STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345129	A. BUILDING _____ B. WING _____	12/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIE NURSING AND REHABILITATION CENTER	498 MADISON ROAD MOCKSVILLE, NC 27028

(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 12/7/20. 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# J52J11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/7/20. The facility was found not in 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.	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 and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		12/23/20

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

Electronically Signed | 12/18/2020

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F 880	Continued From page 1 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. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of	F 880		

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F 880	Continued From page 2 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, staff interviews, and record review, the facility failed to implement their policy for doffing personal protective equipment (PPE) and Centers for Disease Control and prevention (CDC) COVID 19 guidelines, when 1 of 1 staff member (Nursing Assistant #1) failed to remove PPE including a gown and gloves prior to exiting a residents room, who was on enhanced droplet precautions. This failure occurred during the COVID-19 pandemic. The findings included: The CDC guidance on Using PPE updated on 8/19/20 included instructions on how to take off PPE that included removing gloves and gown prior to exiting a resident's room. The facility's COVID-19 Personal Protective Equipment: Doffing step by step policy and procedure dated 4/10/20 included exiting patient room after removing gown and gloves. A facility in-service on proper PPE donning and doffing with return demonstration was conducted on 12/1/20 and had NA #1's signature. A tour of the 100 hall was conducted on 12/7/20 at 9:20 AM. NA#1 was observed exiting a resident's room that had a sign posted on the door for enhanced droplet precautions. NA#1 exited the room while still wearing a gown and	F 880	Preparation and submission of this Plan of Correction does not constitute an admission of or agreement with, it is required by State and Federal law. It is executed and implemented as a means to continuously improve the quality of care to comply with State and Federal requirements. Certified nursing assistant (CNA) #1 has tested negative for infectious disease since the end of the survey. The residents who resided in room in which CNA did not remove the appropriate Personal Protective Equipment (PPE) before exiting, have tested negative for infectious disease since the end of the survey. All residents have the potential to be affected by this deficient practice therefor; staff members have been educated on CDC guidelines regarding removal of appropriate PPE before leaving an isolation room and limiting distractions during care. Training provided by the Director of Nursing or Infection Preventionist. To prevent this from recurring, the Director of Nursing or Designee will provide education to current staff by	

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F 880	Continued From page 3 gloves. NA #1 was observed walking down the hall before NA #2 reminded her to remove her gown and gloves. An interview was conducted on 12/7/20 at 11:40 AM with NA #1. She stated she knew gown and gloves were to be removed prior to exiting a resident's room, but she forgot she had the gown and gloves still on when she exited the resident's room. An interview was conducted with Nurse #1 on 12/7/20 at 9:25 AM. Nurse #1 stated the 100 hall had residents on enhanced droplet precautions due to their previous roommates testing positive for COVID and their roommate subsequently being moved to the facility's COVID Unit. Nurse #1 added gowns and gloves had to be removed prior to exiting resident rooms on enhanced droplet precautions. An interview was conducted with the Director of Nursing (DON) on 12/7/20 on 9:40 AM. The DON stated the staff was re-educated last week on proper PPE donning and doffing. The DON added PPE (gowns and gloves) were to be removed prior to exiting a resident's room.	F 880	12/21/2020 concerning limiting of distractions while providing care to residents and removal of PPE when exiting an isolation room. Education will be provided to new hires during orientation and agency staff before beginning work. Any staff on vacation will receive this education before working. An audit tool has been developed to assist with compliance monitoring. To monitor and maintain ongoing compliance, beginning the week of 12/22/2020, the facility Administrator or designee will document the audits of 10 employees per week for 12 weeks to validate compliance of removal of PPE before exiting isolation rooms and for observations of care being provided without unnecessary distractions. All negative findings will be immediately addressed. All results will be reviewed at the facility quality assurance (QA) meeting monthly for the duration of the auditing. The QA committee will give further guidance based on review of audit findings and recommendations. The QA committee reviewed and approved this plan on 12/17/2020. Title of person responsible for implementing acceptable plan of correction: Darin Asbill, Administrator	