STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345511	A. BUILDING _____ B. WING _____	C 01/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF STATESVILLE	2001 VANHAVEN DRIVE STATESVILLE, NC 28625

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F 000	INITIAL COMMENTS An unannounced onsite complainant investigation was conducted on 01/05/22 with exit from the facility on 01/05/22. Additional information was obtained through 01/07/22 therefore, the exit date was changed to 01/07/22. Event ID #FTFA11. There were 16 allegations investigated and all 16 were unsubstantiated.	F 000		
F 880 SS=F	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,	F 880		1/21/22

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

Electronically Signed | 01/21/2022

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F 880	Continued From page 1	F 880		

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 infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, record review, local health department representative and staff interviews, and the Center for Disease Control (CDC) COVID-19 Data Tracker for Iredell County transmission rate the facility failed to follow the CDC guidance regarding appropriate Personal Protective Equipment (PPE) for counties of high county transmission rates when 1 of 2 wound care personnel (Wound Nurse) failed to wear eye protection while performing wound care for 1 of 3 residents who required wound care (Resident #1), 3 of 6 Nurse Aides (NA) provided care to 4 of 4 residents (Resident #10, Resident #11, Resident #12, and Resident #13) without wearing eye protection, 1 of 6 NAs delivered meal trays to 4 of 4 residents (Resident #6, Resident #7, Resident #8, and Resident #9) without wearing eye protection, and 1 of 4 nurses (Nurse #1) failed to don eye protection when entering a resident room on enhanced droplet isolation. These practices had the potential to affect all residents who received care from the facility staff. These failures occurred during a COVID-19 pandemic. The findings included: CDC guidance titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic" updated on 09/10/21 indicated the following information under the section "Implement Universal Use of Personal Protective Equipment for Healthcare Personnel (HCP): If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), the HCP working	F 880	THE PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BU THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OR OF THE CONCLUSION STATES ON THIS STATEMENT OF DEFICIENCIES. THIS PLAN OF CORRECTION IS PREPARED AND SUBMITTED SOLELY BECAUSE OF REQUIREMENT UNDER STATE AND FEDERAL LAW. DPOC IMPOSITION RECOMMENDATIONS Recommend a tiered system for the DPOC which begins with staff training and progresses to working with a consultant or temporary manager to implement a plan. Darin Hopping, Regional Vice President of Operations and Shellie Moore, MSN, RN, Regional Director of Clinical Services will assist with consultation to the Administrator and Director of Nursing to ensure plan is successfully adhered to. Staff training complete by 1/21/22. POC: The corrective action to be implemented and an appropriate infection prevention and intervention plan consistent with the requirements of 483.80 for the affected resident(s) identified in the deficiency. Residents #1, #6, #7, #8, #9, #10, #11, #12, and #13 were tested on 1/07/2022 after potential exposure due to staff not wearing eye protection for COVID	

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F 880	Continued From page 3 in facilities located in counties with substantial or high transmission should also use PPE as described below: Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters. Review of a facility document titled; "Recommended use of personal protective equipment (PPE) for Health care setting for Coronavirus Disease" indicated that for a COVID free unit in facilities that were in outbreak status or community transmission level is red or orange health care personnel should wear a N95 mask and eye protection for patient care encounters. No date was noted on the document but indicated that the information was obtained off the CDC September 10, 2021 Interim Infection Prevention and control recommendations for healthcare personnel during the coronavirus disease 2019 pandemic. On 01/05/22 the Centers for Disease Control and Prevention (CDC) COVID-19 Data Tracker was reviewed. The CDC Data Tracker revealed that the county where the facility was located had a high level of community transmission for COVID-19. a. An observation of wound care for Resident #1 was made on 01/05/22 at 3:45 PM along with the Wound Nurse (WN). There was an Enhanced Droplet Isolation sign on the door that indicated staff should don a gown, gloves, mask and eye protection when entering the room. The WN donned a gown and glove in addition to his N95 mask but did not don eye protection. The WN provided wound care to Resident #1 on his left lateral foot and applied a treatment as ordered.	F 880	19 with negative results. Each resident was tested along with the other residents of the facility twice a week for COVID 19. ¿ Residents who were potentially exposed related to staff not wearing eye protection were assessed for signs and symptoms of COVID 19, and testing twice weekly for outbreak testing COVID 19 that is still ongoing. ¿ Staff not wearing eye protection has the potential to affect all residents who receive care from the facility. ¿ Starting on 1/5/22 Facility staff were reeducated via one on one training. Training was completed on 1/21/22 and will continue in orientation classes and for new agency staff entering the building. Training consisted of the expectation that eye protection will be required per (CDC) guidance. ¿ The Administrator or designee will observe staff wearing eye protection. This will be documented daily for 7 days, 5 days a week for 3 weeks, and then weekly for 8 weeks. The results of the eye protection audits will be monitored by the Quality Assurance (QA) committee meeting by the Administrator for review and recommendation for the duration of the monitoring period. Governing Body *Governing Body consists of Regional Vice President of Operations, Regional Director of Clinical Services, Administrator, Director of Nursing, and Medical Director. Specific staff involved in implementing the	

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F 880	Continued From page 4 An interview was conducted with the WN on 01/05/22 at 4:30 PM. The WN acknowledged the Enhanced Droplet Precaution sign on Resident #1's door and confirmed that he did not have on eye protection and believed he only had to do that if the facility was on lock down for COVID. b. On observation of Nurse Aide (NA) #1 was made on 01/05/21 at 10:26 AM. NA #1 was in the shower room with Resident #10, and she had just completed the shower and had gathered her dirty clothes and linen and proceeded to push Resident #10 from the shower room down the hallway to her room. NA #1 was observed to have on a N95 mask but did not have on any eye protection. Attempts were made to speak to NA #1 on 01/05/22 and 01/06/22 without success. A continuous observation was made on 01/05/22 at 3:55 PM to 4:30 PM. Nurse Aide (NA) #2 was observed coming out of Resident #12's room with a bag of soiled linen. NA #2 was noted to have on a N95 mask but no eye protection. NA #2 used hand sanitizer after disposing of the soiled linen in the soiled utility bin and proceeded to enter Resident #11's room. A few minutes later NA #2 exited Resident #11's room with 2 bags of soiled linen/trash and took them to the appropriate place and again used hand sanitizer. NA #2 again had on a N95 mask but did not don eye protection. NA #3 was observed exiting Resident #13's room with a bag of trash. She was noted to have on a N95 mask and no eye protection. She proceeded to dispose of the trash and use hand sanitizer. NA #2 was interviewed on 01/05/22 at 4:10 PM.	F 880	corrective action include *Staff identified to carry out this plan is the Regional Vice President of Operations, Regional Director of Clinical Services, Administrator, Director of Nursing, Unit Managers, and Medical Director. All other leadership team members will aide in monitoring staff to ensure they adhere to infection control practices. ¿ Identification of other residents in the facility who may need to be included. *All residents will be included in the monitoring process Systematic Changes and actions that need to be taken *To prevent this from recurring, the Director of Nursing or Designee will provide education to current staff concerning the (CDC) recommendations for eye protection by 1/21/22. Education will be provided to new hires during orientation. *Daily rounding of all key leadership staff to ensure infection control compliance. *Increased staff huddles to promote latest infection control information and general operation information. Monthly infection control in-servicing during staff town hall meetings. Monitoring of approaches to ensure infections are controlled going forward. ¿ *The Administrator or designee will observe staff wearing eye protection. This will be documented daily for 7 days until 1/23/22, 5 days a week for 3 weeks	

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F 880	Continued From page 5 NA #2 confirmed that when she provided care to Resident #11 and Resident #12, she only wore her N95 mask and gloves. She explained that if the resident room had a sign on the door indicating any type of isolation precaution then she would don eye protection but otherwise only wore her N95 mask and gloves. NA #2 further explained that earlier on the shift she was responsible for weighing patients in the facility. She explained that she had weighed all but 3 residents on one side of the facility and during those patient interactions she only wore her N95 mask and gloves unless of course they had a sign on their door telling her differently. NA #3 was interviewed on 01/05/22 at 4:30 PM. NA #2 explained that she only donned eye protection if the resident had a sign on the door telling the staff to do so. She stated that if the resident had no sign on their door then she did not don eye protection but always wore her mask anytime she was in the facility. c. A continuous observation was made on 01/05/22 from 5:04 PM to 5:12 PM. Nurse Aide (NA) #2 was observed delivering meal trays to Resident #6, Resident #7, Resident #8, and Resident #9. During the continuous observation NA #2 went into each room set up the resident tray and exited the room. None of the doors to the rooms had a sign indicating any type of precaution was required for the room. NA #2 had a N95 mask in place but did not don eye protection before entering the rooms. NA #2 was interviewed on 01/05/22 at 4:30 PM. NA #2 explained that she only donned eye protection if the resident had a sign on the door telling the staff to do so. She stated that if the	F 880	ending on 2/13/22 and then weekly for 8 weeks ending 4/10/22. The results of the eye protection audits will be monitored by the Quality Assurance (QA) committee meeting by the Administrator for review and recommendation for the duration of the monitoring period. Completion Date *Monitoring in process for the time frame listed above and will be extended if the QA committee recommends to ensure ongoing compliance. I,Amir Zarif and my designees provided this education to all staff on or before January 21,, 2022	

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resident had no sign on their door then she did not don eye protection but always wore her mask anytime she was in the facility.

d. An observation of Nurse #1 was made on 01/05/22 at 5:04 PM. Nurse #1 was observed to enter Resident #14's room. The door to Resident #14's room had a sign on the door that stated Enhanced Droplet Isolation and instructed the staff to don a N95 mask, gown, gloves, and eye protection when entering the room. Nurse #1 entered Resident #14's room after donning a gown, gloves, and N95 mask. She did not don eye protection. Nurse #1 proceed to make up Resident #14's bed as requested by the resident who was sitting right next to the bed.

Nurse #1 was interviewed on 01/05/22 at 5:04 PM and stated she forgot to put on goggles. She stated she knew she should wear them when entering Resident #14's room but had forgotten.

The Director of Nursing (DON) was interviewed on 01/05/22 at 6:26 PM. The DON confirmed she was also the Infection Preventionist and had been at the facility for a little over a year. The DON stated that a staff member checked the positivity rate and transmission rate weekly and kept the log up to date. She confirmed that the county in which the facility was located had "consistently been in the red" which indicated a high transmission rate. The DON explained that all staff should be wearing eye protection during patient care. The DON stated she was aware the staff were not donning eye protection and stated that the staff on the COVID unit were fully aware that they had to wear the eye protection, but that standard did not get carried out to the other staff. She believed it was because the county had gone

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from Red (high) transmission to Green (low transmission) and even Yellow (moderate) transmission and it just got so confusing going from one extreme to the other. The DON stated that the leadership team would deliver that information about transmission rates to their employees once the facility was aware that they were in the Red (high) transmission and tell their staff that eye protection was needed for source control but that did not happen due the turnover in leadership in the facility.

The local health department Nurse was interviewed on 01/06/21 at 10:11 AM who confirmed that the county in which the facility was located had been in the Red (high) transmission rate for several months. She stated that she has been in contact with the facility off and on over the course of pandemic and eye protection was not something that they discussed. She stated she would send out an email reminding the facilities that when the country transmission rate was high that staff needed to wear eye protection during patient care encounters.