STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345004	A. BUILDING _____ B. WING _____	08/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSON MEMORIAL HOSPITAL	615 RIDGE ROAD ROXBORO, NC 27573

(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 July 30, 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# WMCT11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID19 focused infection control survey was conducted on 8-12-20. The facility was not in compliance with 42 CFR, 483.80 infection control regulations. Event ID # WMCT11	F 000		
F 880 SS=E	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	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 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. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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 record review, staff interviews and physician interview the facility failed to establish and implement a surveillance/tracking system for residents with signs and symptoms of COVID19. This failure occurred during a COVID19 pandemic. Findings included: Review of the facility's "Interim Policy for Novel Coronavirus (COVID19)" policy and procedure dated 8-6-2020 revealed in part; early detection is made possible through ongoing monitoring and surveillance efforts. Increased surveillance of hand hygiene and infection control practices are key to mitigating risk of exposure and spread of COVID19 in the facility. During an interview with the Administrator on 8-12-20 at 11:55am, the Administrator stated the facility census was 48 with 5 residents testing positive for COVID19 and 3 residents waiting for results of their test to return. He also discussed the facility started performing weekly testing on all residents and staff in June and the facility had their first positive case identified on 7-27-20. The Administrator said they have had 3 staff also test positive for COVID19 and have not returned to work. The infection control (IC) nurse was interviewed on 8-12-20 at 1:36pm. The IC nurse stated the facility had not had any positive COVID19	F 880		

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F 880	Continued From page 3	F 880		

residents until August 2020 and "the majority" of those residents were asymptomatic. She said she was tracking resident signs and symptoms by the daily nursing documentation but had not developed or implemented surveillance for the residents. The IC nurse presented a copy of a notebook piece of paper that contained the resident name, the date the resident tested positive and any symptoms the resident may have had. She also had a facility map indicating what rooms the residents had been in prior to testing positive. The IC nurse stated that was the only surveillance she had done and said, "I did not know what else I should be doing." She also confirmed, she and the Director of Nursing (DON) were completing weekly COVID19 testing on all residents and staff.

During an interview with the DON on 8-12-20 at 2:40pm, the DON said there was no formal monitoring being completed of staff but said "when management are out walking the halls we make sure staff is wearing their PPE correctly and if a staff had to put on a gown we will watch the donning and doffing." She commented that she did not believe that staff had breeched using their PPE, but that management had not completed a surveillance or a root cause analysis to try and find the source.

The Medical Director was interviewed on 8-12-20 at 3:05pm. The Medical Director stated he had not seen any issues regarding infection control practices on the units. He also said he was "not always" informed if a resident had COVID19 symptoms. He discussed that staff would contact the provider for that day to handle any symptoms. The medical Director also discussed not being part of the tracking of COVID positive residents

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F 880	Continued From page 4 and was not part of the surveillance process. The DON and Administrator were interview on 8-12-20 at 3:15pm. The DON stated she believed that monitoring the residents daily by the nursing documentation was enough for surveillance and did not realize there was a surveillance system that needed to be established. The Administrator discussed having COVID positive residents was new for the facility and that they are trying to establish proper processes. He also stated he would meet with the IC nurse and assist in establishing a surveillance system.	F 880		