STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345389	A. BUILDING _____ B. WING _____	C 07/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF FOREST GLENN	1101 HARTWELL STREET GARNER, NC 27529

(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 07/15-23/2020. 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# 5MBM11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 7/15/2020. Additional record review and interviews were obtained on 7/16/20-7/23/20; therefore the survey exit date was changed to 7/23/2020. There was one complaint allegation investigated and one substantiated. Event ID #5MBM11.	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 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	F 880		8/28/20

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

Electronically Signed | 08/14/2020

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F 880	Continued From page 1 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. §483.80(e) Linens.	F 880		

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F 880	Continued From page 2 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, staff interview and facility policy and procedure review it was determined that the facility failed to screen 1 of 1 visitor entering the facility per CDC recommendations. This occurred during the COVID 19 Pandemic. Findings included : Per review of the facility infection control policy dated 5/29/2020, visitors, if allowed would be screened as directed by Centers for Disease Control and CMS (Centers for Medicare and Medicaid services) guidance. The policy stated that caregivers and all facility staff would be screened as directed by CDC and CMS guidance. This surveyor entered the facility at 12:04 AM on 7/12/2020. The surveyor's temperature was taken by a staff person sitting in the foyer. The surveyor was also asked to sign in. The surveyor was then allowed to enter the facility. As the surveyor prepared to move down the hall, the staff person asked if she would like a mask and proceeded to provide the mask. Facility staff did not ask the surveyor screening questions nor ask her to complete a form with the screening questions. Interview with the screener at 1:08 AM on	F 880	The Laurels of Forest Glenn wishes to have this submitted Plan of Correction to stand as allegation of compliance. Our allegation date is 08/28/2020. Preparation and/or execution of this Plan of Correction does not constitute admission to, nor agreement with, either the existence of, or the scope and severity of, any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement. F 880 Infection Prevention and Control No negative outcome occurred as a result of this alleged deficient practice. Residents in the facility have the potential to be affected. Education was provided to Screener #1 by Administrator on 7/12/20 upon discovery of alleged deficiency. All current Screeners received education on screening policies and procedures according to CDC, CMS, and facility policy	

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F 880	Continued From page 3 7/12/2020 revealed that she did not ask everyone screening questions. The business office manager who was also present stated, "we usually don't allow anyone in but staff." Review of facility documents on 7/24/2020 revealed that the facility had a Coronavirus COVID-19 Employee Associate Daily screening Log (created 6/10/2020 per the date on the bottom of the form) dated 7/11/20. The form included columns for Employee/Associate Name, Temperature at the start of shift, temperature at the end of shift, symptoms of COVID-19, Masked and sent home for self isolation, and the name of the screener. Review of a log sheeted dated 7/11/220 revealed that the surveyor's name was recorded, the entry temperature, exit temperature, no for COVID symptom was documented, no was documented for masked and sent home, and a screener signature was documented. Policy and procedure review also revealed a visitor's log-COVID-19 form created 6/10/2020 per the date on the bottom of the page. This form included the date, visitors name, phone number and 3 screening questions. The questions were related to international travel, contact with an exposed person and having signs or symptoms of COVID 19. Interview with the Director of Nurses at 4:24 PM on 7/21/2020 revealed that they check temperatures and ask questions about signs and symptoms of COVID at the front door. The DON stated the screener was asking questions and that there was a sign posted a the front door. When asked,"what should happen at surveillance?", the DON stated come in the front	F 880	by the Administrator, Director of Nursing, and/or Designee by 7/31/20. New and/or temporary Screeners received education thereafter as scheduled. Education will be provided to all Screeners by the Administrator, Director of Nursing, and/or Designee on proper screening policies and procedures on an ongoing basis as guidance changes. Education will be provided in orientation for all new Screeners. The Administrator, Director of Nursing, and/or Designee will complete audits daily for one week and then weekly times eight weeks and then as needed as determined by the QA Committee to ensure proper screening procedures are taking place. Monitoring will include review of screening logs and interview of associates, vendors, and visitors. Any variances will be corrected and additional education or counseling will be provided as needed. Continued compliance will be monitored through the facility□s Quality Assurance Program.	

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F 880	Continued From page 4 door, screen takes temperature, screener asks questions regarding s/s (signs and symptoms) and the screener should offer PPE (personal protective equipment). The individual has the right to say they will use their own PPE.	F 880		