STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345102	A. BUILDING _____ B. WING _____	C 08/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGGIE VALLEY NURSING AND REHABILITATION	75 FISHER LOOP MAGGIE VALLEY, NC 28751

(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 Focused Infection Control Survey was conducted on 8/17/2021. Additional information was obtained on 8/18/2021 through 8/20/21. Therefore, the exit date was changed to 8/20/2021. 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 # 0YPH11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was conducted on 8/17/2021. Additional information was obtained on 8/18/2021 through 8/20/21. Therefore, the exit date was changed to 8/20/2021. The facility was found to be out of 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. There was one allegation investigated and it was substantiated. Event ID # 0YPH11.	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	F 880		9/9/21

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

Electronically Signed | 09/10/2021

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F 880	Continued From page 1 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 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.	F 880		

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F 880	Continued From page 2 §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 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 their Infection Control policy for Covid-19 for 3 of 3 kitchen staff observed not wearing face coverings while working. The failure occurred during Covid-19 pandemic. Findings included: An observation was made through the window on the doors to the entrance of the kitchen on 8/17/2021 at 11:00 AM of 1 kitchen staff without a face covering putting dishes in the dishwasher, and 2 additional kitchen staff observed without a face covering standing next to each other. According to the facility's COVID-19 policy titled "Suspected or Confirmed COVID-19," updated 7/27/2021 indicated the following information: *The facility will adhere to standard, contact and airborne precautions, including the use of appropriate face coverings for suspected or confirmed COVID-19 outbreak. Procedure:	F 880	An In-service was conducted by Dawn Evans, RN, Staff Development/Spice Certified Infection Control Coordinator on 08/17/2021 with all kitchen staff to educate them about the importance and requirement of wearing appropriate mask while working. Kitchen staff were provided with extra K-N95 mask for use while in the kitchen. To prevent other residents from being affected, An In-service was conducted by Dawn Evans, RN, Staff Development/Spice Certified Infection Control Coordinator on 08/17/2021 with all kitchen staff to educate them about the importance and requirement of wearing appropriate mask while working. Kitchen staff were provided with extra K-N95 mask for use while in the kitchen. The dietary manager/designee and the Staff Development Coordinator/Infection Control Nurse will be responsible for	

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F 880	Continued From page 3 Section #2. Facility staff will be provided with education as changes occurred based on state and federal guidance and updated with facility protocols as deemed necessary. Section #7f. PPE with suspected or confirmed cases of COVID-19 include the following for Respiratory Protection 1. Disposable K N-95 masks, if available. 2. Masks approved by facility for use. Section #17. In the event of an outbreak, a K N-95 will be issued to each employee. A review of an in-service training report dated 8/3/2021 for topic: Mask, Hand Hygiene, and Infection Control Review for Covid-19 conducted by the Infection Control Preventionist revealed the 3 named kitchen staff attended a mandatory in-service for Covid-19. A review of a facility document titled "Vaccine 8/17/2021," revealed Kitchen Staff #1 and Kitchen Staff #2 had not been vaccinated with the Covid-19 vaccine. An interview with Kitchen Staff #1 on 08/17/2021 at 11:15 am revealed he had attended an updated Covid-19 in-service recently, and he understood he should be wearing a mask. He did don a mask when he came over to speak with surveyors. Kitchen Staff #1 stated he did not have Covid-19 and he was not vaccinated. An interview with Kitchen Staff #2 on 08/17/2021 at 11:15 am revealed she had attended an updated Covid-19 in-service recently and stated she should be wearing a mask. Kitchen Staff #2 reported she had not received the Covid-19 vaccine.	F 880	ensuring all staff in the kitchen are wearing appropriate face coverings. The dietary manager or designee will ensure that a proper stock of KN95 are located within the dietary department for staff use. An audit tool was put into place on 9/8/21 for the dietary manager/designee and/or Staff Development Coordinator/Spice Certified Infection Control Nurse to check off and assure that dietary staff are following infection control procedures daily for two weeks, then weekly for 4 weeks, then monthly for 4 months.. New employees will be in-serviced upon hire by the Staff Development Coordinator, the IDT and the Dietary Manager were in-serviced by the DON/SDC on the policy and procedure of mask compliance and infection control policy procedures within Maggie Valley Nursing and Rehab 8/17/21. The audit will be turned in the QA coordinator/Administrator weekly for review beginning 9/9/21. The QA coordinator will bring to the IDT meeting for review weekly x 2 weeks, then weekly x 4 weeks, then monthly x 4 months.	

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F 880	Continued From page 4 An interview with Kitchen Staff #3 on 08/17/2021 at 11:15 am revealed she had attended an updated Covid-19 in-service recently, and she stated she should be wearing a mask. Kitchen Staff #3 reported she had received the Covid-19 vaccine.	F 880		