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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 10/20/20 through 10/22/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted 10/20/20 through 10/22/20. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). On 10/20/20, the census in this 90 certified bed facility was 73. Of the 73 current residents, 18 residents were positive for COVID-19. Eleven staff members were also positive. Cumulative testing totals in the facility indicated a total of 20 COVID-19 positive residents with no related deaths. A cumulative total of 12 staff members have tested positive.	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. The facility must establish an infection prevention	F 880		11/18/20

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

Electronically Signed | 11/25/2020

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	Continued From page 1 and control program (IPCP) that must include, at a minimum, the following elements: §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; §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 communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed	F 880		

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F 880	Continued From page 2 by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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, staff interviews, interviews with local health department staff, review of facility documents, and clinical record reviews, the facility staff failed to maintain an infection prevention program for preventing and controlling infection and communicable diseases during an identified outbreak of COVID-19 for 2 of 4 residents in the survey sample (Resident #1 and Resident #3). Facility staff failed to follow facility policy and procedures; CMS (Centers for Medicare and Medicaid) and CDC (Centers for Disease Control and Prevention) guidance related to cohorting COVID-19 positive and negative residents together when vacant rooms were available creating the likelihood of residents being exposed to and contracting COVID-19 for Residents #1 and #3. Facility staff failed to maintain droplet precautions between a COVID-19 positive and negative resident residing in the same room increasing the	F 880	1. Resident # 1 and #3 were moved to a private room on October 20, 2020 per CDC and CMS guidelines. Privacy curtain placed in correct position by nursing staff upon identification. 2. Any resident has the potential to be affected if exposed to COVID-19/communal disease and CMS and CDC cohorting guidelines are not adhered to. A 100% audit of COVID positive residents and residents with potential exposure was completed on 10/20/20 and all residents currently reside in appropriate zones as recommended per CMS and CDC guidelines. 3. Re-education of licensed and non-licensed staff on Droplet transmissions-based precautions policy, including proper use of privacy curtain between residents, will be provided. Re-education on cohorting will be provided to licensed staff.	

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F 880	Continued From page 3 likelihood of Resident #1 being exposed to and contracting COVID-19. At the time of the survey, there was a cumulative total of 20 COVID-19 positive residents with no deaths. The findings included: On 10/20/20 at approximately 11:15am, during the entrance conference with the administrator and DON (director of nursing), surveyor asked if the facility had any rooms in which a COVID-19 positive resident and a negative resident are residing in the same room, the administrator replied "yes". Facility went on to state there are currently eight (8) COVID-19 negative residents on the hot unit (COVID Unit) due to exposure. Two semi-private rooms on the hot unit have two COVID-19 negative residents residing together in each room and the doors are kept closed. Two COVID-19 negative residents remain in semi-private rooms with their COVID-19 positive roommates. Administrator stated the facility has been in contact with the local health department and the epidemiologist advised the facility not to move the negative residents from the hot unit due to their COVID-19 exposure. Administrator stated that the hot unit began with an area at the end of the hall with 12 resident rooms and a plastic divider wall was put into place separating the hall into a warm and hot area. Administrator stated residents residing on the warm side of the unit could have had exposure or have worked with staff members that potentially had a positive exposure. No residents residing on the warm area at this time have had a known direct COVID-19 exposure. The	F 880	4. The Director of Nursing ,Infection Control Preventionist or designee will audit compliance of Droplet Precaution policy weekly X4 weeks then monthly x 2 months to ensure compliance with policy. Findings will be reported to QAPI committee for further review and recommendations.	

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administrator explained that the plastic barrier between the warm and hot unit was moved "last night" on 10/19/20, expanding the hot unit to add six (6) additional rooms. Administrator stated they were planning to discuss the expansion and additional rooms on the hot unit with the epidemiologist today for further guidance.

On 10/20/20 at approximately 1:00pm, the surveyor, accompanied by the DON, observed Resident #1, who is COVID-19 negative, in bed with the privacy curtain slightly pulled but allowing full visualization of Resident #2, who is positive for COVID-19, from the doorway. Resident #1 and #2's beds were approximately 6 feet apart. Upon observation, the door was closed with a sign at the door for Droplet Precautions and a PPE cabinet was located outside the door.

Resident #2 was tested for COVID-19 on 10/16/20 using a rapid antigen test and the results were positive.

Resident #1 was tested for COVID-19 using rapid antigen testing on 10/16/20 and 10/20/20 with both results being negative.

Resident #1's diagnosis list indicated diagnoses, which included, but not limited to Alzheimer's Disease, Unspecified Atrial Fibrillation, and hypothyroidism.

The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 8/23/20 coded Resident #1 as being severely impaired in cognitive skills for daily decision making with short term and long term memory loss in section C, Cognitive Patterns. Resident #1 was also coded as being totally dependent on

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two or more staff members for bed mobility, transfers, and personal hygiene.

A review of Resident #1's current physician orders revealed an order dated 10/16/20 stating "Droplet isolation: Dx: preventative r/t exposure Duration: based on CDC guidelines".

On 10/20/20 at approximately 1:05pm, the surveyor accompanied by the DON, observed Resident #4, who tested positive for COVID-19 on 10/20/20, in bed with the privacy curtain fully pulled separating them from their COVID-19 negative roommate, Resident #3. Resident beds were approximately six (6) feet apart. The door was closed and there was a sign at the door for Droplet Precautions and a PPE cabinet was located outside the door.

On 10/20/20 using rapid antigen testing, Resident #4 tested positive for COVID-19 and Resident #3 tested negative.

Resident #3's diagnosis list indicated diagnoses, which included, but not limited to Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Type 2 Diabetes Mellitus without Complications, Chronic Obstructive Pulmonary Disease, and Palliative Care.

The most recent quarterly MDS with an ARD of 10/05/20 assigned Resident #3 a BIMS (brief interview for mental status) score of 5 out of 15 in section C, Cognitive Patterns. Resident #3 was also coded as requiring extensive assistance with bed mobility and personal hygiene and total dependence with transfers.

On 10/20/20 at approximately 1:10pm, surveyor

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F 880	Continued From page 6 observed the following vacant private resident rooms on the hot unit, 146, 147, 148, 149, and 150. A review of Resident #3's current physician orders revealed an order dated 10/15/20 stating "COVID-19 Contact Isolation" and an order dated 10/21/20 stating "Droplet Isolation: Dx: Precaution: based on CDC guidelines." On 10/20/20 at 1:28pm, surveyor met with the administrator and DON and discussed the observations from the hot unit for Residents #1, #2, #3, and #4. The administrator stated they are moving Resident #1 and Resident #3 to private rooms at this time. On 10/20/20, surveyor requested the CDC and/or CMS guidance that the facility used to support cohorting a COVID-19 positive resident with a negative resident. Administrator provided surveyor with a copy of CDC guidance dated 4/30/20 entitled "Responding to Coronavirus (COVID-19) in Nursing Homes" with the following statements highlighted: "Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room." On 10/20/20, surveyor requested and received the facility policy entitled "Droplet Precautions" which states in part:	F 880		

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F 880	Continued From page 7 2. b. Place together in the same room (cohort) residents who are infected with the same pathogen and are suitable roommates. c. If it becomes necessary to place residents who require Droplet Precautions in a room with a resident who does not have the same infection: Avoid placing residents on Droplet Precautions in the same room with residents who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immunocompromised, have or have anticipated prolonged lengths of stay). Ensure that residents are physically separated (i.e., >3 feet apart) from each other as possible. Draw the privacy curtain between beds to minimize opportunities for close contact. Change protective attire and perform hand hygiene between contact with residents in the same room, regardless of whether one resident or both residents are on Droplet Precautions. Surveyor requested the facility policy related to COVID-19 and the cohorting of residents, administrator provided the facility policy entitled, "Novel Coronavirus Prevention and Response" which states in part: 6. Procedure when COVID-19 is suspected: b. Place resident in a private room (containing a private bathroom) with the door closed. Administrator provided surveyor with copies of	F 880		

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two emails from the local epidemiologist. Email dated 10/20/20 12:51pm states in part, "Regarding cohorting of residents and staff: As we discussed initially on/around 10/14, the ideal situation is that you cohort positive and/or symptomatic patients (cases) in a separate location from those who are not cases. We also discussed the 'hot, warm, cold' concept where the cases are in 'hot' and are serviced by staff who share that status. Warm is for those who are likely/possibly exposed (quarantine) and cold is for those who have no known exposure. You did express at that time that due to space constraints, you would be able to follow that recommendation for the most part, but you would have to leave a small number of residents on the hot side. In this case, staff needs to be very strict with PPE and limit time of contact in order to avoid exposing residents."

The second email provided was dated 10/20/20 1:15pm and it is a response to a question from the administrator. Email from the administrator to the local epidemiologist states in part, "Thanks (name omitted), one additional question, the only available rooms that I have vacant are on the hot unit and this was from expanding the hot unit last night. Do I need to go ahead and move those from the room with a positive to one of those rooms on the hot unit? They would still remain on the hot unit itself." The email response from the local epidemiologist states in part, "Yes, I would recommend distancing them as much as you're able."

On 10/20/20 at 2:24pm, administrator stated Resident #1 and Resident #3 have been moved to private rooms.

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F 880	Continued From page 9 On 10/20/20 at 2:29pm, surveyor spoke with the epidemiologist from the local health department who stated they were aware that there were COVID-19 negative residents residing on the hot unit but was not aware of positive and negative residents residing in the same room. Epidemiologist stated their advice is to consolidate the negative and positive residents. Epidemiologist also stated the facility was "between a rock and a hard place" last week. Resident #1 and Resident #3 were moved to private rooms during the course of the survey onsite visit. On 10/20/20 at approximately 3:00, surveyor accompanied by the DON, observed Resident #1 lying in bed in a private room on the hot unit, the door was closed and a Droplet Precautions sign was in place by the door. At approximately 3:05pm, Resident #3 was observed lying in bed in a private room on the hot unit with the door closed and a Droplet Precautions sign in place. On 10/22/20 at 1:53pm, the administrator stated that due to resident discharges unrelated to COVID-19, the plastic barrier separating the hot area from the warm area was moved yesterday to expand the warm unit by six rooms. These six rooms were previously a part of the hot unit. Only COVID-19 positive residents are now residing on the hot unit. No further information regarding this issue was presented to the surveyor prior to the remote exit conference on 10/22/20.	F 880		