STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345277	A. BUILDING _____ B. WING _____	12/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND HILL CENTER	**400 VISION DRIVE ASHEBORO, NC 27203**

(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 onsite on 12/16/2020 and continued offsite through 12/18/2020. 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#38W011.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/16/20 with the remainder of the investigation completed remotely through 12/18/20. Event ID #38W011. The facility was not found in compliance with 42 CFR §483.80 infection control regulations resulting in Federal Citation.	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: §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	F 880		

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

Electronically Signed

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	Continued From page 1	F 880		

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.

§483.80(e) Linens.
Personnel must handle, store, process, and

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F 880	Continued From page 2	F 880		

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, staff interview, and review of the facility ' s COVID 19 plan, the facility failed to implement their COVID plan when one nursing assistant failed to preform hand hygiene following resident contact when delivering resident meal trays for 1 of 6 nursing assistants observed (Nursing Assistant #1). This failure occurred during the COVID-19 pandemic.

Findings included:

The facility COVID-19 plan created in March 2020 included methods to prevent transmission by using hand sanitizer or soap and water after each resident contact according to the (CDC) guidelines.

An observation of the lunch meal tray pass on Hall 300 general population occurred on 12/16/2020 at 12:25 pm. Nursing Assistant (NA) #1 was observed to retrieve a meal tray from the dietary cart on the hall and provide the tray to the resident in room 405A. The NA moved resident items off the tray table and laid the food tray on the bedside table. The NA returned to the dietary cart and retrieved the meal tray for the resident in room 405B without performing hand hygiene. The NA opened the dietary cart door, picked up the meal tray and placed it on the tray table in room 405B. The NA returned to the dietary cart and picked up the meal tray for the resident in

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room 406A (did not perform hand hygiene before) and entered the room (406). The NA moved items from the bedside table and placed them on the night stand. The NA then touched the resident ' s meal by setting up the tray (opening plastic wear wrapper, removing plate and cup cover, etc.). The NA proceeded to return to the dietary cart to retrieve another meal tray (had not performed hand hygiene) and was asked to perform hand hygiene between resident encounter/care by the surveyor. Continued observation revealed the NA performed hand hygiene before each resident encounter and meal tray retrieval after being asked.

On 12/16/2020 at 12:31 pm an interview was conducted with NA #1 who nodded her head yes when asked to perform hand hygiene between resident contact before touching the next meal tray. The NA had nothing more to add after being asked about hand hygiene.

The Director of Nursing (DON) participated in an interview on 12/16/2020 at 12:55 pm. The DON commented that staff were required and in-serviced to follow the facility infection control policy and perform hand hygiene after each resident contact (to include meal tray pass). Staff were not required to wear gloves for meal tray pass.