STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345131	A. BUILDING _____ B. WING _____	C 05/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT CLEMMONS	3905 CLEMMONS ROAD CLEMMONS, NC 27012

(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 complaint /COVID-19 focused survey was conducted on 4-30-20 through 5-13-20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 3L6B11	E 000		
F 000	INITIAL COMMENTS A complaint survey and COVID19 focused survey was conducted from 4-30-20 through 5-13-20. 1 of 1 complaint allegations was substantiated resulting in deficiency. Event ID 3L6B11 Immediate Jeopardy was identified at CFR 483.80 at tag F880 at a scope and severity K. Immediate Jeopardy began on 4-30-20 and was removed on 5-1-20.	F 000		
F 880 SS=K	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	F 880		5/31/20

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

Electronically Signed | 05/28/2020

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F 880	Continued From page 1	F 880		

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 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.

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F 880	Continued From page 2 §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 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	F 880	F880 □ Infection Prevention & Control 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. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;	

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F 880	Continued From page 3 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	F 880	" The Director of Nursing immediately re-educated all staff on 4/30/20 from all departments including Nursing, Dietary, Housekeeping, Activities, Social Services, Therapy and Administration regarding: o The requirements for entering through a single point of entry and exit for the facility. o The required use of the sign in log upon entry. o The requirements of documenting their temperature and disclosure of any contacts or signs and symptoms. o Proper donning and doffing of surgical masks, how to keep the mask clean, ensuring the nose and mouth are covered 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. o Re-education specified the requirement that employees will secure and leave the surgical mask in a 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. " All staff members who were not present in the facility on 4/30/20 were re-educated via phone and their competency was 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.	

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F 880	Continued From page 4 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 placer 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	F 880	Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice; " The Director of Nursing immediately re-educated all staff on 4/30/20 from all departments including Nursing, Dietary, Housekeeping, Activities, Social Services, Therapy and Administration regarding: o The requirements for entering through a single point of entry and exit for the facility. o The required use of the sign in log upon entry. o The requirements of documenting their temperature and disclosure of any contacts or signs and symptoms. o Proper donning and doffing of surgical masks, how to keep the mask clean, ensuring the nose and mouth are covered 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. o Re-education specified the requirement that employees will secure and leave the surgical mask in a 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. " All staff members who were not present in the facility on 4/30/20 were re-educated via phone and their	

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F 880	Continued From page 5 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	F 880	competency was 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. All newly onboarded staff will receive this education as part of the onboarding process. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur; " Beginning on 4/30/20 and on an ongoing basis, a trained employee will be assigned to screen individuals upon entry and 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. o During the hours of 7am to 7pm the trained employee will be assigned on a daily basis by the Director of Nursing to sit by the check-in table and ensure that all visitors and employees sign-in and complete the COVID-19 questionnaire, take their temperature and properly log it, and to ensure their mask is obtained and properly donned. o 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	

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F 880	Continued From page 6 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	F 880	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. " Effective 4/30/2020, the Keypad Code to the facilities designated entrance will be changed daily. Authorized personnel only will be privy to the code. " Effective 4/30/2020, audits will be performed 3 times a week for 12 weeks by the Administrator/DON to ensure the facilities designated entrance remains supervised. " Effective 4/30/2020, daily audits will be implemented to ensure that all employee□s who are working and worked the previous day are following the requirements for admittance into the facility per Accordius□ COVID-19 Policy/Plan. The audits will be conducted as follows, daily for 4 weeks, followed by 3 times a week for 4 weeks, and subsequently 2 times a week for 4 weeks, and finally monthly for 2 months. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility. " The Director of Nursing and Administrator will review all audits daily and weekly to ensure that all facility personnel are in compliance with the	

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F 880	Continued From page 7 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 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 the virus 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"	F 880	facilities check-in/screening process and proper donning of surgical masks. " The results of these audits and monitoring will be reviewed daily (Monday-Friday) with the interdisciplinary team and submitted to the QAPI Committee monthly until all audits are completed the facility is in compliance.	

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F 880	Continued From page 8	F 880		

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.

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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

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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 the virus 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

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ACCORDIUS HEALTH AT CLEMMONS	3905 CLEMMONS ROAD CLEMMONS, NC 27012

(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
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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 4/23/20 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

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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

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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.

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F 880	Continued From page 14 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 employees name on it and observed the employee placing the mask over their nose and mouth.	F 880		