

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MONROE REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1212 SUNSET DRIVE EAST MONROE, NC 28112</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, staff interviews and interview with the local health department nurse, the staff failed to wear face masks and store worn isolation gowns in resident rooms to prevent the spread of the COVID-19 virus. These failures occurred during the COVID-19 pandemic. Findings included: Facility records indicated an in-service was conducted on 4/2/2020. The in-service was provided to all staff members/all departments and educated staff to wear face mask at all times while inside the facility to prevent the spread of COVID-19 virus. Facility records indicated on 4/12/2020 an in-service was provided to all staff on facility wide droplet precautions. The in-service documents indicated employees should hang the used yellow isolation gown in the resident 's room by the exit to be reused for the duration of the shift. Facility in-service records also specified in-service was provided to all employees on 4/14/2020 regarding the use of gowns. The in-service instructed employees to leave the yellow gowns in the rooms of residents who were on enhanced droplet precautions. The in-service also indicated employees were instructed to discard of yellow gowns in the trash receptacle in the resident 's room at the end of their shift. A Health Department report dated 4/13/2020 revealed an onsite visit was conducted by the local Health Department on 4/13/2020. It was the recommendation of the public health nurse that all kitchen employees wear masks as part of preventing the spread of [MEDICAL CONDITION]. At 12:25pm on 4/15/2020 nutrition staff were observed, through a window outside of the kitchen, preparing lunch trays for residents. One female staff member was observed wearing her mask pulled down below her nose while preparing trays for residents. During a follow up observation of kitchen staff, at 1:15pm, another kitchen staff member was observed in the kitchen without a mask. The Director of Nursing (DON) was interviewed at 1:15pm on 4/15/2020 at the time of the kitchen observation. She stated all kitchen staff should wear masks as part of the facility 's droplet precaution measures. DON stated all staff had been in-serviced on when and how to wear personal protective equipment (PPE). On 4/15/2020 at 12:15pm an observation of the 100 hall revealed what appeared to be used yellow isolation gowns hanging on a hook outside the doors of rooms 103, 104, 120, and 132. These rooms had yellow enhanced precaution signs on the doors. An interview was conducted on 4/15/2020 at 1:00pm with nursing aide (NA) #1. She stated she was assigned to the 100 hall on 4/15/20. She stated she did receive in-service training earlier in the week regarding COVID-19 and donning and doffing of PPE. She stated the training included leaving the used yellow gown hanging in the resident 's room on a hook prior to exiting the room. She further stated on 4/15/20 she hung the yellow isolation gowns on the door outside some of the resident 's room because there was not a hook in the room. During an interview on 4/15/2020 at 1:10 pm with NA #2 she stated she was working the 100 hall with NA#1 on 4/15/20. She further stated she did receive in-service a few days prior on donning and doffing PPE and was aware the used gown should be left in the room prior to exiting. She stated she did hang the gown on the outside of the door because there was not a hook to hang it in the resident 's room. The DON was interviewed on 4/15/2020 at 1:30pm regarding the yellow isolation gowns hanging outside of the rooms with yellow enhanced droplet precaution signs posted on their doors. She stated the gowns did appear to have been worn. She further stated the employees had been in-serviced on leaving the used yellow gowns in the resident 's room prior to exiting. The DON explained that resident rooms were equipped with hooks, inside the rooms, by the doors for the NAs to hang the yellow gowns and they should not be hung outside the rooms, in the hall. A phone interview was conducted on 4/15/2020 at 1:35pm with the local Health Department nurse who stated she had been in contact with the facility daily since the first suspected case of COVID-19 in the facility on or around 4/8/2020. She further stated she discussed with the staff proper donning and doffing of PPE due to concerns during her observations in the building on 4/13/2020 which included staff wearing PPE while eating their lunch. She further stated she observed the kitchen staff not wearing masks and recommended all kitchen staff to wear masks at all times to protect themselves and the residents. An interview was conducted with the Administrator on 4/15/2020 at 1:40pm. The Administrator stated all employees should be donning masks while in the facility. She further stated all employees were in-serviced on how to handle PPE in the enhanced droplet contact rooms and used yellow gowns should not be hung outside of the resident 's rooms but inside the rooms by the exit.</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.