

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER AUTUMN CARE OF STATESVILLE		STREET ADDRESS, CITY, STATE, ZIP 2001 VANHAVEN DRIVE STATESVILLE, NC 28625	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview the facility failed to implement the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19 by not placing signage that instructed staff that eye protection must be worn at all times while they worked on the unit at the entrance of the facility's COVID 19 care unit and on the doors of the rooms of 7 of 7 residents who resided on the facility's designated COVID-19 care unit (Residents #1, #2, #3, #4, #5, #6 and #7). The facility also did not require staff to wear eye protection at all times while on the COVID unit as recommended by CDC, when entering the rooms of 2 of 7 residents (Resident #1 and Resident #2) who were newly admitted and resided on the facility's designated COVID-19 unit. This failure occurred during a COVID-19 global pandemic. The findings included: The CDC guideline titled Responding to Coronavirus (COVID-19) in Nursing Homes and dated 04/30/20 read in part: Place signage at the entrance to the COVID-19 care unit that instructs Health Care Personnel (HCP) they must wear eye protection and N95 (respirator mask) or high respirator (or facemask if a respirator is not available) at all times while on the unit. Gown and gloves should be added when entering resident rooms. The CDC guideline further stated all recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of N95 or high level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Review of the resident census for the facility's 500 unit, on 08/24/20 revealed the following: Resident #1 was admitted to room [ROOM NUMBER] on droplet precautions on 08/18/20. Resident #2 was admitted to room [ROOM NUMBER] on droplet precautions on 08/20/20. Resident #3 was admitted to room [ROOM NUMBER] on droplet precautions on 08/10/20. Resident #4 was admitted to room [ROOM NUMBER] on droplet/contact precautions on 08/24/20. Resident #5 was admitted to room [ROOM NUMBER] on droplet precautions on 08/20/20. Resident #6 was admitted to room [ROOM NUMBER] on droplet precautions on 08/17/20. Resident #7 was admitted to room [ROOM NUMBER] on droplet precautions on 08/19/20. An interview was conducted with the Administrator on 08/24/20 at 12:00 PM. The Administrator stated the facility's 500 unit was the designated COVID-19 unit where residents who were COVID-19 positive and/or new admissions or readmissions resided. She further stated that the new admissions stayed on the designated COVID-19 unit for 14 days or until a negative test was obtained. A tour of the COVID-19 designated unit on 08/24/20 at 12:00 PM revealed no signage that instructed health care personnel to wear eye protection at all times while on the unit. There were seven occupied private resident rooms on the unit. Observations of room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER] revealed all had signage posted on their door that read Droplet-Contact Precautions: perform hand hygiene, wear mask before entering room, gown before entering room, gloves before entering room, eye protection (face shield or goggles) in addition to contact precautions must be used when performing aerosol generating procedures (open suctioning,[MEDICAL CONDITION], respiratory treatments, etc.) when it is likely that there will be splash or spray of any respiratory secretion. Further observations of the COVID-19 designated unit on 08/24/20 at 1:15 PM. revealed room [ROOM NUMBER] had a sign posted on the door that read, Droplet-Contact Precautions: perform hand hygiene, wear mask before entering room, gown before entering room, gloves before entering room, eye protection (face shield or goggles) in addition to contact precautions must be used when performing aerosol generating procedures (open suctioning,[MEDICAL CONDITION], respiratory treatments, etc.) when it is likely that there will be splash or spray of any respiratory secretion. On 8/24/20 at 1:15 PM, Nurse Aide (NA) #1 was observed to have a N95 mask in place and donned a gown and gloves before she entered room [ROOM NUMBER] to assist the resident. She did not don eye protection before entering room [ROOM NUMBER] to assist the resident. Another observation of NA #1 on 08/24/20 at 2:40 PM revealed NA #1 was assisting a newly admitted resident to room [ROOM NUMBER]. There was a sign posted on the door of room [ROOM NUMBER] that read, Droplet-Contact Precautions: perform hand hygiene, wear mask before entering room, gown before entering room, gloves before entering room, eye protection (face shield or goggles) in addition to contact precautions must be used when performing aerosol generating procedures (open suctioning,[MEDICAL CONDITION], respiratory treatments, etc.) when it is likely that there will be splash or spray of any respiratory secretion. On 08/24/20 at 2:40 PM, NA #1 was observed wearing a N95 mask and before she entered the resident's room, she donned a gown and gloves. NA #1 was observed to enter the resident's room without eye protection. An interview was conducted with NA #1 on 08/24/20 at 2:26 PM. NA #1 stated all of her residents on the 500 unit were on precautions and she always wore gown, gloves, and mask when entering a resident room. NA #1 stated the staff had been instructed to only wear eye protection if the resident was COVID-19 positive. She stated she was following the sign on the door and since none of the residents on the unit were COVID-19 positive she did not apply eye protection. An interview was conducted with Nurse #1 on 08/24/20 at 2:43 PM. Nurse #1 stated he routinely worked the 500 unit and was observed to wear a N95 mask while on the unit but did not have eye protection on. Nurse #1 stated that everyone on the unit was placed there from the time of their admission for 14 days or until a negative COVID-19 test was obtained. He added all the residents were on precautions and the staff always wore gown, gloves and mask when entering a resident's room on the unit. Nurse #1 added that the only time he and the staff wore eye protection was when they were performing a resident's aerosol or nebulizer treatment. He added that the eye protection was kept on a different cart at the nurse's station. Nurse #1 stated that NA #1 would follow the signage posted on the resident's door regarding what PPE was needed to be worn. Nurse #1 also confirmed that all the residents on the 500 halls (designated COVID019 unit) were on Droplet-Contact precautions which included staff to perform hand hygiene prior to entering the room, and to wear a mask, gown, and gloves before entering room. Eye protection was only worn by staff if they were performing aerosol or nebulizer treatments. An interview was conducted with the Director of Nursing (DON) on 08/24/20 at 3:23 PM. The DON stated she also served as the facility's Infection Control Preventionist (ICP). The DON/ICP stated that the 500 hall was the designated COVID-19 unit where all new admission/readmissions were quarantined for 14 days or until they facility had obtained a negative COVID-19 test. She added the residents on the 500 hall were quarantined using the Droplet-Contact precautions signs as directed by their corporation. The DON stated that up to a week ago the facility was posting 2 signs on door of each resident's room one said droplet precautions and one said contact precautions and they were combined into one sign. The DON/ICP stated that they had been directed to only wear eye protection when performing aerosol procedures which is what the sign indicated. She stated that staff had been educated on that and knew when to apply eye protection. The DON/ICP further stated that she was aware of the Enhanced Droplet precaution sign being available, which specified the need for staff to wear eye protection and had requested to use those but was directed otherwise. An interview was conducted with the Administrator on 08/24/20 at 4:20 PM. The Administrator stated that they used the Enhanced Droplet precautions signs at one time but with all the new information coming down they had been instructed by the corporate office to change them and practice the droplet-contact precautions. The Administrator stated that she would resume using the Enhanced droplet precaution signs that were consistent with the CDC guidelines and practices. The Administrator added that the staff had not worn the eye protection previously but would be educated according to the CDC guidelines to wear eye protection at all times while on the unit.</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.