STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345092	A. BUILDING _____ B. WING _____	C 11/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CITADEL AT WINSTON SALEM	1900 W 1ST STREET WINSTON-SALEM, NC 27104

(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 COVID19 focused survey and complaint investigation was conducted on 11-30-20. 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# JTGK11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was conducted on 11-30-20. 2 of 3 complaint allegations were substantiated resulting in deficiency. Event ID# JTGK11	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 arrangement based upon the facility assessment	F 880		12/10/20

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

Electronically Signed | 12/17/2020

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F 880	Continued From page 1	F 880		

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 transport linens so as to prevent the spread of

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F 880	Continued From page 2 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, review of "Emergency Plan for Pandemic COVID19 policy", staff interviews and physician interview, the facility failed to implement their policies and procedures when 2 of 3 (Medication Aide #1 and Nursing Assistant #2) staff members, who worked with residents on "enhanced droplet isolation" were observed to not wear Personal Protective Equipment (PPE) including a face shield or gloves when they entered resident rooms to provide medication or meal assistance and failed to perform hand hygiene when exiting a resident's room. These failures occurred during the COVID19 pandemic. Findings included: 1.Review of the facility's "Emergency Plan for Pandemic COVID19 Policy" dated 11-2020 revealed in part; put on eye protection (goggles or face shield) upon entry to the resident room or care area. During the observation of the facility's isolation unit for residents under investigation for COVID19 on 11-24-20 at 12:15pm, the resident doors were observed to have an "enhanced droplet isolation" sign posted indicating staff must wear eye protection, gown and gloves, there were isolation carts containing (gloves, gowns and face shields) outside each resident room and hand sanitizer/disinfectant wipes located throughout the	F 880	nursing services staff did not follow and implement policies and procedures when 2 of 3 (Medication Aide #1 and Nursing Assistant #2) staff members, who worked with residents on "enhanced droplet isolation" were observed to not wear Personal Protective Equipment (PPE) including a face shield or gloves when they entered resident rooms on the observation unit when they went to provide medication or meal assistance and failed to perform hand hygiene when exiting a resident's room and to perform hand hygiene when she entered and exited 2 of 2 resident rooms (Residents #1 and #2) who were both on enhanced droplet precautions. 1)The MA and NA where re-educated by the Director of Nursing (Don),on 11-24-20 on infection control, correct ppe to wear, and handwashing, donning and doffing gloves when moving from room to room and performed reverse demonstrations to the don. The Corrective action will be accomplished for those residents found to have been affected, all residents have the potential to be affected. The Medication Aide and the nursing assistant was educated immediately on infection control,	

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F 880	Continued From page 3 unit. On 11-24-20 at 12:18pm, a Medication Aide (MA) #1 was observed on the facility's isolation unit to enter a resident room (Resident #4) with oral medication. MA #1 did not don a face shield or any eye protection. Signage posted on the resident's door specified the resident was on "enhanced droplet isolation" and staff must wear eye protection. MA #1 was interviewed on 11-24-20 at 12:35pm. MA #1 stated she was aware the resident was on "enhanced droplet isolation" and that she was required to have a face shield/goggles on when she entered the resident room. She said, "I just forgot to get one from the cart." The Administrator was interviewed on 11-24-20 at 2:00pm. The Administrator stated she did not believe a face shield or goggles were required if resident care was not being performed but acknowledged the resident was on "enhanced droplet isolation" because the resident was a new admission. An interview with the facility's physician occurred on 11-30-20 at 4:26pm. The physician stated a face shield/goggles was required for aerosol treatments or if the staff member was close to the resident's face. 2. Review of the facility's "Emergency Plan for Pandemic COVID19 Policy" dated 11-2020 revealed in part; health care providers should perform hand hygiene before and after all patient contact, contact with potentially infectious material and before putting on and after removing PPE.	F 880	correct ppe to wear, and handwashing, donning and doffing gloves when moving from room to room and performed reverse demonstrations to the don. 2)All residents had the potential to be affected by the alleged deficient practice. Systemic changes made to ensure that the deficient practice will not recur; The director of nursing began RE-Education on 12/08/2020 for all nursing staff, environmental staff and ancillary staff providing services to the residents on enhanced droplet precautions which included infection control, correct ppe to wear, handwashing, donning and doffing gloves when moving from room to room. Staff that have not been educated by 12/08/2020 will be removed from the schedule until education is completed. This education has been added to the general orientation of new employees and contracted employees. The Director of nursing Services, Nurse Management, Administrator and Department Managers are monitoring ppe donning and doffing, hand washing daily for one month, then weekly for four weeks, then monthly thereafter to ensure continued compliance. to ensure continued compliance. 3)Systematic Change/ Monoting The Administrator, Director of nursing Services and Department Managers are completing observation rounds randomly on five staff members on a daily basis to ensure staff is properly donning on/off PPE. monitoring of All staff in the hallwaysand throughout the building to ensure they are following our infection control policy□s.	

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F 880	Continued From page 4 Review of the facility's "Emergency Plan for Pandemic COVID19 Policy" dated 11-2020 revealed in part; put on clean, non-sterile gloves upon entry into the resident room or care area. Observation of the isolation unit for residents under investigation for COVID occurred on 11-24-20 at 12:37pm. Nursing assistant (NA) #2 was observed exiting Resident #5's room, signage posted on the resident's door specified the resident was on "enhanced droplet precautions". NA #2 was observed to walk down the hall to the lunch cart without performing hand hygiene. The NA touched 3 of the lunch trays that were on the cart, obtained one lunch tray from the cart and proceeded back towards Resident #5's room, entering the room with the lunch tray without performing hand hygiene. NA #2 was interviewed on 11-24-20 at 12:45pm. The NA discussed her steps after leaving Resident #5's room and she stated "oh, I didn't sanitize or wash my hands after I left the room". She stated she had received training on isolation precautions, infection control, hand hygiene and COVID19. NA #2 stated "I just forgot." On 11-24-20 at 12:46pm, Nursing assistant (NA) #2 was observed carrying Resident #5's lunch tray into the resident room, which had an "enhanced droplet isolation" sign posted on the door, without donning gloves and was observed feeding Resident #5 without wearing any gloves. NA #2 was re-interviewed on 11-24-20 at 12:50pm. NA #2 stated she was taught not to wear gloves when assisting a resident with their meal. She acknowledged Resident #5 was on	F 880	4)The Administrator and The Director of nursing Services are correlating the data from the handwashing ppe reviews. They are presenting the analysis of the data to the Quality Assurance and Performance Improvement Committee monthly until three consecutive months of negative findings are sustained, then quarterly thereafter.	

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"enhanced droplet isolation" but stated she did not think the precautions were for mealtimes.

The Administrator was interviewed on 11-24-20 at 2:00pm. The Administrator commented that NA #2 was from an agency but knew the NA had education on proper hand hygiene and the use of PPE. She further discussed hand hygiene needed to be completed before and after any resident contact. The Administrator stated Resident #5 was on "enhanced droplet isolation" because the resident was a new admission and that gloves should be worn when entering the resident room.

The facility's physician was interviewed on 11-30-20 at 4:26pm. The physician discussed the importance of performing hand hygiene when ever there had been contact with a resident and that he expected the NA to have performed hand hygiene upon exiting Resident #5's room. He further discussed the importance of wearing gloves anytime there was contact with a resident and stated the NA's actions were unacceptable and she should have worn gloves.