STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345000	A. BUILDING _____ B. WING _____	09/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF BISCOE	401 LAMBERT ROAD BISCOE, NC 27209

(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 9/1/2020. 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# IUR611.	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		9/24/20

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

Electronically Signed | 09/28/2020

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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 observations, record reviews, and staff interviews, the facility failed to discard used gowns worn by staff after providing care in 4 of 4	F 880	F880 CNAs #1, #2, #3 have all tested negative for infectious disease since the end of the	

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F 880	Continued From page 2 resident rooms (rooms 101, 106, 107, 108) on enhanced contact/droplet precautions and staff failed to doff isolation gowns in a manner that would prevent the spread of COVID-19 after providing care in 1 of 4 resident rooms (room 107) on enhanced contact/droplet precautions. The findings included: 1 Review of the facility's policy titled Donning and Doffing of PPE dated 3/2020 revealed the policy did not specifically address the storage of personal protective equipment (PPE) when PPE is being reused. However, the policy stated gowns and gloves should be discarded in the room, prior to exiting. Facility in-service records were reviewed. NA #1, NA #2, and NA #3 completed training and competency check off on donning and doffing of PPE in July 2020. The training was reviewed and indicated gowns should be doffed prior to exiting an isolation room. An observation of the quarantine hall (100 hall) was conducted on 9/1/2020 from 9:30am to 10:15am. What appeared to be worn blue isolation gowns were observed hanging on the isolation caddies outside of rooms 101,106, and 108. Room 107 was observed to have one worn blue isolation gown hanging across the top of the isolation caddy and another worn gown was rolled up and placed on top of the clean isolation gowns being stored in the caddy. Rooms 101,106, 107, and 108 had signage on the doors indicating they were on enhanced contact/ droplet precautions. An interview was conducted with NA #1 at 10:12am on 9/1/2020. She stated she received	F 880	survey. The residents in rooms 101, 106, 107, and 108 have all tested negative for infectious disease since the end of the survey. All residents have the potential to be affected. To prevent this from recurring, the Director of Nursing or Designee will provide education to current staff by 9/23/2020 concerning proper donning, doffing, and disposal of Personal Protective Equipment (PPE) when entering and exiting a resident room with signage for contact/droplet precautions. Education will be provided to new hires during orientation. To monitor and maintain ongoing compliance, beginning 9/24/2020 the facility Director of Nursing or her designee will audit 5 employees per day for two weeks, then 5 employees five days per week for two weeks and randomly thereafter to validate compliance of proper donning, doffing and proper storage of reusable personal protective equipment. The results of the audits will be brought to the facility QAPI committee weekly for further review and recommendations during the duration of auditing. Dates corrective actions will be completed: 9/24/2020 Title of person responsible for implementing acceptable plan of correction: Tina Billings, LNHA	

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F 880	Continued From page 3	F 880		

in-service training by the facility on the use of personal protective equipment (PPE). She further stated they were not reusing isolation gowns at that time and was not sure why there were worn isolation gowns hanging on the isolation caddies outside of rooms 101,106,107, and 108. The gowns were hanging there when she reported to her shift at 7:00am. She further stated she had seen gowns hung outside the doors on the isolation caddies on other occasions.

NA #2 was interviewed on 9/2/2020 at 10:35am. NA #2 worked on the 100 hall on 8/31/2020 from 3pm until 11pm on 8/31/2020. She stated there were used isolation gowns hanging outside of the doors on the isolation caddies when she reported to her shift on 8/31/2020 at 3pm and she had observed the same practice on other occasions. She further stated she removed the gowns and threw them in the trash. NA #2 stated she attended in-service training on PPE and completed a competency check off by a registered nurse in July 2020. She knew to discard her isolation gown inside the room when residents were on isolation precaution.

Multiple attempts were made to contact NA#3 who worked third shift (11pm to 7am) on 8/31/2020. Attempts to contact her were not successful.

An interview was conducted with the infection control/infection preventionist at 9:46am on 9/1/2020. She stated they are reusing PPE in the isolation rooms in accordance with Center for Disease Control (CDC) guidelines, but the staff had been educated on doffing gowns prior to exiting the rooms. She stated she believed the gowns on the door were used but she did not

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F 880	Continued From page 4	F 880		

know why rooms had used isolation gowns hanging outside the doors. She stated the facility had hooks on the inside of the rooms to hang gowns for reuse. It was her expectation that staff doff gowns and gloves prior to exiting an isolation room and the staff had received training on this. She further stated she was not sure what more could be done to ensure staff compliance.

2. Review of the facility's policy dated 3/2020 stated gowns and gloves should be discarded in the room, prior to exiting the resident's room.

Facility in-service records were reviewed. NA #1 completed training and competency check off on donning and doffing of PPE in July 2020. The training was reviewed and indicated gloves and gowns should be doffed prior to exiting an isolation room.

At 10:10am on 9/1/2020 nurse assistant (NA) #1 was observed exiting room 107 which had signage indicating the resident was on enhanced contact/droplet precautions. NA#1 was observed doffing her gloves in the resident's room, stepped into the hall and doffed her isolation gown, then discarded the gown in the trash receptacle located inside the resident's room by the door.

An interview was conducted with NA #1 at 10:12am on 9/1/2020. She stated she received in-service training by the facility on the use of personal protective equipment (PPE). She further stated they were not reusing isolation gowns at that time. When asked, she stated the in-service training did instruct staff to doff gowns and gloves prior to exiting an isolation room. She stated she forgot and stepped out of the room, into the hall before doffing her used isolation gown.

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F 880	Continued From page 5 An interview was conducted with the infection control/infection preventionist at 9:46am on 9/1/2020. She stated they are reusing PPE in accordance with CDC guidelines, in isolation rooms, but the staff had been educated on doffing gowns prior to exiting the rooms. It was the facility policy and her expectation that staff doff gowns and gloves prior to exiting an isolation room.	F 880		