

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SIGNATURE HEALTHCARE OF ROANOKE RAPIDS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870</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 - Some</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 observations, record review, staff interviews and review of the facility's policies and procedures, the facility failed to develop a policy for the quarantine residents that stated enhanced droplet contact precautions and failed to implement their policy related to personal protective equipment and hand hygiene for 3 of 3 sampled residents rooms (Resident #1, Resident # 2 and Resident # 3) who were on the quarantine unit for 3 of 3 sampled residents (Resident #1, Resident # 2 and Resident #3). These failures occurred during a COVID-19 pandemic. The findings included: A review was conducted of the facility policy titled, Hand Hygiene and Transmission- Based Precautions, revised on August 2015 and October 2018. The policy specified that hands should be washed for at least 20 seconds using soap and water under the following conditions: before and after having direct contact with a resident. A review of the facility policy titled, Novel Coronavirus(Covid-19) last revised 07/19/2020 revealed when a resident is suspected of Covid-19, the resident will be placed in droplet precautions, anyone entering the room must have a gown, glove, mask and eye protection. Review of the policy did not indicate the residents suspected of Covid-19 to be placed on enhanced droplet contact precautions. Resident #1(Room # 57), Resident # 2 and Resident # 3(Rooms # 58) were in quarantine rooms for Covid -19 observations for 14 days. The signage posted outside Rooms # 57 and Rooms 58 indicated the staff was required to clean hands when entering and leaving room, wear mask. It also indicated if contact with secretions likely, use gown gloves, and eye cover. On 09/16/20 at 12:30 PM, an observation was made of Nurse Aide (NA) #1 entering room # 58 (Resident #2 and Resident # 3's room) delivering a meal tray and she was not wearing gloves and a gown. NA # 1 was observed to exit the room after delivering the lunch tray and did not perform hand hygiene. Droplet precaution signage was observed posted on the door to room [ROOM NUMBER] which specified staff were required to wash hands when entering and leaving room, wear mask. If contact with secretions likely, they were to use gown, gloves and facial shields. On 09/16/20 at 12:35 PM NA #1 was observed to remove another resident's tray from the meal cart without performing hand hygiene. She was observed to enter room # 57 (Resident #1's room) with the lunch tray and placed it on the resident's side table then exited the room. NA #1 did not don a gown and gloves or wash her hands before entering room [ROOM NUMBER]. She also did not wash her hands or use a hand sanitizer after she exited the resident's room. Droplet precaution signage was observed posted on the door to room [ROOM NUMBER] which specified staff were required to wash hands when entering and leaving room, wear mask. If contact with secretions likely, they were to use gown, gloves and facial shields. On 09/16/20 at 12:40 PM, an interview was conducted with NA#1. She stated she usually did sanitize her hands or wash her hands between resident's rooms, but she didn't this time. She also added that she was aware that she should don her PPE before entering the resident's rooms, but she forgot. NA #1 added she did receive training on hand washing and when to don her gown and gloves but she forgot about it when she was passing the lunch trays. An interview with the Infection Prevention Nurse (IPN) at 1:00 PM on 09/16/2020 revealed education was provided to all staff regarding infection control practices, policies and procedures including droplet precautions requirements. She also stated for residents who were on droplet precautions Covid- 19 observations, staff are required to don the PPE which included mask, gown, gloves and facial shield. The Infection Prevention Nurse reported the residents in rooms #57 and # 58 were on 14 days quarantine so staff were likely to come in contact with secretions which could spread the covid-19 infection. The IPN reported she was not aware that the residents who were on 14 days quarantine for Covid-19 observations were to be placed on enhanced droplet contact precautions. An interview with the Director of Nursing (DON) at 1:05 PM on 09/16/2020 revealed staff are required to wash their hands or use a hand sanitizer between residents' rooms. She also added the staff were expected to don the PPE when entering a droplet precaution room where they were likely to come with contact with secretions. The residents in rooms #57 and # 58 were on14 days quarantine observations for covid-19 An interview with the Administrator at 1:30 PM on 09/16/2020 revealed all staff are required to sanitize hands, and don PPE prior to entering a droplet precaution room. She added the staff had been trained on hand washing and making sure they had on PPE before entering the rooms of residents who were on isolation.</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.