

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 485 VETERANS WAY KERNERSVILLE, NC 27284	
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 observations, staff interviews and review of the facility's policy titled, COVID-19 Preparation and Response, the facility failed to implement infection control procedures for wearing facemasks when 2 of 4 nursing staff working on the 100 hall failed to wear a facemask that covered their nose and mouth. This failure occurred during a COVID-19 pandemic. Findings included: The facility's policy titled, COVID-19 Preparation and Response, updated 6/1/20, was reviewed. The policy stated, in part, Universal use of mask means that all employees will wear a mask while in the facility. The only exception is when in an office while alone and while eating. The policy further specified, Staff are encouraged to take breaks and remove mask if it causes anxiety. During a tour of the 100 hall on 7/21/20 at 10:26 AM an observation was made of Medication Aide #1 as she stood in front of the medication cart in the hallway. Her facemask was worn below her chin and neither her nose nor mouth was covered. Upon interview on 7/21/20 at 10:27 AM, Medication Aide #1 stated the facility had provided education that when facemasks were worn the nose and mouth were to be covered by the mask, but said, I can't breathe in this. On 7/21/20 at 11:25 AM an observation of the 100 hall revealed Medication Aide #1 stood at the medication cart and her facemask was pulled down below her nose so that her nose was not covered. On 7/21/20 at 11:27 AM Nurse Aide (NA) #1 was observed on the 100 hall as she walked across the hall and into a resident's room. Her facemask was observed to be below her chin as she entered a resident's room and both her nose and mouth were uncovered. NA #1 talked to the resident in the room while she made up the bed with her nose and mouth uncovered. An interview was completed with NA #1, on 07/21/20 at 11:35 AM, when she exited the resident's room. She explained that the facility had educated staff that facemasks were supposed to cover both the nose and mouth. She said she had pulled her mask down so she could breathe and added, I know we're not supposed to take them off and we're supposed to keep them on at all times. The Director of Nursing (DON) was interviewed on 7/21/20 at 12:53 PM. She reported that staff were educated by the facility to wear facemasks all the time while at work and the facemask was supposed to cover the nose and mouth. She explained the staff knew the importance of wearing a facemask and how it protected the residents and staff. The DON added there was a system in place where staff notified the nurse if the facemask bothered them and they could leave the floor to get a breath. She said even if a staff member had difficulty breathing with the facemask on she still expected the mask to be worn to the nose and below the chin and with no gaps in the mask.		
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.