

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE LAURELS OF FOREST GLENN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1101 HARTWELL STREET GARNER, NC 27529</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> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, record review and staff interviews, the facility failed to ensure staff did not continually touch the outer portion of their face masks, occasionally pulled the mask down, away from the nose and mouth and touched clean and dirty items in the kitchen without washing their hands, which had the potential to affect 99 of 101 residents. These failures occurred during a COVID-19 pandemic. The findings include: During a concurrent observation and interview on 05/07/2020 at 1:47 p.m., Dietary Aide (DA) #1 while in the kitchen, was observed with a face mask on. DA #1 while talking continually touched the outer portion of the mask (near nose/mouth) with his bare hands. DA #1 also pulled the mask down while talking. DA #1 proceeded to touch clean plates and tray carts, the refrigerator, and plates on the dirty cart before washing his hands. DA #1 acknowledged that he was aware that there was a COVID-19 pandemic, and voiced an understanding of the importance of not touching the outside of the mask, washing hands, and the risk of cross-contamination. During an interview on 05/07/2020 at 1:56 p.m., the Dietary Manger stated, he expected the staff to wash their hands if they touched their mask. He also stated, he expected the staff to wash their hands, prior to going from dirty to clean items in the kitchen, to avoid cross-contamination. Review of the personnel file, revealed, DA #1 received education on 04/09/2020, related to the handling of N95 masks and hand hygiene.		

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.