STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345494	A. BUILDING _____ B. WING _____	R 10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - GASTONIA	2780 X-RAY DRIVE GASTONIA, NC 28054

(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
{F 000}	INITIAL COMMENTS An onsite revisit was conducted on 10/7/21. Additional information was obtained on 10/08/21. Therefore, the exit date was changed to 10/08/21. A repeat tag was cited at F 880. The Directed Plan of Correction including the Root Cause Analysis were reviewed. The facility is still out of compliance. Event ID# PSNR12.	{F 000}		
F 880 SS=E	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 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	F 880		10/29/21

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

Electronically Signed | 10/22/2021

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 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 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	F 880	The preparation and execution of the	

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F 880	Continued From page 2 record reviews, the facility failed to follow infection control policies when two housekeepers entered and exited resident rooms for cleaning (Housekeeper #1 and #2) without changing gloves or performing hand hygiene and when a nurse aide (Nurse Aide #1) performed incontinence care and exited the room without removing her gloves or performing hand hygiene. In addition, Housekeeper #2 was observed using the same cleaning cloth to clean multiple surfaces in a resident's bathroom and room. The observations occurred for 3 of 4 staff members reviewed for infection control practices. Findings included: A review of the facility's infection control policy dated 05/24/21 under the heading "Standard Precautions" indicated standard precautions are the minimum infection prevention practices that apply to all patients regardless of suspected or confirmed infection status of the resident which include hand hygiene, use of personal protective equipment, cleaning and disinfecting environmental surfaces. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub when hands are not visibly soiled. Always change gloves between residents and perform hand hygiene before and after donning gloves. A review of the facility document titled, "Healthcare Services Group (HCSG) Infection Control Overview and Policy revised 09/05/17 indicated preventing the spread of infection is the core of our environmental services department to include implementation of hand hygiene practices to improve infection control processes and outcomes by ensuring that all HCSG employees	F 880	plan of correction does not constitute agreement by the provider that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facilities desire to comply with the regulation and to provide high quality care. Residents affected: There were no adverse effects for Residents residing in rooms #304, #303, and #310 from Nursing Assistant (NA) #1 not removing gloves between resident rooms. There were no adverse effects to residents residing in rooms #113 and #114 from Housekeeper #1 not removing gloves between resident rooms. There were no adverse effects to residents residing in rooms #308, #307, and #309 from Housekeeper #2 not doffing gloves and performing hand hygiene between resident rooms. There were no adverse effects to resident residing in room #309 from Housekeeper #2 not cleaning surfaces in correct order. All other residents with potential to be affected: On 10/08/2021, Staff Development Coordinator/Infection Preventionist (SDC/IP) completed an audit of residents residing on 100 and 300 halls to ensure there were no signs and symptoms of new onset of infection or adverse reaction related to improper doffing of gloves and improper hand hygiene procedures. There were no additional residents identified as having been adversely affected by the	

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F 880	Continued From page 3 wash their hands after contact with any potentially infected resident, linens, or personal belongings. HCSG employees can be exposed to or expose residents to diseases through improper hand hygiene and improper glove use (e.g., utilizing a single pair of gloves for multiple tasks, or multiple residents). The document further indicated gloves are to be worn and changed after each use will help reduce the spread of microorganisms. An in-service record titled "Infection Control and Hand Hygiene" dated 09/09/21 and ongoing revealed a signature for Housekeeper #1 and Housekeeper #2. 1.a. A continuous observation and interview on 10/7/21 beginning at 10:00 AM and ending at 10:10 AM revealed Housekeeper #1 outside room #113 obtaining supplies from her cart. Housekeeper #1 was observed to be wearing a face mask, face shield, and a pair of gloves. The housekeeper was then observed to enter room #113 with her supplies where she emptied the trash cans, brought the bag of trash to the housekeeping cart, obtained the broom and dustpan from the cart and re-entered the room. Housekeeper #1 was observed to sweep the floor before again returning to the cart in the hallway where she emptied the dustpan and placed it and the broom on the cart. Housekeeper #1 then entered room #114 where she began emptying the trash cans and replacing them with fresh liners. After discarding the trash, Housekeeper #1 grabbed a mop and went back into room #113. When Housekeeper #1 was finished mopping, she returned the mop to the cart to replace the mop. She opened the lid on the housekeeping cart and placed a roll of unused bags in the compartment when she was stopped and asked about the observation. Housekeeper #1 was not	F 880	alleged deficient practice. On 10/08/2021, the SDC/IP completed observations of staff assigned on 100 and 300 halls to ensure proper hand hygiene procedures and donning and doffing of gloves was being followed. There were no additional breaches of proper hand hygiene procedures and/or donning and doffing of gloves observed. On 10/8/2021, the SDC/IP completed one to one education with NA #1 surrounding appropriate donning and doffing of gloves and hand hygiene procedures. On, 10/8/2021, the Housekeeping Supervisor provided one to one education with housekeeper #1 and #2 surrounding proper hand hygiene procedures, glove disposal, wearing gloves in hall, and proper surface cleaning techniques and order. Systemic changes: The facility policies related to infection control practices were reviewed by the Administrator on October 11, 2021. No revisions and/or updates were needed. All facility staff/contracted staff/volunteers will be educated by the SDC/IP Nurse and/or Director of Nursing (DON) on proper hand hygiene procedures and donning and doffing of gloves. The education will be completed by October 29, 2021. Employees out on leave or PRN status will be educated by the SDC/DON prior to returning to their assignments. Any newly hired employees will be educated by the SDC/DON during orientation. All housekeeping staff will be educated by the Housekeeping Supervisor on proper	

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F 880	Continued From page 4 observed to remove her gloves or perform hand hygiene between housekeeping tasks in resident rooms before proceeding to the next room or prior to being interviewed. Housekeeper #1 stated she should have not touched the cart with gloves, she should have changed gloves and performed hand hygiene before entering back into a room or before going to another room. An interview with the Housekeeping Manager on 10/07/21 at 12:30 PM revealed he had provided his housekeeping staff with monthly in-service training on infection control practices, PPE, and hand hygiene. The Housekeeping Manager stated he expected Housekeeper #1 to remove her gloves between tasks within the resident's room and when exiting a resident's room and perform hand hygiene and don clean gloves before entering the next resident room. An interview with the Infection Control Nurse (IC Nurse) on 10/08/21 at 1:30 PM revealed all staff had received ongoing training in hand hygiene, PPE and infection control. She indicated all staff were to perform hand hygiene after each contact with a resident or environmental surface in a resident care area. The IC nurse also stated all staff were to remove their gloves each time they exited a resident's room. The IC Nurse elaborated staff were aware of the facility's infection control policies and were expected to follow them to prevent further spread of infections in the facility. b. A continuous observation on 10/7/21 beginning at 10:15 AM and ending at 10:18 AM revealed Housekeeper #2 exit room #308 wearing a face mask, face shield, and a pair of gloves. She approached the housekeeping cart located in the	F 880	surface cleaning techniques and cleaning order of surfaces as well as proper removal and disposal of gloves between resident rooms. Education will be completed by October 29, 2021. Any newly hired housekeeping employees will be educated by the housekeeping supervisor during orientation. Any employee on leave or PRN status will be educated by housekeeping supervisor prior to returning to their assignment. Staff Development Coordinator/Infection Prevention Nurse/DON/Housekeeping Supervisor will complete hand hygiene competencies on all CNA's and housekeepers. Competency will include proper hand hygiene technique, donning and doffing gloves, and glove disposal. Competencies will be completed by 10/29/2012. Monitoring: On October 19, 2021, the Quality Assurance and Performance Improvement Committee, consisting of the Administrator, DON, SDC/IP, and Administrative Staff initiated an audit tool to observe for continued compliance with the plan of correction. The audit tool will consist of staff (both CNA and housekeeping) observations of proper donning and doffing of gloves and hand hygiene procedures as well as observations to ensure appropriate cleaning of resident rooms and surfaces is maintained. Staff Development Coordinator/Infection Prevention Nurse/Director of Nursing/Housekeeping Supervisor/Administrative Nurse will	

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F 880	Continued From page 5 hallway and retrieved a mop before entering back into room #308. Housekeeper #2 then exited the room #308 carrying the mop, placed the mop on the cart, and entered room #307. Housekeeper #2 was not observed to doff her gloves or perform hand hygiene between resident rooms. An observation on 10/07/21 at 10:24 AM and ending at 10:35 AM revealed Housekeeper #2 pushing her cart down the hallway wearing gloves on both hands when she parked the cart outside room #309 and entered the room carrying an unidentified bottle of a chemical spray and an orange cloth rag. Housekeeper #2 then entered the rooms restroom where she cleaned the commode, and a toilet was overheard being flushed. Housekeeper #2 exited the restroom carrying the soiled rag and walked over to the overbed table placed between the two resident beds located in the room. Housekeeper #2 then was observed to wipe the soiled orange rag across the overbed table and continue cleaning at the vanity/sink area before exiting the room and approach her housekeeping cart. An interview with Housekeeper #2 on 10/07/21 at 10:35 AM revealed she was the routine housekeeper on the 300-hall. She indicated she was instructed to wear gloves when cleaning in resident care areas; however, Housekeeper #2 elaborated to include she believed if the resident rooms were not under isolation precautions, she could clean more than one resident room without changing gloves or performing hand hygiene. Housekeeper #2 acknowledged she cleaned the base of the toilet bowl with the orange rag, followed by the overbed table and the mirror and light fixtures in the room.	F 880	observe 5 employees (CNA and Housekeeping) weekly to include each shift and weekends for one month to ensure proper hand hygiene technique and proper glove removal, then 5 employees bi-weekly for one month and then 5 monthly for one month. The DON, SDC/IP, and/or Administrative RN will continue to audit on going. Director of Nursing/Staff Development Coordinator/Infection Prevention Nurse/House Keeping Supervisor will observe housekeeping performing resident room cleanings of 5 rooms per week to include weekends for proper cleaning techniques and proper order of wiping surfaces, then 5 rooms bi-weekly for one month and then 5 rooms per month for one month. The Housekeeping Supervisor and/or DON/SDC will continue to audit on going. Findings of the audit tools will be reported by the Director of Nursing and/or Administrator to the QAPI Committee monthly for review times three months. Should it be necessary, the QAPI Committee can modify this plan to ensure the facility remains in compliance. Date of Completion: 10/29/2021.	

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F 880	Continued From page 6	F 880		

An interview with the Housekeeping Manager on 10/07/21 at 12:30 PM revealed he had provided his housekeeping staff with monthly in-service training on infection control practices, PPE, and hand hygiene. The Housekeeping Manager stated he expected Housekeeper #2 to remove her gloves between tasks within the resident's room and when exiting a resident's room and perform hand hygiene and don clean gloves before entering the next resident room. The Housekeeping manager indicated Housekeeper #2 should not have cleaned any surfaces in the bathroom with the same rag as used on other surfaces within a resident's room. He further elaborated to reveal Housekeeper #2 should have performed hand hygiene and changed gloves between cleaning in the bathroom and the resident's bedroom areas.

An interview with the Infection Control Nurse (IC Nurse) on 10/08/21 at 1:30 PM revealed all staff had received ongoing training in hand hygiene, PPE and infection control. She indicated all staff were to perform hand hygiene after each contact with a resident or environmental surface in a resident care area. The IC nurse also stated all staff were to remove their gloves each time they exited a resident's room. The IC Nurse elaborated staff were aware of the facility's infection control policies and were expected to follow them to prevent further spread of infections in the facility. The IC Nurse stated Housekeeper #2 should never clean the bedside table with a rag used to clean other surfaces in the resident's room to include the toilet or sink areas.

c. A continuous observation and interview began at 10:19 AM and ended at 10:35 AM revealed Nurse Aide (NA #1) enter room #303 bed A who

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F 880	Continued From page 7	F 880		

was wearing a face mask, face shield, and a pair of gloves. NA #1 exited the room holding a bag of soiled linens and proceeded down the hallway to the soiled linen receptacle where she opened the lid with her gloved hand and tossed the dirty linens. NA #1 began walking towards room #304 when a female resident was standing in the doorway of room #304 hollering for assistance. NA #1 approached the female resident in the doorway touched her shoulder and followed her to her bed at 304 B bed where she touched items on the bed of the resident. NA #1 then exited room #304 and re-entered room #303 where she picked up a bag of trash and again exited room #303. NA #1 then proceeded back down the hallway to the trash receptacle, lifted the lid with her gloved hand and discarded the trash. NA #1 then walked into room #310 where she discarded the soiled gloves and performed hand hygiene at the resident's sink. NA #1 was not observed to remove gloves between contact with residents or objects in multiple resident's room nor perform hand hygiene. NA #1 stated she had performed incontinence care for 303A and went to discard the linen in the receptacle. NA #1 indicated she was sidetracked when the female resident in room #304 B asked for assistance and entered the room without performing hand hygiene or changing gloves. NA #1 also elaborated to say she had been taught she should remove her gloves and perform hand hygiene between each task and before contact with another resident but got in a hurry and forgot.

An interview with the Infection Control Nurse (IC Nurse) on 10/08/21 at 1:30 PM revealed all staff had received ongoing training in hand hygiene, PPE and infection control. She indicated all staff were to perform hand hygiene after each contact

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F 880	Continued From page 8 with a resident or environmental surface in a resident care area. The IC nurse also stated all staff were to remove their gloves each time they exited a resident's room. The IC Nurse elaborated staff were aware of the facility's infection control policies and were expected to follow them to prevent further spread of infections in the facility. The IC nurse explained NA #1 should not wear two gloves in the hallway, should not have touched the linen or trash receptacle with a gloved hand, nor wore the same gloves into another resident's room used for any reason to include incontinence care.	F 880		