STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345530	A. BUILDING _____ B. WING _____	C 11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENN NURSING CENTER	618-A S MAIN STREET REIDSVILLE, NC 27320

(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 11/10/20. 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# L1TU11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 11/9/20 -11/10/20. The facility was found not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 1 of 2 complaint allegations were substantiated with deficiency.	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	F 880		12/15/20

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

Electronically Signed | 12/01/2020

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F 880	Continued From page 1	F 880		

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.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

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F 880	Continued From page 2 §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 observation, record review, staff interview, and review of the facility's policy and procedures, staff failed to implement the guidelines regarding use of personal protective equipment (PPE) during COVID-19 by not wearing the full PPE required when passing meal trays to 2 of 8 newly admitted residents (Resident #4, and #5) residing on the isolation unit. This failure occurred during the COVID-19 pandemic. Findings included: Review of the Isolation -notice of transmission-based precautions policy, revised date June 2020, read in part " When transmission-based precautions are implemented an appropriate sign will be placed on the entrance/doorway of the resident's room. Sign will be used to alert staff of the implementation of transmission-based precautions." The policy indicated staff should follow practices that included wearing of masks, eye protection, face shield, gowns and gloves for contact with residents or their environment. Observation of the signage posted on the resident's rooms doorway on isolation unit were 1) droplet precaution 2) CDC sign " Use Personal	F 880	F 880 Infection Prevention & Control What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #4 was not harmed by the alleged deficient practice. Resident #4 tested negative for COVID-19 on November 11, 2020 and November 18, 2020 with Abbott BinaxNow rapid Point of Care testing. Resident #4 had temperature checked daily x 2 weeks with no signs of infection. Resident #5 was not harmed by the alleged deficient practice. Resident #5 tested negative for COVID-19 on November 11, 2020 and November 18, 2020 with Abbott BinaxNow rapid Point of Care testing. Resident # 5 had temperature checked for 9 days until transferring home. The Nurse Technician (NT) was educated on November 24, 2020 on proper personal protective equipment (PPE) when entering COVID-19 isolation rooms by the Director of Nursing (DON).	

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F 880	Continued From page 3 Protective equipment (PPE) when caring for patients with confirmed or suspected COVID-19 , 3) Contact precaution. All signs indicate gowns, mask, eye protection, gloves should be worn prior to entering the resident's room. During an interview on 11/9/20 at 10:30 AM, with the Director of Nursing (DON), she stated one resident tested positive for COVID on 10/21/20. She further stated no residents tested positive the following week. The DON explained that all new admissions and readmissions were placed on the isolation unit for quarantine for 14 days. The new admissions tested negative for COVID -19 prior to admission and were placed on transmission-based precautions which included contact and droplet precautions. The DON added if the resident tested positive for COVID-19 then the resident would be placed under enhanced transmission-based precautions. The DON stated there were signs placed on each doorway of the resident rooms on the isolation unit indicating the type of precautions ordered for the resident, The signs indicate, the personal protective equipment (PPE) required to be worn by the staff prior to entering these rooms. An observation of the lunch meal was conducted on the isolation unit on 11/9/20 between 12:10 PM and 12:25 PM. Signage on the outside of the resident room doors indicated, when staff entered the rooms, they should be wearing a mask, eye protection, gown, and gloves. Nursing Assistants (NA) #1, passed meal trays to Residents # 4 and Resident # 5 on the isolated unit. The NA# 1 entered the resident rooms wearing only masks and eye protection. During an interview on 11/9/20 at 12:25 PM, NA	F 880	How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? Any resident on isolation has the potential to be affected by the same deficient practice. The Director of Nursing or Nursing Professional Development Specialist will educate all direct care staff to include nurses, nurse technicians, environmental, rehab, and ancillary staff on when to use personal protective equipment and proper donning and doffing. Staff including nurses, nurse technicians, housekeeping, rehab, and ancillary staff will all be required to watch Use Personal Protective Equipment (PPE) correctly for COVID-19 at https://www.youtube.com/watch?v=YYTATw9yav4&feature=youtu.be. If any nurse, nurse technician, environmental, rehab, or ancillary staff member is unable to complete prior to December 15, 2020, they will be phoned for a verbal in-service and required to complete the video prior to their next worked shift. What measures will be put into place, or what systemic changes you will make to ensure that the deficient practice does not recur? Random audits of the use of PPE to include donning and doffing will be completed by the Director of Nursing or Nursing Professional Development Specialist 5 per shift per week x 1 week; 4 per shift per week x 1 week; 3 per shift	

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F 880	Continued From page 4 #1 stated it was her understanding that staff only had to wear full PPE which included masks, eye protection, gloves, and gowns when providing personal care to residents on the quarantine/isolation unit. She stated only masks and eye protection were required if no physical contact was made with the residents such as during the delivery of meal trays. NA #1 indicated that the residents were tested for COVID-19 by the facility and tested negative. NA #1 further indicated she needed clarification if full PPE should be worn during delivery of meal trays. During an interview with the DON on 11/03/20 at 12:30 PM, she stated the staff delivering meal trays on the isolation unit should follow the signs posted on resident doors . Staff should wear full PPE which included masks, eye wear, gloves, and gowns prior to entering the resident's rooms. The DON further stated appropriate full PPE as indicated on the signs should be worn for all services and activities provided to the residents in isolation rooms. The DON indicated all staff were in-serviced about following signs posted on resident doors and on wearing the appropriate PPE every time they entered the resident rooms.	F 880	per week x 1 week; 2 per shift per week x 1 week; 1 per shift per week x 4 weeks. Education for personal protective equipment will occur quarterly x 4 then annually and as needed if/when infection control concerns arise. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put into place? All information obtained will be taken to Quality Assessment Performance Improvement (QAPI) Committee and reviewed. An initial QAPI meeting occurred on November 24, 2020. The QAPI Committee review audits will be reviewed x 3 months to see if the areas will need additional training/education.	