STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345496	A. BUILDING _____ B. WING _____	01/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS N&R ALAMANCE	791 BOONE STATION DRIVE BURLINGTON, NC 27215

(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 1/5/21 through 1/6/21. 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# YRVS11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 1/5/21 through 1/6/21. 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. Event YRVS11	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	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		

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.

§483.80(e) Linens.

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F 880	Continued From page 2	F 880		

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 observations, staff interviews and record review the facility failed to implement its policy on the use of Personal Protective Equipment (PPE) when staff did not don a face shield, gloves, and gown when assisting residents to eat meals while in their rooms for two of four residents (Resident #1 and Resident #2) who resided on the facility's Covid isolation unit and were on Enhanced Droplet Isolation Precautions. The failure occurred during a Covid-19 pandemic.

The findings include:

1. Review of an undated facility guidance for PPE (Personal Protective Equipment), read in part, page 1. "Mask: Universal use. To be worn at all times by all staff. This includes hallways and nurse's stations. Eye protection: wear upon entering patient's rooms. Wear during patient care activities in therapy, gym and other facility locations. Gloves: wear upon entering room where transmission-based precautions require use. Gloves should always be worn when there is a likelihood that the employee may be exposed to blood or other potentially infectious materials, mucous membranes, non-intact skin or potential contaminated intact skin. Gowns: wear upon entering room where transmission-based precautions require use."

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a. Resident #1 was originally admitted to the facility on 11/19/14. The resident tested positive for Covid-19 on 12/28/20.

On 1/5/21 at 5:45 PM, Nursing Assistant (NA) #1 was observed in Resident #1's room, that was located on the Covid unit, assisting the resident to eat her meal. While assisting Resident #1 with her meal, NA #1 was not wearing gloves, gown or face shield. NA#1 was wearing a mask, a uniform blue multi-colored top and blue pants. Enhanced Droplet Isolation Precautions signage was observed posted on Resident #1's door, which specified a face shield, mask, gown and gloves to be worn when entering the resident's room.

b. Resident #2 was originally admitted to the facility on 12/1/18 and was readmitted on 11/10/20.
The resident tested positive for Covid-19 on 12/21/20.

On 1/5/21 at 6:00 PM, NA#1was observed in Resident #2's room, that was located on the Covid unit, assisting the resident to eat his meal. While assisting Resident #2 with his meal, NA#1 was not wearing gloves, gown or face shield. NA#1 was wearing a mask, a uniform blue multi-colored top and blue pants. Enhanced Droplet Isolation Precautions signage was observed posted on Resident #2's door, which specified a face shield, mask, gown and gloves to be worn when entering the resident's room.

During an interview on 1/5/21 at 6:10 PM, NA#1 revealed she usually put on a gown when providing care, but she did not when she was going in and out of resident's rooms delivering

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F 880	Continued From page 4 meal trays and assisting residents with meals. During an interview on 1/5/21 at 6:15 PM, Nurse #1 stated that she was an agency nurse and full PPE should be put on before entering a resident's room and removed when exiting a resident ' s room, and to sanitize hands. During an interview on 1/6/21 at 11:16 AM the Administrator stated all residents on the covid unit tested positive for covid-19 and were on Enhanced Droplet Isolation Precautions. He revealed staff assisting with feeding residents without wearing a gown, mask, gloves and face shield was not okay. During an interview on 1/6/21 at 12:35 PM, the Administrator stated his expectation was that agency staff would be trained on the basics such as personal protective equipment and handwashing before they started work at the facility. He stated the facility staff would reeducate agency staff on enhanced precautions and the agency staff would adhere to enhanced precautions anytime when on the covid unit. The Administrator revealed last night, 1/5/21, was the first night NA#1 worked at the facility and the nurse supervisor was supposed to train her, but she failed to do so before NA#1 began working her shift.	F 880		