STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345351	A. BUILDING _____ B. WING _____	10/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SALUDA	501 ESSEOLA CIRCLE SALUDA, NC 28773

(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 09/30/2020. Additional record review and interviews occurred through 10/02/2020. The survey exit date was changed to 10/02/2020. 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# VDSS11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/30/2020. Additional record review and interviews occurred through 10/02/2020. Therefore, the exit date was changed to 10/02/2020. The facility was not found in compliance with 42 CFR 483.80 infection control regulations and had not implemented the CMS Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# VDSS11.	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:	F 880		10/22/20

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

Electronically Signed | 10/21/2020

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F 880	Continued From page 1 §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 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	F 880		

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F 880	Continued From page 2 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, staff interviews, and review of the facility's policy entitled "Emergency Preparedness Plan - COVID 19" and "Transmission-Based Precautions" policy and the Center for Disease Control and Prevention guidance the facility failed to ensure Personal Care Aide (PCA) #1 donned a face shield and gown as part of Personal Protective Equipment (PPE) used while in 1 of 1 resident room (D-8) placed under Enhanced Droplet-Contact Precautions. This failure occurred during a COVID-19 pandemic. Findings included: The facility's policy titled, "Emergency Preparedness Plan - COVID 19" last updated 9/22/2020, under section 3.39 recommended the use of personal protective equipment (PPE) for health care settings. Health care workers or anyone crossing the threshold into a patient room on the observation unit were directed to wear PPE which included a gown and eye protection. The facility's policy and procedure titled, "Transmission-Based Precautions" last revised	F 880	PCA #1 has tested negative for infectious disease since the end of the survey. The resident in room D8-D has tested negative for infectious disease since the end of the survey. The resident in D8-W has tested negative for infectious disease since the end of the survey. Both residents remain in the facility with no negative outcome. 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 10/22/20 concerning proper donning and doffing 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 and agency staff upon working. An audit tool has been developed to assist with compliance monitoring. A root cause analysis was completed on	

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F 880	Continued From page 3 03/24/2020, identified 3 categories which included contact and droplet precautions. The procedure of the policy provided instructions for undiagnosed respiratory illness use droplet and contact isolation until a definitive diagnosis was made. Under the section titled, "Contact Precautions" the noted intent was to prevent transmission of infectious agents and recommended the use of gowns whenever anticipating clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the resident. Under the section named, "Droplet Precautions" the noted intent was to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions and recommended eye protection be worn. Review of the Center for Disease Control and Prevention (CDC) website on 10/01/2020 under the section titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" under the section titled, "Implement Universal Use of Personal Protective Equipment noted health care personnel (HCP) working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 (COVID-19) infection. The CDC guided HCP should follow standard precautions (and Transmission-Based Precautions if required based on the suspected diagnosis) and also wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected.	F 880	October 15, 2020, and it was determined that the employee didn't notice the sign on the door to remind him to don the appropriate PPE due to the fact the sign and door are both light in color. Signage has been printed on color paper instead of white paper to allow the contrast with the door. The signs were replaced with color paper signs on October 16, 2020. To monitor and maintain ongoing compliance, beginning 10/19/20, the facility Director of Nursing or her Designee will document the audits of 10 employees per week for 12 weeks to validate compliance of appropriate donning and doffing of PPE. All negative findings will be immediately corrected. All results will be reviewed at the facility QA meeting monthly. The QA Committee will give further guidance based on review of audit findings and recommendations. The Quality Assurance Committee reviewed and approved the plan on 10/15/20. The results of the audits will be brought to the facility QAPI Committee monthly for further review and recommendations during the duration of auditing. Title of person responsible for implementing an acceptable plan of correction: Melissa Pate, Administrator	

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F 880	Continued From page 4 During an observation on 09/30/2020 at 4:58 PM PCA #1 was standing at the side of a bed occupied by a resident. The head of the bed was raised at approximately a 90-degree angle with PCA #1 standing in close proximity of the resident. PCA #1 was not wearing a gown or face shield. On the entry door of room D-8 a sign was posted and indicated enhanced droplet-contact precautions were to be used which included to wear a gown and eye protection when entering the room. PPE was available in multiple areas of D hall. During an interview on 09/30/2020 at 5:22 PM PCA #1 revealed he was trained on the use of PPE and identified rooms under enhanced droplet-contact precautions by the sign posted on the entry doors. PCA #1 indicated he seen the sign on the door of room D-8 but just forgot to don a gown and face shield before he entered the room. During an interview on 09/30/2020 at 5:38 PM the Infection Preventionist/Assistant Director of Nursing (IP/ADON) explained PCA #1 was a new employee and when first hired the facility provided education related to COVID 19 and the use of PPE. The IP/ADON indicated PCA #1 used a lack of judgement when he entered a room under enhanced droplet-contact precautions without the proper PPE and should have donned a gown and face shield.	F 880		