STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345425	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR HAVEN HOME INC	149 FAIR HAVEN DRIVE , BOSTIC, North Carolina, 28018

(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 A unannounced Recertification and Complaint survey were conducted on 07/07/25 through 07/08/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #GZV911.	E0000		
F0000	INITIAL COMMENTS A recertification and complaint survey were conducted on 07/07/25 through 07/08/25. The following intakes were investigated: NC00218225, NC00219720, NC00221226, NC00221494. Event ID# GZV911. 8 of the 8 complaint allegations did not result in a deficiency.	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;	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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F0880 SS = D	Continued from page 1 §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 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:	F0880		

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F0880 SS = D	Continued from page 2 Based on observation, record review, and staff interviews, the facility failed to follow their Hand Hygiene policy and procedure when Nurse Aide (NA) #1 did not doff her gloves, perform hand hygiene and don clean gloves after removing a dressing and before cleaning the wound during wound care to Resident #26. The deficient practice occurred for 1 of 8 staff members observed for infection control practices (NA #1). The findings included: Review of the facility's policy entitled Hand Hygiene last updated May 2025 read in part: Policy: All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents and visitors. Policy Explanation and Compliance Guidelines: 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. 3. Alcohol-based hand rub with 60% to 95% alcohol is the preferred method for cleaning hands in most clinical situations. Hand Hygiene Table Use either soap and water or alcohol-based hand rub for the following conditions: - Before performing invasive procedures. - Before applying and after removing personal protective equipment (PPE) including gloves.	F0880		

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F0880 SS = D	Continued from page 3 - Before and after handling clean or soiled dressings, linens, etc. - After handling items potentially contaminated with blood, body fluids, secretions or excretions. An observation of NA #1 and Nurse #1 providing wound care to Resident #26's coccyx wound was made on 07/08/25 at 10:25 AM. Nurse #1 had gathered all her dressing supplies and placed them on a barrier on the overbed table. The dressing on the coccyx wound was removed by NA #1 who was assisting with wound care. NA #1 removed the dressing and without doffing her gloves, sanitizing her hands and donning clean gloves, proceeded to clean the wound with normal saline-soaked gauze and then dried the wound with a dry gauze pad. NA #1 doffed her gloves after cleaning and drying the wound, washed her hands with soap and water, donned clean gloves and assisted Nurse #1 in completing the wound care and application of wound vac to Resident #26's coccyx wound. After the wound care was completed, Nurse #1 and NA #1 gathered the supplies and trash, doffed their gowns and gloves, washed their hands with soap and water and left the room. An interview on 07/08/25 at 2:29 PM with Nurse #1 and NA #1 revealed they both thought the wound care had gone well. NA #1 stated she should have doffed her gloves, sanitized her hands, and donned clean gloves after removing the dressing and before cleaning and drying the wound in preparation for application of the wound vac. NA #1 stated it was an oversight and she knew that she should have doffed her gloves, sanitized her hands and donned clean gloves prior to cleansing Resident #26's wound. An interview on 07/08/25 at 4:09 PM with the Infection Preventionist (IP) revealed NA #1 should have doffed her gloves, sanitized her hands, and donned clean gloves after removing Resident #26's dressing and before cleaning the wound with normal saline. The IP stated they were constantly doing education on infection prevention practices and they would provide NA #1 with one-to-one education. An interview on 07/08/25 at 6:39 PM with the Administrator revealed it was her expectation for all staff to follow infection prevention procedures when	F0880		

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F0880 SS = D	Continued from page 4 providing resident care. The Administrator stated NA #1 should have removed her gloves, sanitized her hands and applied clean gloves prior to cleaning Resident #26's wound.	F0880		