STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345552	A. BUILDING _____ B. WING _____	C 09/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHANNON GRAY REHABILITATION & RECOVERY CENTER	2005 SHANNON GRAY COURT JAMESTOWN, NC 27282

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E 000	Initial Comments An unannounced COVID19 focused survey was conducted on 9-30-20. The facility was found in compliance with CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# I7QS11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9-30-20. 1 of 1 complaint allegation was substantiated resulting in deficiency. Event ID# I7QS11	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		10/19/20

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

Electronically Signed | 10/12/2020

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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 observation, record review, review of "enhanced droplet/contact precautions" policy, "preparing for COVID-19 in nursing homes" policy and "What to do when COVID-19 gets into your long term care facility" policy, staff interview and physician interview, the facility failed to implement their policies and procedures when 1 of 3 staff members (nursing assistant (NA) #1) who worked with residents who were on enhanced droplet/contact precautions, was observed not wearing PPE including; gloves or gown and not performing hand hygiene when entering and exiting the residents room. These failures occurred during the COVID19 pandemic. Findings included: The document titled "What to do when COVID-19 gets into your long term care facility" dated 3-26-20 was reviewed and revealed in part; consider having health care providers wear all recommended PPE to include gown, gloves, eye protection and face mask for the care of all residents regardless of presence of symptoms. The document titled "preparing for COVID-19 in nursing homes" dated 3-28-20 revealed in part under the sub-heading "create a plan for managing new admissions and readmissions whose COVID-19 status is unknown"; Health care providers should wear face mask, eye protection, gloves and a gown when caring for these residents.	F 880	Corrective actions for the residents potentially affected by the employee in question were accomplished when the facility completed re-training with the employee, NA #1. Re-training for this employee was initiated by the Director of Nursing (DON) on 9/30/2020. Re-training consisted of Infection Preventionist (IP) selected Centers for Disease Control (CDC) educational materials on Personal Protective Equipment (PPE), hand washing, a series of 3 videos from the CDC (topics = clean hands, PPE with COVID and donning PPE). NA#1 also completed 1:1 training from the DON with employee providing correct return demonstration for donning and doffing PPE, hand washing and with passing a COVID specific test as well. To identify other residents who could have potentially been affected by the deficient practice; all residents referenced in the 2567 who worked with NA1 were COVID tested on 9/30/2020. All were COVID negative via laboratory testing. The residents referenced in the 2567 were asymptomatic at the time of the survey and have remained asymptomatic since the survey and follow up COVID test(s). Additionally, all staff on that unit have	

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F 880	Continued From page 3 Review of the facility's "enhanced droplet/contact precautions" policy and procedure dated August 2020 revealed in part; Hand hygiene shall be performed before and after any direct contact with a patient or patient equipment, before contact with the next patient and before leaving the patient room. A face mask shall be worn when providing care to a patient, gloves should be worn before entering a patient room and removed before leaving the patient room, gowns are worn before entering the patient room and removed before leaving the patient room. During an interview with the Administrator on 9-29-20 at 10:38am, the Administrator discussed the facility not having any positive cases of COVID19. He stated the facility did have a quarantine unit for new admissions and residents returning from the hospital on hall 400. He further explained each resident on hall 400 were on enhanced droplet/contact precautions. Observation of the quarantine hall occurred on 9-29-20 at 1:30pm. The observation revealed 13 residents were present and located in separate rooms. Each room was observed to have an enhanced droplet/contact precaution sign posted on the door frame. There were isolation carts located outside of each resident room that contained gowns, gloves and goggles/face shield. Hand sanitizing dispensers were also observed spaced out between the resident rooms. NA #1 was observed on 9-29-20 between 1:35pm and 1:45pm. NA #1 was noted to be feeding Resident #4 on the quarantine hall without donning a gown or gloves. The NA was observed leaving Resident #4's room without performing	F 880	been retrained at the direction of the IP specific to enhanced droplet precaution PPE and hand washing. Any staff member not trained by this submission will be trained upon return to work. Based on a Root Cause Analysis of the survey result; systematic changes and other interventions put into place by the facility to ensure that deficient practice will not recur include: " As of 10/5/2020, all enhanced droplet precaution signs currently posted in the facility have been replaced with a clean NC SPICE and CDC version that is easy for staff to read and follow with no writing/instructions from the facility on the sign. This version will continue to be utilized unless either NC SPICE or the CDC makes changes to their enhanced droplet signage. " All staff, under the direction of the Infection Preventionist (IP), are currently being retrained (in-service) on 2 specific areas for COVID prevention interventions: 1. the use of PPE required for enhanced droplet/contact precautions 2. hand washing expectations " Infection Control training during orientation has been bolstered such that all new hires since 9/22/2020-current are now required to watch 3 CDC created COVID specific videos and pass a COVID specific test as well. The CDC created videos include: i. https://www.youtube.com/watch?v=YY	

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F 880	Continued From page 4 hand hygiene and returned the resident's lunch tray to the food cart, then, walked into Resident #5's room without performing hand hygiene, touched items on the resident food tray without gloves, walked out of the resident room without performing hand hygiene and brought the residents food tray to the food cart then proceeded into Resident #6's room without performing hand hygiene, touched items on the residents food tray without gloves, walked out of the residents room without performing hand hygiene and brought the resident's lunch tray to the food cart. An interview with NA #1 occurred on 9-29-20 at 2:13pm. NA #1 stated she had received education on hand hygiene, enhanced droplet/contact precautions and the use of proper PPE. She confirmed she had not performed hand hygiene before or after contact with a resident. The NA said, "I just forgot to sanitize my hands between each room, but I should have." She also confirmed she had not been wearing a gown or gloves while feeding a resident and she stated she did not know she needed to wear a gown and gloves when she was feeding a resident. The NA acknowledged the residents she was in contact with were on enhanced droplet/contact precautions. During an interview with the Administrator on 9-29-20 at 2:26pm, the Administrator stated all staff had been educated on the use of PPE, enhanced droplet/contact precautions and infection control. He further discussed the facility would provide further education. The Infection Control Preventionist (ICP) was interviewed on 9-29-20 at 3:16pm. The ICP	F 880	TATw9yav4&feature=youtu.be ii. https://www.youtube.com/watch?v=PQxOc13DxvQ iii. https://www.youtube.com/watch?v=xmYMUly7qiE " The in-service trainings, including the video trainings for new staff, referenced in this plan of correction will be completed for all current staff by 10/19/2020 and any staff member who has not been re-trained by that date will be retrained before their next scheduled date of return to work. Note: all future hires will receive this training as well as part of their orientation process. o All future new clinical employees after this plan of correction submission will not be released from orientation until they have successfully watched the CDC videos in question, taken the in-services on PPE and hand washing and have passed the test as well. This step has been implemented to prove their training and demonstrate the necessary knowledge specific to Infection Control and COVID prevention. o Note: CDC guidance related to COVID infection control expectations change, the facility (with the approval of the IP and the Medical Director) will update and alter the training videos, in-services materials and subsequent test(s) referenced in this plan of correction if guidance changes.	

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F 880	Continued From page 5 stated NA #1 was a new employee and had received training in orientation related to infection control, enhanced droplet/contact precautions, hand hygiene and COVID19. She discussed the quarantine unit being a 14-day isolation unit for new admissions or residents returning from the hospital. She further discussed the expectation on the quarantine unit was for staff to wear full PPE every time they enter a resident room. The ICP explained she provided education to the staff weekly regarding different topics of infection control measures, hand hygiene, enhanced droplet/contact precautions and COVID19. The facility physician was interviewed on 9-30-20 at 9:49am by telephone. The physician stated the facility had discussed the issue of the NA not using PPE and proper hand hygiene. He discussed he did not know what happened because staff was educated weekly but felt the situation was concerning. He further commented that there was a chance of cross contamination if one of the quarantine residents would become positive.	F 880	The facility created a new QA team (The PPE and Infection Control QA Team) that will be directed by the IP. The QA team consists of the IP, DON, Nursing Home Administrator, a Nursing Assistant, Dietary, Therapy and Housekeeping employee. Select team members first met on 9/30/2020 and the full team will meet weekly for the next 15 weeks starting on 10/12/2020 with a minimum of monthly once weekly meetings have been completed. The PPE and Inf. Control QA Team leader (the IP) will be responsible for ensuring the monitoring and completion of staff education expectations and overall compliance with this plan of correction and will report directly to the Executive Quarterly QA Committee which is chaired by the facility Medical Director. The next scheduled Ex. Quarterly QA Committee meeting is scheduled for 10/27/2020. " Note: This new QA team will continue to meet at the specified intervals above, but can meet more often as needed, for the remainder of the COVID pandemic (end date as identified by a recognizable governing body such as the CDC). Upon the date signaling the end of the COVID pandemic, the facility will re-assess for the need and future function of this QA team and will reflect that in their documentation and report to the Executive Quarterly QA meeting. Each member of the PPE and Infection Control QA Team will be responsible for rounding two or more times weekly using a QA Tool (The PPE and Inf. Control	

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F 880	Continued From page 6	F 880	Monitoring QA Log) to guide observations for potential deficient practice. Any employee of the facility found to not to be in compliance with the Inf. Control COVID related guidelines in this plan of correction will be referred to the IP and or a QA team member for re-training, the CDC COVID specific mandatory video(s), testing and return demonstration of PPE and hand washing compliance. The facility goal = 15 successful observations per week by QA team members starting after 10/12/2020 which would be reported weekly starting with the next QA meeting and moving forward 15 weeks. Care observations will be at different times, locations, types of staff to promote the widest range of compliance monitoring. The facility alleges full compliance with this plan of correction, effective 10/19/2020.	