

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/29/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>Mountain Vista Health Park</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>106 Mountain Vista Health Park Road , Denton, North Carolina, 27239</b>
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(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
E0000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted from 04/27/2026 through 04/29/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #22F836-H1.	E0000		
F0000	INITIAL COMMENTS  A recertification investigation survey was conducted from 04/27/2026 through 04/29/2026. Event ID #22F835-H1.	F0000		
F0880 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 arrangement based upon the facility assessment conducted according to §483.71 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	F0880		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F0880 SS = D</p>	<p>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, record review, and physician and staff interviews, the facility failed to implement their Infection Control Policy for transmission-based precautions when Nursing Assistant (NA) #1 and NA #2 failed to perform hand hygiene, apply a face mask prior to entering a room with droplet</p>	<p>F0880</p>		

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F0880 SS = D	<p>Continued from page 2 precautions in place and failed to complete hand hygiene upon exiting the room. This was for 2 of 5 staff members observed for infection control practices (NA #1 and NA #2).</p> <p>The findings included:</p> <p>Review of the droplet precautions sign with a revision date of 1/20/22 revealed instructions for entering the room including:</p> <p>Everyone must clean hands before entering and leaving the room</p> <p>Everyone must wear a surgical/procedure mask when entering the room and remove after exiting the room.</p> <p>Additional personal protective equipment (PPE) may be required per Standard Precautions</p> <p>PPE: apply in this order: alcohol-based handrub or wash with soap and water (if visibly soiled); mask (cover nose, mouth, and chin)</p> <p>Take off and dispose of in this order: mask (do not grasp front of the mask when removing); alcohol-based handrub or wash hands with soap and water if visibly soiled.</p> <p>The facility policy "Isolation: Categories of Transmission-based Precautions" with a revision date of 9/2022 specified droplet precautions were implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning. The policy indicated an individual should be placed in a private room if possible, but when a private room is not available, residents may share a room with a resident infected with the same microorganism or with limited risk factors, or on a case-by-case basis after considering infection risks to other residents. The policy specified that masks were worn when entering the room, gloves, gown, and goggles were worn if there was a risk of spraying respiratory secretions.</p> <p>An observation was conducted on 4/27/26 at 12:16 PM. Resident #45's door frame had the sign "droplet precautions" with instructions to perform hand hygiene and apply a face mask prior to entering the room. NA #1 entered Resident #45's room to deliver a lunch tray to Resident #45 (Resident #52's roommate). Resident #45 was sitting</p>	F0880		

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F0880 SS = D	<p>Continued from page 3</p> <p>in a chair, and her bed was closest to the door. NA #1 did not perform hand hygiene prior to entering the room. NA #1 was noted to move the over-the-bed tray closer to Resident #45 and remove the lid from the plate of food. NA #1 did not perform hand hygiene after leaving the room. An alcohol-based handrub dispenser was noted on the wall beside the door.</p> <p>NA #1 was interviewed on 4/27/26 at 12:19 PM immediately after she exited the room and she reported she did not think she had to perform hand hygiene or apply a face mask to deliver a meal tray because the droplet precautions were in place for Resident #52 but not Resident #45. NA #1 reported she saw the droplet precautions sign.</p> <p>NA #2 was observed entering Resident #52's room with a lunch tray on 4/27/26 at 12:17 PM. Resident #52's door frame had the sign "droplet precautions" with instructions to perform hand hygiene and apply a face mask prior to entering the room. NA #2 did not perform hand hygiene or apply a face mask prior to entering the room. No face mask was applied by NA #2 before she entered the room. NA #2 was observed setting up Resident #52's lunch tray and adjusting the over-the-bed tray. NA #2 exited the room and did not perform hand hygiene. An alcohol-based handrub dispenser was noted on the wall beside the door.</p> <p>NA #2 was interviewed on 4/27/26 at 12:21 PM immediately after she exited the room and she reported she was aware Resident #52 had droplet precautions in place. NA #2 reported she had applied a face mask earlier in the shift to assist Resident #52 with grooming and dressing but did not think she had to perform hand hygiene or apply a face mask for tray delivery. NA #2 reported she saw the droplet precautions sign.</p> <p>On 4/27/26 at 2:49 PM, the Director of Nursing was interviewed with NA #1 and NA #2 present. Both NAs stated they had received education on precautions and PPE but could not recall the dates. NA #1 reported she became confused about the precautions in place and did not realize she needed to wear a face mask when delivering a tray to Resident #45, who was not on droplet precautions, and said she was nervous because she was being observed. NA #2 reported she knew Resident #52 was on droplet precautions but, due to nervousness, did not think to perform hand hygiene or apply a face mask before delivering a meal tray. Both NAs stated they were told during morning report on 4/27/26 that Resident #52 tested negative for COVID,</p>	F0880		

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F0880 SS = D	<p>Continued from page 4 influenza, and RSV, and they thought the droplet precautions sign was going to be removed; they also said they did not recall touching anything in the room that would have required hand hygiene. The DON stated both NAs had infection control education in the past and should have performed hand hygiene and worn a face mask before entering a room with droplet precautions, and she acknowledged that Resident #52 had a negative PCR test but remained on droplet precautions, adding that she expected staff to read and follow posted precaution signs and apply required PPE before entering the room.</p> <p>An interview was conducted with the Infection Control Preventionist (IP) on 4/29/26 at 9:03 AM. The IP reported Resident #52 had signs and symptoms of respiratory infection and special droplet precautions were implemented. The IP explained Resident #52 was tested for COVID, influenza, and RSV. The IP explained the rapid test was negative for COVID, and the PCR was negative for COVID, influenza, and RSV, but because Resident #52 had a cough, the facility kept her on droplet precautions and discontinued the special droplet precautions. The IP explained that if one resident was on droplet precautions in a room, the roommate was considered exposed and on droplet precautions. The IP explained that this meant the facility staff should wear a surgical mask when entering the room to provide care, as well as perform hand hygiene before and after care, including delivering meal trays to the resident under droplet precautions and their roommate.</p> <p>The Administrator was interviewed on 4/29/26 at 2:08 PM. The Administrator reported she and the DON discussed the incident and determined because NA #1 and NA #2 had been told in morning report on 4/27/26 that Resident #52 was negative for COVID, influenza, and RSV, they thought Resident #52 was going to be taken off droplet precautions, and it was okay to deliver the meal tray without performing hand hygiene or applying a face mask. The Administrator reported she expected all staff to follow the instructions on precaution signs posted on a resident's door.</p> <p>The facility Physician was interviewed on 4/29/26 at 2:46 PM. The Physician reported he had ordered loratadine (used to treat allergy symptoms) for Resident #52 based on her symptoms and medical history, but he had not examined her on 4/26/26. The Physician reported that the rapid and PCR test for COVID, influenza, and RSV were negative and Resident #52 remained on droplet precautions due to a cough, which he felt the allergy medication would</p>	F0880		

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F0880 SS = D	Continued from page 5 help. The Physician reported he was concerned about the potential for infectious disease spread when he learned NA #1 and NA #2 did not follow the droplet precaution sign instructions by not performing hand hygiene or applying a face mask prior to delivering a meal tray to Resident #45 and Resident #52.	F0880		