STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345537	A. BUILDING _____ B. WING _____	C 11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES-WILMINGTON, INC	**2305 SILVER STREAM LANE WILMINGTON, NC 28401**

(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 Infection Control Survey was conducted on 11/05/20. 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 #K2YK11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control and complaint survey was conducted on 11/5/2020. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 1 of 9 complaint allegations was substantiated without deficiency. Event ID #K2YK11.	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	F 880		11/13/20

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

Electronically Signed | 11/18/2020

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F 880	Continued From page 1	F 880		

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 identified under the facility's IPCP and the corrective actions taken by the facility.

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F 880	Continued From page 2 §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 observation, record review, staff interview, and review of the facility's policy and procedures, staff failed to implement the guidelines regarding use of personal protective equipment (PPE) during COVID-19 by not wearing the full PPE required by 3 of 3 staff members (Nursing Assistants #1, #2, and #3) who were passing meal trays to 5 of 10 newly admitted residents (Resident #9, #10, #11, #12, and #13) residing on the quarantine unit. This failure occurred during the COVID-19 pandemic. Findings included: The facility's Isolation Sites for COVID-19 policy, revised 10/01/20, documented, "All new admissions/readmissions will be placed on isolation unit in a private room if COVID status negative or unknown or a private room on the regular unit...PPE: N95 masks or surgical facemasks and eye protection, gloves for contact with patient or their environment, isolation gowns..." An observation of the lunch meal was conducted in the quarantine unit on 11/03/20 between 12:26 PM and 12:32 PM. Signage on the outside of all resident doors in the unit documented when staff entered the rooms they should be wearing a	F 880	Filing of this plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed in evidence of the facilities desire to comply with the requirements and to continue to provide high quality care. Miscommunication regarding proper PPE to be worn during meal service was determined to be the root cause which led to the deficiency. 1. Corrective action has been accomplished for the alleged deficient practice in regards to residents #9, 10, 11, 12 and 13 by immediately educating the staff members working with those residents regarding wearing full PPE when entering isolation rooms to deliver meal trays. This education was completed on 11/3/2020 by the Director of Nursing. Residents #9, 10, 11, 12 and 13 had no adverse effects from staff entering the room to deliver trays without wearing full PPE. 2. Other residents who are on	

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F 880	Continued From page 3 mask, eye wear, gown, and gloves. Nursing Assistants (NAs) #1, #2, and #3 passed meal trays to Residents #9 (admitted to the facility from the hospital on 10/23/20), to Resident #10 (admitted to the facility from the hospital on 10/26/20), to Resident #11 (admitted to the facility from the hospital on 10/20/20), to Resident #12 (admitted to the facility from the hospital on 10/23/20, and to Resident #13 (admitted to the facility from the hospital on 10/21/20). The NAs entered the resident rooms wearing only N95 masks and face shields or goggles. During an interview with the Administrator on 11/03/20 at 12:34 PM she stated the staff delivering the meal trays in the quarantine unit should have followed the signage on resident doors and entered the rooms wearing full PPE which included masks, eye wear, gloves, and gowns. During an interview with NA #1 and NA #2 on 11/03/20 at 3:16 PM they stated it was their understanding that staff only had to wear full PPE which included masks, eye protection, gloves, and gowns when providing personal care to residents on the quarantine unit. They reported they thought only masks and eye protection were required if no physical contact was made with the residents such as during the delivery of meal trays. They commented not wearing the appropriate PPE increased the likelihood of passing germs between residents and staff as the staff moved between resident rooms. They remarked this was especially dangerous during the COVID-19 pandemic. During an interview with NA #3 on 11/03/20 at 3:43 PM he stated all staff had been in-serviced	F 880	transmission-based precautions have the potential to be affected by the alleged deficient practice. The Director of Nursing in-serviced the afternoon and night shifts regarding proper PPE when passing meal trays. This was completed on 11/3/2020. All other staff were educated by the Director of Nursing or designee. Education to all other staff was completed by 11/13/2020. Any staff on LOA or not available for in-service will be educated prior to receiving their next assignment. All new employees will be educated during their orientation. 3. Policy titled Infection Control Precaution dated March 2020 was reviewed by the Corporate Clinical Manager on 11/3/2020. No changes were indicated. 4. An audit tool is being utilized to monitor staff compliance with proper use of PPE when delivering meal trays to residents on transmission-based precautions. Audits will be conducted during alternating meal passes 5 times per week for 4 weeks, then 2 times per week for 4 weeks, then weekly for 4 weeks. Ongoing audits will be determined by the prior 4 weeks of auditing. 5. The results of the audits will be analyzed and reviewed at the monthly Quality Assurance Performance Improvement meeting to evaluate the effectiveness of the above plan.	

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F 880	Continued From page 4 to follow the PPE requirements documented on room signage. However, he reported there was a lot of confusion among staff about when full PPE should be worn. He explained some staff thought full PPE was only necessary when staff were coming into physical contact with residents while other staff thought full PPE was required anytime you entered quarantine rooms. According to NA #3, if he followed directives on the signage in the quarantine unit he should have worn a mask, eye protection, gloves, and a gown when delivering the lunch trays. He stated not wearing full PPE when entering rooms on the quarantine unit promoted cross contamination, and could lead to residents and staff contracting the COVID virus. During a follow-up interview with the Administrator on 11/05/20 at 4:02 PM she stated on 10/07/20 all staff were in-serviced about following signage posted on resident doors if they were unsure about the PPE which should be worn in resident rooms.	F 880		