STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345309	A. BUILDING ______ B. WING ______	06/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY	**101 CAROLINE AVENUE** **WELDON, NC 27890**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 6/10/20. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b) (6), Subpart-B-Requirements for Long Term Care Facilities. Event ID 3VCK11.	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 infections before they can spread to other	F 880		

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

Electronically Signed

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 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 review of facility policies and procedures, observations and staff interviews, the facility ' s COVID-19 screening policy and	F 880		

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F 880	Continued From page 2	F 880		

procedure was not implemented when an employee, who had not been screened for COVID, entered a unit that was designated for residents on enhanced droplet precautions for 1 of 1 speech therapist observed (Speech Therapist #1). This occurred during a COVID-19 pandemic.

The findings included:

Review of the facility ' s policy titled COVID-19 Preparation and Response dated 3/10/20 and last updated on 6/7/20 revealed the following as the purpose for the policy: "Residents of nursing homes and other residential facilities will be at particular risk for transmission of COVID-19 and disease complications. COVID-19 can be introduced through facility personnel and visitors; once a virus enters such facilities controlling its spread is problematic." The section of the policy titled Mitigation, 2c Control of personnel read: "All employees are screened as they arrive at the beginning of the shift and upon returning after leaving the facility. Employee screens are conducted by a nurse and consist of a temperature, sign and symptom review and screening questions."

On 6/9/20 at 10:10 AM an interview was conducted with the Administrator and the Director of Nursing (DON). The DON stated that all staff enter the front door at the beginning of their shift, sanitize their hands, have their temperature taken, put on a mask and are asked the screening questions and the information entered into a log. The DON further stated they had designated the 200 Hall for residents newly admitted from the hospital and residents re-admitted from the hospital and these residents

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F 880	Continued From page 3	F 880		

were put on enhanced droplet precautions for 14 days and if no signs or symptoms of COVID-19 after 14 days, the resident was moved to a regular floor. The DON stated the facility had no residents or employees that tested positive for COVID-19 since the beginning of the pandemic. There were currently 8 residents that resided on the 200 Hall.

On 6/9/20 at 10:54 AM an employee identified by staff as a speech therapist was observed to enter the facility by using a door at the end of the 200 Hall. The therapist was observed to wear a mask and carried a stack of materials in his hands and walked past a nurse in the hall and continued to walk down the hallway. The therapist was observed at the screening desk at the front door and had his temperature taken and was asked the appropriate screening questions.

On 6/9/20 at 10:56 AM an interview was conducted with Speech Therapist #1 who stated he came in the door at the end of the 200 Hall because he had parked his car close to that entrance and he had his hands full. The Therapist further stated he was able to enter that door with the use of a keypad.

On 6/9/20 at 11:20 AM the DON stated in an interview that all the doors to the facility had a keypad to gain entrance to the facility. The DON further stated the speech therapist was supposed to enter the facility through the front door like all the staff and get screened prior to being on the hall.

On 6/9/20 at 11:45 AM an interview was conducted with the Administrator and the DON. The Administrator stated the speech therapist

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F 880	Continued From page 4 was supposed to enter the facility through the front door and he had been educated to enter through the front door. The Administrator further stated she would change the code to the door keypads to prevent entry into the facility through those doors. On 6/9/20 at 1:02 PM a second interview was conducted with the Speech Therapist who stated he had received prior education and was aware he was supposed to enter the facility through the front door and it was his error. The Speech Therapist stated he had received another in-service today about entering the facility through the front door. On 6/10/20 at 9:50 AM the Administrator stated in an interview that when Speech Therapist #1 entered the facility through the door on the 200 Hall on 6/9/20, this was the beginning of his shift and the first time the therapist had been in the building that day.	F 880		