

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER GLENFLORA		STREET ADDRESS, CITY, STATE, ZIP 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360	
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 record review a direct care staff member failed to implement the facility's COVID-19 Plan and Protocols for wearing the personal protective equipment (PPE) required when providing care and services to 2 of 4 sampled residents who were quarantined (Resident #3 and #4). In addition, this direct care staff member also failed to rewash her ungloved hands after touching the shoes of 1 of 4 sampled residents (Resident #3) and before handling the resident's condiments. These failures occurred during the COVID-19 pandemic. Findings included: The facility's Coronavirus Disease 2019 (COVID-19) Plan and Protocols (last revised on 06/08/20) documented, If resident has no symptoms of COVID, resident will be placed on quarantine measures for 14 days. This includes the following: Staff will utilize appropriate PPE (personal protective equipment) including surgical masks and gloves at all times Record review revealed Resident #4 was admitted to the facility on [DATE] and placed on the quarantine hall. Her documented [DIAGNOSES REDACTED].</p> <p>Record review revealed Resident #3 was admitted to the facility on [DATE] and placed on the quarantine hall. His documented [DIAGNOSES REDACTED]. During an interview with the Director of Nursing (DON) on 06/23/20 at 11:08 AM she stated residents who were admitted or readmitted to the facility who were not known to be COVID positive were placed together on a hall where quarantine precautions were in place during their 14-day stay there. During observation of the lunch meal on the quarantine hall, beginning at 12:30 PM on 06/23/20, PPE was stacked on tables outside the resident rooms. This PPE included masks, gloves, gowns and eye protection. During meal observation on 06/23/20 at 12:40 PM Nursing Assistant (NA) #1 washed her hands in Resident #3's restroom. NA #1 was wearing a surgical mask. On her way to get the resident's lunch tray off the cart the resident informed her that he was uncomfortable, and requested that his feet be repositioned. NA #1 touched the resident's shoes while completing the repositioning. She immediately retrieved the resident's meal tray, and set it up for him without rewashing her hands. She tore open the resident's salt/pepper packets. NA #1 did not wear gloves at any time while in the resident's room. During meal observation on 06/23/20 at 12:44 PM NA #1 washed her hands in Resident #4's restroom. NA #1 was wearing a surgical mask. She set up the resident's meal tray which included removing bread from Resident #4's bread bag and tore open the resident's sugar packet. NA #1 did not wear gloves at any time while in the resident's room. During an interview with the DON on 06/23/20 at 12:49 PM she stated NA #1 should have worn the PPE required in the facility's COVID policies to help reduce chances of cross-contamination just in case one of the residents on the quarantine hall were COVID positive or began exhibiting signs and symptoms of respiratory illness. She also reported NA #1 should not have handled Resident #3's food and condiments after handling his shoes without washing her hands or washing her hands and re-gloving first. During an interview with NA #1 on 06/23/20 at 12:54 PM she stated she was not assigned to care for residents on the quarantine hall, but was trying to help out on that hall by passing meal trays. She reported she did not realize she was supposed to wear any PPE beside her surgical mask when entering the rooms of residents who resided on the quarantine hall. She also commented she did not realize she had touched Resident #3's food and condiments after she handled his shoes while repositioning his feet.</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.