

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345553	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER AUTUMN CARE OF FAYETTEVILLE		STREET ADDRESS, CITY, STATE, ZIP 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interviews, record review and review of the facility's policies and procedures staff failed to implement the facility's COVID-19 Plan and Protocols for wearing the personal protective equipment (PPE) required for 3 of 3 staff observed providing care and services to residents who were quarantined and on enhanced droplet precautions. These failures occurred during the COVID-19 pandemic. Findings included: The facility's Enhanced Precaution Policy Titled: Transmission-Based Precautions (last revised 03/24/2020) documented, Droplet Precautions - intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. A single patient room is preferred for residents who require Droplet Precautions. A mask is worn for close contact with infectious resident. Gloves, gown, eye protection are worn adhering to Standard Precaution guidelines. This includes the following: Staff will utilize appropriate PPE (personal protective equipment) including surgical masks, gown, eye protection, and gloves when entering room. During facility tour observation on 07/21/20 at 11:20 AM Housekeeper #1 was observed entering an enhanced droplet-contact precaution room on the 500 hall without eye protection. Housekeeper #1 was wearing a surgical mask and gown. Housekeeper #1 was observed not wearing eye protection while in the resident's room. During an interview with Housekeeper #1 on 07/21/20 at 2:41 PM stated she could not have worn eye protection, because there was no eye protection on the PPE carts down the 500 hall. She stated she was very busy on her hall and did not have time to track down the 3 people with keys to the central supply room. She said it was her fault that she did not don eye protection. She said, while she was in enhanced precaution rooms, she was wearing a mask and gown and should have also put on eye protection and did not. During observation of the lunch meal on the 200 and 500 halls (quarantine halls), beginning at 12:30 PM on 07/21/20, multiple personal protection equipment (PPE) were observed in clear plastic containers outside Residents' rooms, with enhanced observation signs posted on doors. The enhanced droplet-contact precautions sign revealed the following: perform hand hygiene, surgical mask when entering room, eye protection when entering room, gown when entering room, gloves when entering room, private room and keep door closed, families and visitors - do not enter the room, and report to the nurses' station with questions. During facility observation on 07/21/20 at 1:35 PM Nurse #1 was observed entering an enhanced droplet-contact precaution room on the 200 hall without eye protection when entering room. Nurse #1 was wearing a surgical mask and gown. Nurse #1 was observed not wearing eye protection while entering the resident's room. During an interview with Nurse #1 on 07/21/20 at 2:24 PM stated she should have worn full PPE on 07/21/20 at 1:35 PM when entering a 200 hall enhanced observation precautions room as required in the facility's enhanced precautions policies, which would have included mask, gown, gloves, eye protection, and she did not. She reported it was an honest mistake on her part not to have put on eye protection. During facility observation on 07/21/20 at 1:40 PM Nursing Aide (NA) #1 was observed entering an enhanced droplet-contact precaution room on the 200 hall without eye protection when entering room. NA #1 was wearing a surgical mask and gown. NA #1 was observed not wearing eye protection while entering the resident's room. During an interview with NA #1 on 07/21/20 at 2:18 PM stated she should have worn full PPE on 07/21/20 at 1:40 PM when entering a 200 hall enhanced observation precautions room as required in the facility's enhanced precautions policies, which would have included mask, gown, gloves, eye protection, and she did not. During an interview with the facility's Central Supply Manager (CSM) on 07/21/20 at 2:00 PM stated the nursing staff were usually good at asking for PPE when the hall carts were out of supplies. CSM said the facility had plenty of PPE on-hand; masks, gowns, gloves, goggles, face shields, and eye glasses. Per facility PPE inventory sheet dated 07/16/20 revealed the facility had 57 eye protection available for staff. CSM said staff should have notified her, the DON, or the Administrator when they were out of eye protection and did not. During an interview with the Administrator and Director of Nursing (DON) on 07/21/20 at 3:00 PM stated Housekeeper #1, Nurse #1, and NA #1 should have worn complete PPE required in the facility's COVID policies to help reduce chances of cross-contamination just in case residents or staff were indeed positive or began exhibiting signs and symptoms of respiratory illness. They also reported Housekeeper #1, Nurse #1, and NA #1 should have requested additional eye protection for the depleted PPE carts from central supply and did not.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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 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.