

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER THE LODGE AT ROCKY MOUNT HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 3322 VILLAGE ROAD ROCKY MOUNT, NC 27804	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interviews and review of the facility's policies the facility failed to implement their policy regarding staff wearing personal protective equipment (PPE) (masks) covering their nose and mouth for 5 of 16 staff members observed working on the 300 hall. This failure occurred during a COVID 19 pandemic. Findings included: The facility's undated Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) stated in part, It is the policy of this facility to minimize exposures to respiratory pathogens .and to adhere to Standard, Contact and Airborne Precautions. Under Note: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements. The facility's undated Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) COVID-19 Proactive Preparation Planning listed 16 items for review. According to #12, employees were to be re-trained on Infection Prevention and Control, Hand Hygiene, PPE, COVID-19 and Respiratory Hygiene/Cough Etiquette. The education, including Respiratory Hygiene and proper donning and doffing of PPE was completed on 03/05/20. In an observation on 07/06/20 at 3:22 PM Nurse #8 walked out of the Medication Room on the Northside Nursing Station (300 hallway). The mask she was wearing on her face did not cover her nose. In an interview on 07/06/20 at 3:40 PM Nurse #8 stated that the mask she wore slipped down under her nose and that she probably needed to replace it for one that fit better. In a follow-up telephone interview on 07/07/20 at 12:11 PM Nurse #8 indicated that the purpose of wearing a mask in the facility was to protect other people and that the elderly were the most vulnerable. She stated she had received in-servicing on how to wear a mask properly and that it should be worn over the nose and mouth. Nurse #8 stated that the mask the day before was not pinching tightly to her nose and kept falling. She stated as the Unit Manager it was part of her responsibility to monitor staff for the placement of the masks they wore. In an observation on 07/06/20 at 3:25 PM Nurse #7 was standing at the medication cart at the Northside Nursing Station next to another staff member. Her mask was under her chin and was not covering her nose or mouth. In an interview on 07/06/20 at approximately 3:30 PM Nurse #7 stated that she had no excuse for not wearing the mask over her nose and mouth. In a follow-up telephone interview on 07/07/20 at 3:42 PM Nurse #7 stated that the purpose of wearing a mask was to prevent catching and spreading COVID. She stated she was not wearing the mask because it was hot in the facility and that she was under the impression that she did not need to wear a mask while she was standing at the medication cart. Nurse #7 indicated that her mask should have covered her nose and mouth. In an observation on 07/06/20 at 3:30 PM Nursing Assistant (NA) #3 was seen walking down the 300 hall to assist the Treatment Nurse in room [ROOM NUMBER]. Her mask was not covering her nose. When she was asked about the positioning of her mask, she pulled the mask up over her nose. In a telephone interview on 07/07/20 at 3:16 PM NA #3 indicated that the purpose of wearing a mask in the facility was to prevent giving residents something if she had it. She stated that she had asthma and sometimes she had a problem with wearing the mask over her nose and mouth. She indicated that she had been wearing a mask, but that she had not been wearing it correctly. NA #3 stated she had never spoken to the Director of Nursing (DON) or the Administrator about any problems wearing the mask. She indicated that she had received in-servicing on how to wear masks. In observations and interviews on 07/06/20 at 3:35 PM NA #5 and NA #6 were standing at the Northside Nursing Station with other staff members. Both had their masks under their chins and their mouths and noses were not covered. They stated they did not have their masks on because they were eating popsicles. In a follow-up telephone interview on 07/07/20 at 3:41 PM NA #6 stated that the purpose of wearing the mask in the facility was to prevent COVID from spreading and to protect herself from getting COVID. She indicated that she had used her inhaler as she walked up the hall to the nursing station and was eating an ice pop to take away the taste. She confirmed that the mask should have been covering her nose and mouth. In a follow-up telephone interview on 07/07/20 at 3:43 PM NA #5 stated that the purpose of wearing the mask was for resident, and her own, safety. She indicated that the mask should cover her mouth and nose. NA #5 stated that she was eating a popsicle at the nursing station and pulled her mask down without thinking. In an interview on 07/06/20 at 3:36 PM the Administrator stated that staff knew what they needed to do and that their masks should cover their noses and mouths. She stated that staff were not allowed to eat at the nursing station. In a telephone interview on 07/08/20 at 10:58 AM the Director of Nursing (DON) indicated that the current infection control process included wearing masks and goggles in resident care areas. She stated these areas would include resident hallways, nursing stations, and medication carts. The DON stated that there was no eating allowed at the nursing stations. She indicated that in-servicing had been done when COVID started and staff knew how to put on and take off PPE and that masks needed to cover the nose and mouth. The DON stated that if a mask was ill-fitting it should be replaced so it would not fall off the nose. She indicated that if staff had an issue with wearing the masks that they would have let her know it was a problem. The DON stated that the Unit Managers and Nurse Supervisors should monitor for compliance with mask placement on the face and that masks should be worn anywhere in resident care areas.</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.