

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/28/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MACGREGOR DOWNS HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2910 MACGREGOR DOWNS ROAD</b> <b>GREENVILLE, NC 27834</b>	
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E 000	Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 10/2/2020. 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# HFOM11	E 000		
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/2/2020. A deficiency was cited with 42 CFR §483.80 infection control regulations related to implementing the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000		
F 880 SS=E	15 of the 15 complaint allegation were not substantiated.  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,	F 880		11/8/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/15/2020

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	<p>Continued From page 1</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 record review the facility failed to place signage on the doors and wear gowns while providing care to residents on the 14 day quarantine hall for new admissions and readmissions for 2 of 2 quarantine halls observed (Quarantine Hall #1, Quarantine Hall #2), failed to have a staff member cover her nose with a face mask while interacting with a visitor and a resident within 6 feet during a discharge for 1 of 1 staff members observed assisting with discharge (the Business Office Manager), and failed to have a staff member wear a face mask while at the staff entrance of the facility with other staff present within 6 feet of each other for 1 of 3 staff members observed at the staff entrance (the Account Manager for Housekeeping and Laundry).</p> <p>Findings included:</p> <p>1. The Centers for Disease Control and Prevention (CDC) guideline entitled "Responding to Coronavirus (COVID-19) in Nursing Homes" last reviewed on 04/30/2020 contained the following statements:</p>	F 880	<p>Please accept this Plan of Correction as MacGregor Downs Health and Rehabilitation's Center's credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by Federal and State laws, which requires an acceptable Plan of Correction as a condition of continued certification.</p> <p>F880</p> <p>A Fish Bone Diagram/Root Cause Analysis was conducted on 10/16/2020 to identify the root cause of areas identified in the 2567: Element #1: The facility failed to place signage on the doors and wear gowns while providing care to residents on the 14 day quarantine hall for new admissions and readmissions for 2 of 2 quarantine halls observed (Quarantine Hall #1, Quarantine Hall</p>		

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F 880	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>· Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. <ul style="list-style-type: none"> <li>o All recommended COVID-19 PPE (Personal Protective Equipment) should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.</li> <li>o Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic SARS-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</li> </ul> </li> </ul> <p>A review of the facility ' s corporate guidance for Personal Protective Equipment (PPE) dated 9/17/2020 revealed as of 5/14/2020, full personal protective equipment was recommended in admission units.</p> <p>During the entrance conference on 9/29/2020 at 9:45 AM the Administrator indicated rooms 14 through 28 were Quarantine Hall #1 for newly admitted and readmitted residents and there were no positive COVID-19 residents in the facility.</p>	F 880	<p>Element #2)</p> <p>Facility failed to have a staff member cover her nose with a face mask while interacting with a visitor and a resident within 6 feet during a discharge, and failed to have a staff member wear a face mask while at the staff entrance of the facility with other staff present within 6 feet of each other.</p> <p>The Root Cause Analysis was facilitated by the Administrator, with input by the Governing Body, which included the Vice-President of Operations, Vice-President of Clinical Services, Director of Nursing, the Infection Preventionist, Staff Development Manager, and the Assistant Director of Nursing. The results of the Root Cause Analysis were reviewed by the QAPI Committee on 10/16/2020, and incorporated into the facility plan of correction below. The Directed Plan of Correction will be completed on 11/8/2020, with training conducted by the Infection Preventionist and Director of Nursing.</p> <p>Element #1</p> <p>*The facility, prior to the Infection Control Survey, did not consider new admissions or readmissions as suspected positive, due to negative test provided by referring Hospital Provider prior to admission. The facility has revised our plan for management of new admissions and readmissions on our observation units.</p>		

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F 880	<p>Continued From page 4</p> <p>During observation on 9/29/2020 at 3:41 PM Resident #6 was observed to receive a bath by Nurse Aide #1 and Nurse Aide #2. The staff members were wearing N95 masks, eye protection and gloves with hand hygiene before and between glove changes, however, no gowns were worn. Staff stated they were only assigned to Quarantine Hall #1 and no other facility areas but do not wear gowns when caring for residents who are new admissions. Both staff stated the resident receiving a bath had been in the facility before but had been gone about a month. They stated residents remained on the new admission unit for 14 days, but gowns were not required when providing care to these residents. Both staff said if enhanced contact precautions were required or other specific precautions such as when residents have c-diff the sign is posted in the doorway. No enhanced droplet contact precaution signage was noted at entrance to the room and no gowns were observed available at the entrance to the room or on the hall.</p> <p>During an interview on 9/29/2020 at 4:00 PM the Director of Nursing stated residents who were new admissions or readmissions reside on the observation unit and are cared for using N95 mask, eye protection, and gloves but they are not on enhanced droplet contact precautions as these residents are restricted to their rooms and have had at least one negative COVID-19 test prior to admission to the facility from the hospital. Therefore, they were not suspected positive by the facility.</p> <p>During observation on 9/29/2020 at 4:20 PM Quarantine Hall #1 was observed to have 17 newly admitted and readmitted residents residing</p>	F 880	<p>This plan includes staff will be required to wear all recommended PPE including face masks, eye protection , gloves , and gowns during care for these residents during their observation period for 14 days. Signage will also be applied to the doors of all residents down the observation units indicating precautions needed upon entrance to the resident's room.</p> <p>*All new admissions and readmissions have the potential to be affected by the alleged deficient practice. Therefore, education will include ensuring appropriate signage is applied to the doors of new admissions and readmissions on the observation units. Staff will also be educated on the new process of wearing full PPE while providing care to new admits and re-admits during their 14 day observation period. This education will be completed by 11/8/2020</p> <p>* All staff will be required to wear all recommended PPE including face masks, eye protection , gloves , and gowns during care for these residents during their observation period for 14 days. Signage will also be applied to the doors of all residents down the observation units indicating precautions needed upon entrance to the resident's room.</p> <p>*The Director of Nursing, Staff Development Manager, Assistant Directors of Nursing, and Unit Manager will audit for appropriate use of PPE down</p>		

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F 880	<p>Continued From page 5</p> <p>on the hall. There was a sign at the entry to the hall which read, "stop, N95 mask and eye protection must be in place beyond this point." No signage to included enhanced droplet contact precautions was posted on any of the resident doors. No gowns were observed available on the hall.</p> <p>During an interview on 9/29/2020 at 4:06 PM the Infection Control Nurse stated she had contacted Pitt County Health Department and spoken with the Pitt County Communicable Disease Communicator who was comfortable with the practice in the facility regarding new admissions. She stated because the residents had at least one if not more negative COVID-19 tests prior to coming to the facility from the hospital, the facility did not consider them to be suspected COVID-19 residents and therefore did not require enhanced droplet contact precautions.</p> <p>During an interview on 9/29/2020 at 4:25 PM Nurse #1 stated she worked on Quarantine Hall #1 and the hall was for new admission and readmitted residents. She concluded the residents stayed on the unit for 14 days and the staff did not post enhanced droplet contact precaution signage or use gowns during care on this hall.</p> <p>During an interview on 9/29/2020 at 5:09 PM the Administrator stated the facility is not placing enhanced droplet contact precaution signage on doors or donning gowns during care of newly admitted and readmitted residents. He stated because the corporation was going through some bad areas outside the state the corporation implemented a blanket policy to wear gowns for all facilities in the country. He stated they made a</p>	F 880	<p>the observation units as well as placement of signage on doors 5 times per week for 4 weeks, with results reported to the Administrator and to the QAPI Committee. The audits will continue for 2 times per week for 4 additional weeks, with results reported to the Administrator and to the QAPI Committee. The audits will then continue weekly, and reported to the Administrator and QAPI Committee, until the QAPI Committee deems it is no longer necessary and that we achieve substantial compliance with appropriate use of PPE and sign usage down the observation units.</p> <p>Element#2</p> <p>* The staff members that were identified of being out of compliance were immediately educated on proper usage of PPE with a special focus on properly wearing a mask. Education included masks are to be worn at all times when in the presence of people both inside the facility, while within 6 feet of others, and when on the facility grounds, while within 6 feet of others. The Staff members were also educated on proper social distancing.</p> <p>* All facility staff will be re-educated on the proper way to wear a mask to prevent any breaches in our infection control efforts. All staff members were educated regarding wearing a mask while on facility property, including outside, while within 6 feet of others. This education will be</p>		

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F 880	<p>Continued From page 6</p> <p>regional Quality Assurance &amp; Performance Improvement plan to not have to have gowns as they were not in the same situation as other facilities in different states. The facility had over 2,000 gowns in their possession. He continued to state the facility did not admit any residents who had tested positive for COVID-19 while in their hospital stay so only individuals who had not had COVID-19 were allowed in the facility. He concluded they require all new admissions to have no positive COVID-19 results and the only positive resident from the facility was now in a different facility, so all readmissions had also never had COVID-19.</p> <p>During an interview on 9/30/2020 at 9:13 AM the Administrator stated when he looked at the focused survey for infection control which spoke to personal protective equipment on page 4 it indicated an isolation gown is used for residents with uncontained secretions or excretions and on the next page it indicated for a resident with undiagnosed respiratory infections staff follow standard contact and droplet precautions. He stated there were no undiagnosed respiratory conditions in the facility. He further stated the CDC guidance indicated if COVID-19 infection is not suspected in a patient presenting for care, based on symptoms and exposure history health care providers should follow standard precautions and transition-based precautions if required based on a suspected diagnosis. He stated the facility did not consider new admission and readmission residents to be suspected for COVID-19 as they had a negative COVID-19 test and the facility did not admit any residents who had a positive COVID-19 test.</p> <p>During an interview on 9/30/2020 at 3:30 PM the</p>	F 880	<p>completed by 11/8/2020.</p> <p>* Facility has revised our plan for management of wearing of masks to prevent possible spread of Covid 19 while at work. Facility practice has changed to include wearing of mask while on facility property by all staff, including outside and in reception area, while within 6 feet of others.</p> <p>* The Staff Development Manager will conduct proper mask wearing audits 5 times per week for 4 weeks, with results reported to the Administrator and to the QAPI Committee. The audits will continue for 2 times per week for 4 additional weeks, with results reported to the Administrator and to the QAPI Committee. The audits will then continue weekly, and reported to the Administrator and QAPI Committee, until the QAPI Committee deems it is no longer necessary and that we achieve substantial compliance with proper mask wearing.</p>		

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F 880	<p>Continued From page 7</p> <p>Pitt County Communicable Disease Communicator stated she was in communication with the Infection Control Nurse at the facility and she worked at the Pitt County Health Department. She further stated when they spoke on the phone, she believed the Infection Control Nurse had spoken of wearing full personal protective equipment on the observation units, however, their email communication indicated they informed the health department they were utilizing N95 masks, gloves, and face shields. She stated she referred all facility infection control nurses to go to the CDC website if they had further questions. She concluded she did identify during the interview, on the CDC website, where it indicated staff should wear an N95 mask, eye protection, gown, and gloves and these recommendations were where they told facilities to go for further guidance.</p> <p>2. The Centers for Disease Control and Prevention (CDC) guideline entitled "Responding to Coronavirus (COVID-19) in Nursing Homes" last reviewed on 04/30/2020 contained the following statements:</p> <ul style="list-style-type: none"> <li>· Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. <ul style="list-style-type: none"> <li>o All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.</li> </ul> </li> </ul>	F 880			



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F 880	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>o Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic SARS-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</li> </ul> <p>A review of the facilities ' corporate guidance for personal protective equipment dated 9/17/2020 revealed as of May 14, full personal protective equipment was recommended in admission units.</p> <p>During the entrance conference on 9/29/2020 at 9:45 AM the Administrator indicated rooms 39 through 43 were Quarantine Hall #2 for newly admitted and readmitted residents and there were no positive COVID-19 residents in the facility.</p> <p>During an interview on 9/29/2020 at 4:00 PM the Director of Nursing stated residents who were new admissions or readmissions reside on the observation unit and are cared for using N95 mask, eye protection, and gloves but they are not on enhanced droplet contact precautions as these residents are restricted to their rooms and have had at least one negative COVID-19 test prior to admission to the facility from the hospital. Therefore, they were not suspected positive by the facility.</p> <p>During an interview on 9/29/2020 at 4:06 PM the Infection Control Nurse stated she had contacted</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Pitt County Health Department and spoken with the Pitt County Communicable Disease Communicator who was comfortable with the practice in the facility regarding new admissions. She stated because the residents had at least one if not more negative COVID-19 tests prior to coming to the facility from the hospital, the facility did not consider them to be suspected COVID-19 residents and therefore did not require enhanced droplet contact precautions.</p> <p>During an interview on 9/29/2020 at 4:40 PM Nurse #2 stated residents on Quarantine Hall #2 were newly admitted residents or readmitted residents. She stated staff did not wear gowns during care or post enhanced droplet contact precaution signage on the door to these residents.</p> <p>During observation on 9/29/2020 at 4:42 PM Quarantine Hall #2 was observed to have 6 newly admitted and readmitted residents residing on the hall. There was a sign at the entry to the hall which stated "stop, N95 mask and eye protection must be in place beyond this point." No signage to included enhanced droplet contact precautions signage was posted on any of the doors. No gowns were observed available on the hall.</p> <p>During an interview on 9/29/2020 at 5:09 PM the Administrator stated the facility is not placing enhanced droplet contact precaution signage on doors or donning gowns during care of newly admitted and readmitted residents. He stated because the corporation was going through some bad areas outside the state the corporation implemented a blanket policy to wear gowns for all facilities in the country. He stated they made a regional Quality Assurance &amp; Performance</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>MACGREGOR DOWNS HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2910 MACGREGOR DOWNS ROAD</b> <b>GREENVILLE, NC 27834</b>		
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F 880	<p>Continued From page 10</p> <p>Improvement plan to not have to have gowns as they were not in the same situation as other facilities in different states. The facility had over 2,000 gowns in their possession. He continued to state the facility did not admit any residents who had tested positive for COVID-19 while in their hospital stay so only individuals who had not had COVID-19 were allowed in the facility. He concluded they require all new admissions to have no positive COVID-19 results and the only positive resident from the facility was now in a different facility, so all readmissions had also never had COVID-19.</p> <p>During an interview on 9/30/2020 at 9:13 AM the Administrator stated when he looked at the focused survey for infection control which spoke to personal protective equipment on page 4 it indicated an isolation gown is used for residents with uncontained secretions or excretions and on the next page it indicated for a resident with undiagnosed respiratory infections staff follow standard contact and droplet precautions. He stated there were no undiagnosed respiratory conditions in the facility. He further stated the CDC guidance indicated if COVID-19 infection is not suspected in a patient presenting for care, based on symptoms and exposure history health care providers should follow standard precautions and transition-based precautions if required based on a suspected diagnosis. He stated the facility did not consider new admission and readmission residents to be suspected for COVID-19 as they had a negative COVID-19 test and the facility did not admit any residents who had a positive COVID-19 test.</p> <p>During an interview on 9/30/2020 at 3:30 PM the Pitt County Communicable Disease</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>Communicator stated she was in communication with the Infection Control Nurse at the facility and she worked at the Pitt County Health Department. She further stated when they spoke on the phone, she believed the Infection Control Nurse had spoken of wearing full personal protective equipment however their email communication indicated they informed the health department they were utilizing N95 masks, gloves, and face shields. She stated she referred all facility infection control nurses to go to the CDC website if they had further questions. She concluded she did identify during the interview, on the CDC website, where it indicated staff should wear an N95 mask, eye protection, gown, and gloves and these recommendations were where they told facilities to go for further guidance.</p> <p>3. A review of the mask donning education provided to staff on 9/21/2020 revealed all staff were educated to secure ties or elastic bands at middle of the head and neck, fit flexible band to the bridge of the nose, and fit snug to face and below chin. The Business Office Manager received this training.</p> <p>During observation on 9/29/2020 at 10:05 AM the Business Office Manager was observed standing approximately three feet away from a family member and resident who was being discharged at the front door. There was no barrier between them. The business office manager had her mask under her nose where it was not covering her nose while speaking with the family.</p> <p>During an interview on 9/29/2020 at 10:07 AM the Business Office Manager stated she was supposed to have her mask cover her face to include her nose when within 6 feet of others.</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>She concluded she did not realize she did not have her mask covering her nose while helping the resident and family discharge.</p> <p>During an interview on 9/29/2020 at 12:29 PM the Infection Control Nurse stated masks had to cover the nose while within six feet of other individuals and the Business Office Manager should have had the mask fully on while around the visitor and resident.</p> <p>During an interview on 9/29/2020 at 1:12 PM the Director of Nursing stated staff should have their mask fully covering their nose when around others in the facility.</p> <p>4. A review of the mask donning education provided to staff on 9/21/2020 revealed all staff were educated to secure ties or elastic bands at middle of the head and neck, fit flexible band to the bridge of the nose, and fit snug to face and below chin. The Account Manager for Housekeeping and Laundry received this training.</p> <p>During observation on 9/29/2020 at 9:33 AM the Account Manager for Housekeeping and Laundry was observed at the staff entrance of the facility with two other staff members. The Account Manager for Housekeeping and Laundry was observed to have his mask pulled under his chin not covering his mouth and nose as he spoke with other staff. He was observed to be standing approximately three feet away from one staff member and four feet away from the other staff member.</p> <p>During an interview on 9/29/2020 at 10:37 AM the Account Manager for Housekeeping and Laundry stated he should have a mask on when around</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 13</p> <p>others outside the building. He further stated most staff when they are outside the facility did not wear a mask when within six feet of each other.</p> <p>During an interview on 9/29/2020 at 12:29 PM the Infection Control Nurse stated the Account Manager for House Keeping and Laundry should have had a face mask fully covering his mouth and nose while on the premise even outside since he was within six feet of other individuals. She concluded it was very difficult to control once staff were outside, but she would reeducate the staff.</p> <p>During an interview on 9/29/2020 at 1:12 PM the Director of Nursing stated staff are expected to always wear a mask inside the facility. She stated they do educate staff to be smart when out in the community and wear masks and encouraged it outside of the facility.</p>	F 880			