STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING _____ B. WING _____	12/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	290 KEEL ROAD GRANTSBORO, NC 28529

(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 on 12/16/20. 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# L93X11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/16/2020. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID#L93X11	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		12/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/28/2020

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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 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 observations, record review, staff interviews and review of the Centers for Disease Control and Prevention (CDC) guidelines the facility failed to implement infection control measures to wear a facemask at all times while in the facility when 2 of 2 staff members (Dietary Aide #1 and Cook #1) failed to wear a facemask that covered their nose and mouth while working in the kitchen. These infection control failures occurred during a global COVID-19 pandemic. Findings included: A review of the CDC Guidelines Infection Control for Nursing Homes updated November 20, 2020 read in part: "Implement Source Control Measures. Health Care Personnel (HCP) should wear a facemask at all times while they are in the facility. Source Control: Use of a facemask to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are talking, sneezing or coughing." On 12/16/2020 at 2:10 PM an observation in the facility kitchen with the Administrator indicated Dietary Aide #1 (DA #1) at the dish machine with his face mask worn below his nose and mouth. It further indicated Cook #1 in the kitchen with her face mask worn below her nose. On 12/16/2020 at 2:30 PM an interview with DA	F 880	F880 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) Cook # 1 and Dietary Aide # 1 was in-serviced on wearing a facemask that covered their mouth and nose while working in the kitchen by the Administrator on 12/16/2020. On December 16, 2020, a 100% audit was completed by the Director of Nursing, Staff Development Coordinator, Accounts Receivable, Minimum Data Set Nurse, Social Worker, Therapy Director and Medical Records Manger of all staff currently working in the facility to ensure proper use of masks with emphasis on facemask completely covering the both the nose and mouth. There were no additional identified areas of concern during the audit. On December 16, 2020, the facility Administrator placed signage on the kitchen door. The sign read: All staff are required to wear a facemask to completely always cover nose and mouth. On December 17, 2020, the Director of Nursing initiated training for 100% of Nurses, Administrator, Accounts Receivable, Accounts Payable, Receptionist, Nursing Assistants, Medical	

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F 880	Continued From page 3 #1 indicated he had been trained to wear his face mask covering both his nose and mouth while he was in the facility, but it had been hot in the kitchen and the face mask was irritating his nose so he pulled it down. On 12/16/2020 at 2:35 PM an interview with Cook #1 indicated she had been trained to wear her face mask covering her nose and mouth while she was in the facility but pulled it down to get a breath of fresh air. Cook #1 further indicated although she was able to step outside the facility for fresh air, she had been wearing her face mask below her nose while she was in the kitchen. On 12/16/2020 at 2:50 PM an interview with the Administrator indicated the facility followed the CDC Guidelines on Infection Control for Nursing Homes. She stated all staff in the facility had been trained on wearing their face masks to cover both their nose and mouth while they were in the facility. She further indicated DA #1 and Cook # 1 had been trained and she would have expected them to have their face masks covering their nose and mouth when we entered the kitchen. The Administrator went on to say normally the Dietary Manager would be supervising the kitchen staff, but he was on leave. Attempts to reach the Dietary Manager by telephone were unsuccessful. A review of a facility in-service training dated 03/05/2020 titled COVID-19 plan and precautions, hand washing, cough and sneeze etiquette and use of personal protective equipment (PPE) including facemasks contained the signatures of DA #1 and Cook #1 indicating they attended this training.	F 880	Records, Dietary Staff, Dietary Manger, Social Worker, Activities Director, Housekeeping Staff, Maintenance Staff, Therapy Staff, and Medical Director, utilizing the CDC Use of Personal Protective Equipment (PPE) for COVID-19 instructional video. The training will be completed by December 28, 2020. After December 28, 2020 any staff who have not worked and completed the in-service, will complete upon return to the facility for their next scheduled shift. All newly hired employees will receive proper use of PPE education by the Staff Development Coordinator during orientation. On December 16, 2020, 100% in service was initiated with all staff, to include Dietary Aide #1 and Cook # 1 by the Director of Nursing regarding proper use of PPE to include correct facemask placement on face and covering mouth and nose at all times per facility policy. The in-service emphasized: proper placement of facemask on face, not wearing the mask pulled down exposing the mouth or nose. If staff have breathing related issues taking frequent breaks to improve breathing. In-service will be completed by December 28, 2020. After December 28, 2020 any staff who have not worked and completed the in-service, will complete upon return to the facility for their next scheduled shift. All newly hired employees will receive mask education by the Staff Development Coordinator during orientation.	

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F 880	Continued From page 4 On 12/16/2020 at 3:33 PM an interview with the Director of Nursing (DON) and Infection Preventionist indicated the 03/05/2020 training specifically included wearing a face mask at all times while in the facility covering both the nose and the mouth. She stated in addition to training all staff in the facility on the proper use of PPE, staff were also monitored for compliance on all shifts using an audit tool at least weekly. She further indicated if issues were observed during this monitoring staff were corrected immediately. The DON went on to say DA #1 and Cook #1 had been trained and should not have had their face masks below their nose or mouth while they were in the kitchen.	F 880	On December 16, 2020, PPE compliance quizzes were initiated with all staff to ensure all staff members retained the education provided and demonstrates successful knowledge and understanding of how to properly wear a mask. The quizzes will be completed by December 28, 2020. After December 28, 2020 any staff who have not worked and completed the quiz, will complete upon return to the facility for their next scheduled shift. All newly hired employees will receive PPE quiz by the Staff Development Coordinator during orientation to validate understanding. 10% of all staff to include Dietary Aide # 1 and Cook # 1 will be observed to ensure mask are being worn properly on face to include covering the mouth and nose by the Director of Nursing, utilizing the Mask Audit Tool weekly x 4 weeks, then monthly x 1 month. During this audit the staff to include Dietary Aide # 1 and Cook # 1 will be observed for demonstration of continued successful knowledge and understanding of the use personal protective equipment mask use process to include proper placement of the facemask on the face to cover the mouth and nose at all times, and if employees have breathing issues to take frequent breaks. 10% of all staff to include Dietary Aide # 1 and Cook # 1 will provide written answers to validate understanding on how to properly wear mask on face to include covering the mouth and nose, when to wear a facemask, when is it okay to	

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F 880	Continued From page 5	F 880	remove a facemask, and if you have trouble breathing or get to hot what to do by the Director of Nursing, utilizing the PPE Compliance Quiz Audit Tool weekly x 4 weeks, then monthly x 1 month. During this audit the staff to include Dietary Aide # 1 and Cook # 1 will provided written responses to demonstrate continued successful knowledge and understanding of the use personal protective equipment mask use process to include proper placement of the facemask on the face to cover the mouth and nose at all times, and if employees have breathing issues to take frequent breaks. The Director of Nursing will forward the results of the Mask Audit Tool and PPE Compliance Quiz to the Executive QA Committee monthly x 2 months. The Executive QA committee will meet monthly for 2 months to review the Mask Audit Tool and PPE Compliance Quiz for trends and/ or issues and to determine the continued need and frequency of monitoring.	