

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345496	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER LIBERTY COMMONS N&R ALAMANCE		STREET ADDRESS, CITY, STATE, ZIP 791 BOONE STATION DRIVE BURLINGTON, NC 27215	
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 and review of facility policy and procedure, the facility failed to implement infection control measures when one of two dietary workers was observed wearing a face mask that did not cover their nose or mouth while working in the kitchen (Dietary Manager). This failure occurred during the COVID-19 pandemic. Findings included: The policy titled COVID-19 Policy and Procedure and dated 6/26/2020 stated under 5) d) Universal use of mask. i) Universal use of mask means that all employees will wear a mask while in the facility. Under 19) Dietary Services: Staff should wear a mask when in the facility. On 7/16/2020 at 9:50 AM, the Dietary Manager was observed working in the kitchen with her mask below her chin. When asked if she had received training about wearing a mask she stated yes, she had received in-services. The Dietary Manager indicated she was not wearing her mask over her nose and mouth because it was hot in the kitchen and sometimes hard to breathe. In an interview on 7/16/2020 at 10:20 AM, the Director of Nursing stated the dietary workers in the kitchen get hot and that is why they may pull their masks down.		

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.