paper bag with the</p>		

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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 2)</p> <p>employees name on it and observed the employee placing the mask over their nose and mouth.</p>		