

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER THE OAKS AT WHITAKER GLEN-MAYVIEW		STREET ADDRESS, CITY, STATE, ZIP 513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608	
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 observation, staff interview and facility policy and procedure it was determined that facility staff failed to follow infection control procedures by not washing hands after taking off gloves and failing to sanitize their hands or wash hands while picking up trays from multiple resident rooms during the COVID-19 Pandemic for 3 of 6 nursing assistants observed. Findings included: Review of the facility Contagious Disease Monitoring Tool revealed that, Hand hygiene refers to cleaning your hands by using an alcohol based hand rub or by washing hands with soap (antimicrobial or plain) and water. Example of hand washing opportunities include before touching a patient, before performing a clean or invasive procedure, after handling body fluids, after touching the patient, environment or objects involved in the patient's care, after removing gloves, and before touching or handling patient's food. Observation on 7/28/20 at 6:55 PM revealed a nursing assistant (NA) #1 exiting room [ROOM NUMBER] and entering 717 without handwashing or using sanitizer in between rooms. Observation at 7:04 PM on 7/28/2020 revealed NA#1 and NA#2 on the 700 hall going in and out of resident rooms picking up trays, placing them on the tray cart and then entering a different resident room without washing their hands or using sanitizer between rooms. Observation at 7:20 PM on 7/28/2020 revealed nursing assistant #3 in room [ROOM NUMBER]. NA #3 then entered room [ROOM NUMBER] without washing her hands or using sanitizer. The NA then returned to room [ROOM NUMBER] without using hand sanitizer or washing her hands. The NA was observed returning to room [ROOM NUMBER] where she provided care for the resident. The NA was observed exiting 503 at 7:29 PM with soiled items in a plastic bag and taking the soiled items to the housekeeping room. NA #3 did not wash her hands or use sanitizer after exiting the room and putting the soiled items away. Interview with the NA #3 at 7:31 PM revealed that she wore gloves when providing care. She stated that she did not wash her hands after removing gloves. Interview with the Infection control nurse on 7/31/2020 at 4:20 PM revealed that staff should use sanitizer when picking up trays between resident rooms.</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.