STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345413	A. BUILDING _____ B. WING _____	05/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHERS FAIRVIEW HEALTH CARE	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 05/19/2020 through 5/20/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# S9TW11.	E 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 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	F 880		5/30/20

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

Electronically Signed | 06/04/2020

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 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 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 and review of the facility's Policies and Procedures for	F 880	It is the policy of the facility to maintain an infection prevention and control program	

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F 880	Continued From page 2 Infection Control/Hand Hygiene and COVID-19 precautions the facility failed to implement their policies on wearing gloves and hand washing for 6 of 6 residents reviewed for infection control. (Residents #1, #2, #3, #4, #5, and #6). This failure occurred during a COVID-19 pandemic. The findings include: Facility's current Policies and Procedures/Infection Prevention and Control Policy/Hand Hygiene (revised 9/2017) stated, Staff must perform hand hygiene even if gloves are used before and after contact with the residents. After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the resident's room. After removing personal protective equipment (e.g. gloves, gowns, mask). The facility's Policy and Procedure for Infection Prevention and Control Policy/COVID-19 Coronavirus Precautions (revised 4/2020) specified staff should put on clean, non-sterile gloves upon entering the patient room or care area. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. Continuous observations of Nursing Assistant (NA) #1 was conducted on 5/19/2020, from 11:00 AM to 11:15 AM. Observation of NA #1 on 5/19/20 at 11:00 AM revealed she was in room #508 touching Resident #1 to reposition the resident, the resident's bedside table, picked up trash and was not wearing gloves, then exited the room and entered room #512 without washing her hands. NA #1 touched Resident #2's hands without wearing gloves to reposition resident and	F 880	designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. It is the policy of this facility to ensure proper handwashing and hand hygiene protocols are being followed at all times. All residents who reside in the facility have the potential to be affected by this finding. Our facility has had no positive case of Covid19. The residents #1-6 were not on isolation nor did they have known or suspected Covid 19. Therefore, standard precautions applied. Standard precautions policy states gloves must be worn when handling blood/body fluids, mucous membranes, or non-intact skin. NA #1 and Nurse #2 did not perform any activities that required gloves, but handwashing was indicated in each instance identified. The Policies and Procedures for Covid19 precautions state when caring for a known or suspected COVID19 resident staff should put on clean, non-sterile gloves upon entering the patient room or care area. Remove and discard gloves when leaving patient room or care area, and immediately perform hand hygiene. The two employees identified were immediately counseled regarding the findings. NA #1 did state that she washed her hands in the dirty utility room after dropping the dirty linen there. This was	

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F 880	Continued From page 3 then exited room without washing her hands and entered room #510. NA #1 entered room #510 and assisted Resident #3 with personnel bedside items, touched the resident, picked up trash and was not wearing gloves and exited the room without washing her hands. NA #1 then entered room #506 that was shared between Resident #4 and Resident #5. While in room #506, NA #1 was observed using her bare hands to touch Resident #4 and #5 while repositioning the residents, repositioning Resident #4's wheelchair, to pick up trash in the bathroom and in the room, and stripped the linens from Resident #5's bed without wearing gloves. On 5/19/20 at 11:15 AM, NA #1 was observed to exit room #506 and did not wash her hands prior to exiting this room, nor, wearing gloves, NA #1 was observed to drop off linens and trash in the dirty utility room. NA #1 failed to wash her hands prior to or upon entering or exiting the rooms of Residents #1, #2, #3, #4 and #5 (rooms #506, #508, #510 and #512), while moving consecutively from room to room after providing care for Residents #1, #2, #3, #4, and #5. Interview conducted on 5/19/2020, at 11:30 AM, revealed NA #1 understood and received training on universal precautions and Coronavirus disease-19 (COVID-19) training including, hand washing and the wearing of personal protective equipment (PPE). NA #1 stated hand washing should be performed before entering and/or exiting a room and gloves should be worn when touching a patient or providing resident care needs. Observation conducted on 5/19/2020, at 10:00 AM, revealed Nurse #2 was standing in the doorway of room 501, when Resident #6 walked	F 880	not witnessed by the surveyor who stayed out in the hall. In-services held several times on multiple shifts on 5/26/20-5/29/20 with all staff. The following was reviewed: a. Hand Hygiene- including review of the facility polices. b. Review of the three W□s- Wait (social distancing), Wear (Masks), Wash (handwashing/sanitizer) c. Review of Covid 19 policies, PPE, Isolation, Testing, Admissions, Screening, Hiring, visitor restrictions, keeping residents in rooms, etc. Information reminders are placed on the boards at the nurse□s stations and break area, on the employee Facebook page and in paycheck newsletters. 19 additional hand sanitizer stations have been added to the 18 already in place on hallways, around nurses□ stations and other common areas to make hand hygiene more accessible. Facility has provided all staff with a pocket sanitizer that they can keep with them and we will refill as needed. Hand sanitizer is on each medication cart. Each resident room, medication room, dirty and clean utility room, and nourishment room has sink for hand washing. ADON/Infection Preventionist or designee will monitor hand hygiene for 2 random staff members, 5 days a week on varying shifts. The purpose of monitoring will be to ensure that proper hand hygiene is	

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F 880	Continued From page 4 out of room #502 into Hall 500 and became unsteady. Nurse #2 physically stabilized Resident #6 with her bare hands until a nursing assistant (NA) retrieved and provided the resident with her walker. At 10:03 AM Nurse #2 returned to the med-cart to continue a med-pass and did not wash their hands, nor, use hand sanitizer after touching resident #6 and began to administer medications to residents. Interview conducted on 5/20/2020, at 10:25 AM, revealed Nurse #2 stated she did not wash her hands after stabilizing Resident #6 because she forgot. Nurse #2 revealed she washed her hands each time entering and/or leaving a resident's room, or, use hand sanitizer on the wall mounts, or, on the med-cart. Nurse #2 understood and received training on universal precautions and Coronavirus disease-19 (COVID-19) training including, hand washing and the wearing of personal protective equipment (PPE). Interview conducted on 5/19/2020, at 1:30 PM, with the Assistant Director of Nursing (ADON), revealed NA#1 was diligent in her performance and would not expect this employee to have these behaviors in not washing her hands after providing resident care. Also, the ADON revealed Nurse #2 was extremely competent as a nurse and, also, participated in infection control awareness meetings. Interview conducted on 5/19/2020, at 2:45 PM, with ADON, NA #1 and the Director of Nursing (DON), revealed NA #1 explained she forgot to wash her hands, as she was in a rush to get all their tasks done before the lunch meal was served and apologized for not washing her hands between rooms and after resident care.	F 880	practiced. The monitoring will continue until 4 weeks of zero negative findings is achieved. Then, 3 random staff members on varying shifts will be monitored weekly for a period of not less than 2 months to ensure ongoing compliance. Any infractions observed will be prevented or corrected as observed. Audit sheets will be maintained and turned in to the QA Committee at least quarterly to be reviewed. Any patterns will be identified. If necessary, new action plan will be written and put into action for monitoring. Cameras in hallways and common areas are also used to monitor infection control compliance. This will be recorded on audit sheets and turned into the infection preventionist who will review and add to records turned in the QA committee. Any staff who fail to comply with the hand hygiene policies will be further educated and/or progressively disciplined as indicated. Completion date for plan of correction 5/30/2020.	

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F 880	Continued From page 5 Interview conducted on 5/20/2020, at 1:25 PM, with the DON and ADON, revealed they reviewed the video from the Hall 500 surveillance cameras for the morning of 5/19/20 and it showed NA #1 entering and exiting resident rooms and touching the residents without performing hand washing, not wearing gloves, nor, using hand sanitizer before entering and exiting the rooms of Residents #1, #2, #3, #4, and #5.	F 880		