

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER CAROLINA VILLAGE INC		STREET ADDRESS, CITY, STATE, ZIP 600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792	
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 observations, staff interviews, and review of the facility policy entitled Novel Coronavirus Prevention and Response, and Hand Hygiene policy the facility failed to implement these policies when a Housekeeper did not wear a gown as part of the personal protective equipment (PPE) and failed to perform hand hygiene between glove use when cleaning 3 of 3 resident rooms (rooms 117, 127 and 128) that were located on 1 of the facility's quarantine units. The facility also failed to implement their Infection Control Assessment and Response Plan and Hand Hygiene policy when a Dietary Aide failed to wear a face mask that covered her nose and mouth and failed to perform hand hygiene after touching the mask for 1 of 6 dietary staff (Dietary Aide #1) observed working in the kitchen. These failures occurred during a COVID-19 pandemic. Findings included: A review of the facility policy titled, Hand Hygiene Policy and Procedure, revealed the purpose of effective hand hygiene was to reduce the risk of transmission of infection and incidence of healthcare associated infections. Indications for handwashing included for routinely decontaminating hands in the following clinical situations: after contact with inanimate objects in the immediate vicinity of the patient and after removing gloves. A review of the facility policy titled, Novel Coronavirus Prevention and Response, revised on March 2020 under the section titled, Policy Explanation and Compliance Guidelines, discussed interventions to prevent the spread of respiratory germs within the facility. Those interventions included support hand hygiene by employees, to educate staff on proper use of PPE and make PPE, including face mask, eye protection, gowns and gloves available outside the resident's room. Also included in the policy under the section titled, Environmental Infection Control, housekeeping staff were to adhere to transmission-based precautions. 1. A continuous observation from 10:18 AM through 10:58 AM of the designated quarantine unit identified as B hall was made on 09/01/2020. The entrance doors to rooms [ROOM NUMBER] revealed enhanced droplet-contact precautions signs were posted and highly visible. The signs were placed to inform anyone entering the room to follow the instructions that read in part: to perform hand hygiene and wear a protective gown and gloves when entering the room. Those rooms were also supplied with a dispenser of alcohol-based hand rub (ABHR) attached to wall by the entry door and a sink with soap and water available for use. Reusable protective gowns were hung on the entry doors of room [ROOM NUMBER], 127, and 128 and extras were placed in bins between different rooms throughout B hall. At 10:18 AM Housekeeper (HK) #1 was seen in room [ROOM NUMBER] that was occupied by a resident and was not wearing a protective gown. While in the room HK #1 mopped the floor. She then removed and discarded the dirty mop head and the gloves she was wearing in a housekeeping cart located outside the room door. HK #1 then began to vacuum the hallway between rooms [ROOM NUMBERS]. When done vacuuming she put on a new pair of gloves without performing hand hygiene. HK #1 then entered room [ROOM NUMBER] that was occupied by a resident and without a wearing a protective gown began to wipe down the resident's tray table, the dresser, a chair and the window ledge. She removed the gloves she was wearing and discarded them in the housekeeping cart. Without performing hand hygiene, she put on a new pair and returned to the room and began to clean the toilet and wipe down the top of the toilet lid, the water tank and the top and bottom of the toilet seat. HK #1 exited room [ROOM NUMBER] and put away her cleaning supplies and removed the gloves she was wearing. She began to vacuum the hallway between rooms [ROOM NUMBERS] and when finished wrapped the electric cord on a hook on the back of the vacuum cleaner. HK #1 did not have gloves on during the time she used the vacuum cleaner. She pushed her cart to room [ROOM NUMBER] and put on a new pair of gloves without performing hand hygiene and for the first time put on the protective gown hanging on the hook on the door and entered room [ROOM NUMBER] that was occupied by a resident. She began the same cleaning routine. At 10:58 AM HK #1 removed the protective gown and the gloves she was wearing and performed hand hygiene using the ABHR located in room [ROOM NUMBER]. During an interview on 09/01/2020 at 11:02 AM HK #1 explained she received hand hygiene and PPE training since the coronavirus pandemic and should have performed hand hygiene after gloves were removed. HK #1 explained she puts on a new pair of gloves before she enters a resident's room and after she cleaned the bathrooms. When asked about enhanced droplet-contact precautions signs on the doors with instructions to perform hand hygiene and wear a gown and gloves when entering, HK #1 did see the signs on the door and realized she forgot to put on the gown and perform hand hygiene. HK #1 indicated she was unsure about performing hand hygiene before putting on a new pair of gloves. An interview was conducted on 09/02/2020 at 11:38 AM with the Director of Housekeeping (DOH) who explained the staff received a significant amount of infection prevention training from him and the Infection Prevention and Control Nurse since the coronavirus pandemic. The training included donning and doffing of PPE and hand hygiene instructions. He did random observations on the quarantine units to ensure Housekeeping staff practiced infection prevention procedures when entering a room with enhanced droplet-contact precautions. The DOH expected HK #1 to perform hand hygiene before and after the use of PPE which included gloves. The DOH revealed hand hygiene and gowns were used to prevent the spread of infections and PPE instructions guided staff perform hand hygiene and to wear gowns and gloves when entering a resident's room with enhanced droplet-contact precautions. During an interview on 09/01/2020 at 5:15 PM the Director of Nursing (DON) and Infection Prevention and Control Nurse explained the Housekeeping staff were trained the correct steps and use of PPE and to perform hand hygiene when putting on and after removing gloves and indicated there had been a break in infection control. 2. A review of the Infection Control Assessment and Response Plan dated 08/28/2020 revealed the facility had implemented universal mask would be worn by all staff. An observation of kitchen was made on 09/01/2020 at 4:38 PM which revealed Dietary Aide (DA) #1 was wearing a face mask below her nose and not completely covering her mouth. DA #1 was standing at the end of a long metal table with her back to the table. There were no food items at the end of the table where she stood. DA #1 placed her mask over her nose and mouth but did not perform hand hygiene. An interview conducted on 09/01/2020 at 4:43 PM with the Dietary Manager (DM) revealed the expectation of the kitchen employees was to wear a face mask when in the kitchen and if a staff member needed to remove their mask he would expect them to step outside and away from others. Kitchen staff have received multiple trainings related to the proper use of PPE including face mask and hand hygiene techniques. The DM stated he monitored kitchen staff for proper wearing of face mask and directed them to cover their nose and mouth and perform hand hygiene after they touched their mask. A second observation on 09/01/2020 at 4:48 PM revealed while in the kitchen with other staff present DA #1 was wearing her mask below her nose. DA #1 quickly placed her mask to cover her nose but did not perform hand hygiene. During an interview on 09/01/2020 at 5:02 PM Dietary Aide (DA) #1 explained she had received PPE and hand hygiene training since the coronavirus pandemic. She was told to keep her face mask over her nose and mouth and frequently wash her hands. Her reason for removing the mask was because she gets hot. After she had replaced her mask she just forgot to perform hand hygiene. DA #1 was aware she should wear her mask and keep her nose and mouth covered and if she touched it to perform hand hygiene. During an interview on 09/01/2020 at 5:15 PM the DON and Infection Prevention and Control Nurse explained all employees who worked at the healthcare facility which included dietary aides were trained the correct use of PPE and to perform hand hygiene. The DON did not know why DA #1 did not correctly wear her face mask or perform hand hygiene after she touched it and acknowledged there had been a break in infection control.</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.