

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CARRINGTON PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>600 FULLWOOD LANE MATTHEWS, NC 28105</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review, staff, and health department interview, the facility, did not implement social distancing among staff during COVID 19 screening for 8 of 8 staff reviewed for infection control, and 1 of 2 staff did not wear recommended Center for Disease Prevention (CDC) personal protective equipment (PPE) when entering a COVID-19 positive resident's room. These failures occurred during a COVID-19 pandemic. Findings included: The facility's policy from March 2020 for Employee screening during COVID 19 Pandemic stated that employees would be screened upon arrival and prior to entry for signs and symptoms, and prior to admittance to the building. The May 2020 CDC recommendations included to ensure all healthcare personnel wore a facemask for source control while in the facility and maintained good social distance of about 6 feet. 1. An observation of the employee screening process was conducted on 05/21/20 at 2:37 PM. Screening for all facility staff was being done in the employee breakroom, which could be entered from the employee parking lot. Nurse Aide (NA) #3 conducted the screening for the oncoming staff and was seated at the table in the breakroom with a mask on. Employees entered from the parking lot, took their own temperatures and were asked screening questions by NA #3 who recorded the answers on the log at the table. There were 8 employees in the breakroom waiting to be screened without masks on, and not [MEDICATION NAME] social distancing. Staff did not wear masks until the screening was completed and they were going to the unit. An interview with NA #1 on 05/21/20 at 1:23 PM was done. The NA stated they were screened before their shift in the breakroom where she did hand hygiene, stood in line, took her temperature and responded to a series of questions. She stated she didn't put a mask on until she went out on the hall. An observation on 05/21/20 at 2:47 PM revealed Housekeeper #3 coming into the breakroom from the hallway, where staff were being screened without a mask on. Housekeeper #3 was interviewed on 05/21/20 at 2:47 PM. She stated she was working in the laundry and came to the breakroom to get pain medication for a headache. She stated she left her mask in the laundry room and walked through the facility without a mask on to get to the breakroom. An observation was made of Nurse #4 on 05/21/20 at 2:50 PM. The nurse clocked in on the timeclock, did hand hygiene, took her temperature, answered the screening questions and then applied a mask. Six staff, without masks, were within 3 feet of her at the table. An interview was conducted with Nurse #4 on 05/21/20 at 2:50 PM, she stated they conducted the screening process in the breakroom before each shift and the temperature needed to be below 100 degrees Fahrenheit in order to stay at work. An interview with the DON and the Nurse Consultant was conducted on 05/21/20 at 3:00 PM regarding the employee screening process. They both stated staff should be social distancing and have a mask on during the screening process. The screener checked the temperature and asked the screening questions, if staff needed a mask when they came in, they would be given a surgical mask. The DON stated if they needed a N95 they came to the DON for it. She stated staff could use the area in the dining room to eat and should not be utilizing the breakroom for breaks or meals. She further stated they had a lot of PPE donations, and had a good supply now. 2. The facility's policy dated March 2020 stated gown use should be prioritized for . high contact resident care activities that provide opportunity for transfer of pathogens to the hands and clothing of healthcare personnel. An observation was conducted on 05/21/20 at 2:31 PM with Housekeeping Staff #2 going into a Covid-19 positive resident's room to clean. The resident was on droplet, airborne and contact isolation. This required head covering, face mask, face shield, gown, gloves and shoe covers. The employee had donned shoe covers, gloves, mask and a poncho, with both arms exposed from the elbows to the wrists. Gowns and full foot to head suits were available to wear. An interview was conducted with Housekeeping Staff #2 on 05/21/20 at 2:31 PM about room cleaning and PPE. The staff stated he liked the poncho instead of the gown. He was encouraged to put a gown on for better coverage and he stated he liked the poncho. A follow up interview with Housekeeping Staff #2 at 4:19 PM revealed his job duties included mopping and wiping down surfaces in COVID-19 positive rooms each day. An interview with the DON and the Housekeeping Director on 05/21/20 at 12:35 PM was conducted. They stated there were plenty of gowns, shoe covers, head covers, gloves and face shields on the 400 hallway where the COVID-19 positive resident's room were located. The Housekeeping Director stated that Housekeeping staff should follow the same precautions as nursing staff for entering COVID positive rooms and should be fully covered with a gown. A follow-up interview was conducted with the DON and the Nurse Consultant on 05/21/20 at 2:58 PM about PPE use and storage. The DON and the Nurse Consultant both stated the housekeeping staff should have worn a gown or full body suit with the arms covered. The DON stated they had a variety of PPE over the last several weeks and initially when they had a shortage, they had used the ponchos and washable reusable gowns and staff had been instructed to wash their arms and hands before if ponchos were used. She stated all staff had been educated on all the PPE, storage and the recommendations for when to use it. She also stated that staff going into the COVID-19 positive rooms were required to wear a gown and gloves, mask, face shield if close to resident, and hair and foot covers. An interview with the Health Department nurse on 05/26/20 at 1:50 PM was conducted. She stated the housekeeping staff should wear full PPE attire if available and cover arms when entering a COVID-19 positive isolation room.</p>		
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.