

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT ABERDEEN		STREET ADDRESS, CITY, STATE, ZIP 915 PEE DEE ROAD ABERDEEN, NC 28315	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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 observations, staff, Infection Preventionist (IP) and Medical Director (MD) interviews, the facility failed to post enhanced droplet precaution isolation sign on the doors of COVID-19 positive residents residing on the COVID-19 isolation unit for 9 (Resident #4, #5, #6, #7, #8, #9, #10, #11 and #12) of 10 residents reviewed for focused infection control. This occurred during the COVID-19 pandemic. The finding included: Review of the corporate COVID-19 Policy dated last revised on 5/6/20 read the IP will establish and monitor any isolation required including proper Personal Protective Equipment (PPE) and required posting of the type of isolation to serve as notice to others. On 9/22/20 at 11:50 AM, an observation of the COVID-19 unit plastic barrier from inside of the facility did not have any isolation signage posted. An interview was conducted on 9/22/20 at 2:00 PM with the IP/ Director of Nursing (DON). She stated she immediately implemented COVID-19 guidance from the Centers of Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC) as it evolved. She stated the only way into and out of the COVID-19 unit was through the outside door at the end of the Greenbrier hall. An observation was conducted on the isolation COVID-19 unit on 9/22/20 at 2:40 PM. Entry was through the outside end of Greenbrier hall. There was no enhanced droplet precaution isolation signage posted on the entrance door. The COVID-19 unit consisted of rooms 205 through 216. There were no enhanced droplet precaution isolation signs on resident occupied rooms 205, 206, 207, 210, 211, 212, 214 and 215. The only room observed to have an enhanced droplet precaution isolation sign was room [ROOM NUMBER]. Review of the medical records indicated the following: Resident #4 tested positive for COVID-19 on 9/16/20 and was placed in the COVID-19 isolation unit into room [ROOM NUMBER]A. Resident #5 tested positive for COVID-19 on 9/16/20 and was placed in the COVID-19 isolation unit into room [ROOM NUMBER]A. Resident #6 tested positive for COVID-19 on 8/28/20 and was placed on the COVID-19 isolation unit into room [ROOM NUMBER]B. Resident #7 tested positive for COVID-19 on 8/25/20 and was placed in the COVID-19 isolation unit into room [ROOM NUMBER]B. Resident #8 tested positive for COVID-19 on 9/9/20 and was placed in the COVID-19 isolation unit into room [ROOM NUMBER]A. Resident #9 tested positive for COVID-19 on 9/9/20 and placed in the COVID-19 isolation unit into room [ROOM NUMBER]A. Resident #10 tested positive for COVID-19 on 9/16/20 and was placed in the COVID-19 isolation unit into room [ROOM NUMBER]A. Resident #11 tested positive for COVID-19 on 9/5/20 and was placed in the COVID-19 isolation unit into room [ROOM NUMBER]B. Resident #12 tested positive for COVID-19 on 9/16/20 and was placed in the COVID-19 isolation unit into room [ROOM NUMBER]B. In an email exchange with the IP/DON on 9/23/20 at 8:12 PM, when asked about the lack of the enhanced droplet precautions isolation signs on the doors of the COVID-19 positive residents, she indicated that since the Greenbrier hall was designated for COVID-19, the staff knew to wear full PPE. A telephone was conducted on 9/24/20 at 11:24 AM with Nurse #1. He stated that he was an agency nurse and he was unsure why there were no enhanced droplet precaution isolation signs on resident doors in the COVID-19 unit. Nurse #1 stated at minimum, he thought there should be an enhanced droplet precaution isolation sign on the outside of the plastic wall barrier to let people in the facility know that it was the COVID unit. He further stated he thought there should also be an enhanced droplet precaution isolation sign on the door where the staff enter and exit the COVID-19 unit. A telephone interview was conducted on 9/24/20 at 12:34 PM with Unit Manager (UM) #2. She stated she was the UM of COVID-19 unit on Greenbrier hall. She stated she was not aware there were no enhanced droplet precaution isolation signs on the resident doors in the COVID-19 unit. She stated she thought it was enough to have a Do Not Enter sign on the plastic barrier. She further stated she did not know who was responsible for putting up the enhanced droplet precaution isolation signs up on the COVID-19 unit. A telephone interview was conducted on 9/24/20 at 1:00 PM with the IP/DON. She stated when COVID-19 outbreak happened, the facility did not have the enhanced droplet precaution isolation signs for COVID-19. She stated she had to type up something to put on the resident doors. She stated all the residents on the COVID-19 unit were under the same precautions so staff knew what kind of PPE to wear. She was unable to explain why the only correct isolation signage was on room [ROOM NUMBER]. She stated it was an oversight and the enhanced droplet precaution isolation signs for COVID-19 should have been on the outside of the resident doors. She stated she thought the Do Not Enter sign on the plastic barrier was enough and since only staff used the outside door to the COVID-19 unit. A telephone interview was conducted on 9/24/20 at 1:53 PM with the MD. He stated the facility had implemented the corporate COVID-19 policies and procedures. He stated it was his understanding the enhanced droplet precaution isolation signs were a part of the facility's action plan for COVID-19 and it was his expectation that the proper isolation sign be posted on positive COVID-19 resident doors. A telephone interview was conducted on 9/24/20 at 4:00 PM with the Administrator and the IP/DON. They stated they thought that since the COVID-19 unit was closed off, it would be assumed that COVID-19 positive residents were on the enhanced droplet precautions therefore eliminating the need for signs on individual resident doors. Both confirmed it was the expectation based on their COVID-19 plan, enhanced droplet precaution isolation signs should be posted on COVID-19 positive residents.</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.