

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER BELAIRE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2065 LYON STREET GASTONIA, NC 28052	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews and review of facility policies the facility failed to implement their policy requiring staff to wear gown and gloves for 1 of 3 nurse aides (NA #1) who failed to wear a gown and gloves when delivering meal trays to Resident #1 and Resident #2 in room [ROOM NUMBER] when there was a sign for enhanced barrier precautions posted on the door. This failure occurred during a COVID-19 pandemic. Findings included: A review of the facility's policy titled, Enhanced Barrier Precautions, effective date 02/06/2020 read in part; Policy: Employees providing high-contact patient care activities will follow Enhanced Barrier Precautions (EBPs). This level of precaution is indicated during the implementation of a containment strategy to prevent the potential transfer of a novel or targeted multi-drug resistant organism. Enhanced Barrier Precautions .refers to the use of gown and gloves during high-contact patient care activities. Procedure: 5. Post the Enhanced Barrier Precaution sign on the wall outside the patient(s) room. 6. Place PPE (gowns, gloves .) so that it is readily available immediately outside the patient room. A review of the education module titled, Preventing the Spread of Infection: Understanding Isolation Procedures, revealed Nurse Aide (NA) #1 signed and dated the education was completed on 3/27/20. The education read in part; Germs can cause infection by traveling through the air .and by direct contact or on the surface of objects such as a door handle, TV remote control, phone, bed railing, or tabletop.</p> <p>To stop the infection from spreading, the healthcare workers may do the following: .Wear a mask and eye protection, gloves, and gown . An observation of room [ROOM NUMBER] had signage on the door titled, Enhanced Droplet-Contact Precautions</p> <p>-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. An observation occurred on 9/2/20 at 12:10pm of NA #1 inside room [ROOM NUMBER], where Resident #1 and Resident #2 resided. NA #1 was wearing a mask and face shield but not wearing a gown or gloves. Upon exiting room [ROOM NUMBER], the NA headed toward the meal cart. An interview, conducted with NA #1 on 9/2/20 at 12:15pm, revealed she had entered room [ROOM NUMBER] to deliver the lunch meal trays to Resident #1 and Resident #2. The NA stated she had not put on a gown or gloves because it took too long to get the trays to the residents when she put on a gown and gloves and changed between the resident's rooms. The NA stated when there is a sign on the resident's door for enhanced precautions, she was supposed to wear a face mask, face shield, gown and gloves before she entered the resident's room for any reason, including delivering the meal trays. An interview, conducted with the Staff Development Coordinator on 9/2/20 at 2:15pm, revealed enhanced precautions were being used for every resident in the facility to prevent the spread of Covid-19. All resident rooms had signage on the doors for enhanced precautions. All staff should be using the enhanced precautions before entering the rooms which included gown and gloves in addition to masks and face shields. A gown and gloves should be worn to deliver the meal trays. An interview, conducted with the Director of Nursing on 9/2/20 at 2:30pm, revealed enhanced precautions were being used for every resident in the facility to prevent Covid-19 from spreading. All resident rooms had signage on the doors for enhanced precautions. All staff should have been using the enhanced precautions before entering the rooms which included gowns and gloves in addition to masks and face shields. NA #1 should have worn a gown and gloves when she delivered the meal trays to the residents in room [ROOM NUMBER].</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.