

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2020
NAME OF PROVIDER OF SUPPLIER BLUE RIDGE IN BROOKVIEW HOUSE, LLC		STREET ADDRESS, CITY, STATE, ZIP 510 THOMPSON STREET GAFFNEY, SC 29340	
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>Based on observations, staff interviews and policy review, the facility failed to maintained infection control practices by not demonstrating proper hand hygiene, failed to ensure frequent daily cleaning of high touch surfaces and failed to ensure access to hand sanitizer was readily available. This had the potential to affect all residents and staff in the facility.</p> <p>This deficient practice occurred during the COVID-19 pandemic. The findings included: 1. During a tour of the Magnolia and Dogwood Units on 06/13/2020 starting at 5:42 PM, it was noted that hand sanitizer dispensers were located inside of residents' rooms but none on the hallways. There was a breezeway between the two units. Anyone entering the unit had to enter numbers on a keypad and turn doorknob twice to exit the building and enter the next building. On 06/13/2020 at 5:50 PM, while exiting the Magnolia Unit, it was noted there was no hand sanitizer to perform hand hygiene after touching the keypads and doorknobs. The first visible hand sanitizer dispenser, that was not in a resident's room, was located behind the Dogwood Unit's nurses' station, approximately 75 feet from exiting the Magnolia Unit. Near the nurses' station, approximately another 25 feet, was an exit door with a standing hand sanitizer dispenser in the vestibule. A code was needed to unlock the door to access the dispenser. A restroom was across from the nurses' station, but it required a key to unlock it to access soap and water to wash hands. The surveyor did not have access to a hand sanitizer dispenser. The surveyor passed through the breezeway twice touching the keypads and doorknobs four times, then two more doorknobs to return to the conference room. No staff were observed wiping down the doorknobs or keypads during the tour. During an interview with the Administrator on 06/13/2020 at 7:10 PM, s/he stated the facility provided hand sanitizer dispensers at the entrance of Dogwood and Magnolia buildings, in the dining rooms on Peach and Magnolia units, at the nurse's stations and in residents' rooms. Staff generally sanitize their hands while providing care in residents' rooms. The facility did not furnish personal hand sanitizer bottles for staff to use. Review of the facility policy entitled Handwashing/Hand Hygiene, dated 08/2015, revealed, Hand hygiene products and supplies shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. 2. During an observation on 06/13/2020 at 5:55 PM, Licensed Practical Nurse (LPN) #1 walked up the hall and then approached an LPN sitting at the station on Dogwood unit. LPN #1 requested facial masks and was handed a plastic bag containing approximately a dozen masks. LPN #1 was not observed performing hand hygiene before she reached in the bag and removed 2 or 3 masks and brushed the other contents. LPN #1 placed the bag back on the counter. During an interview on 06/13/2020 at 6:05 PM, LPN #1 was interviewed about hand hygiene practices and stated that s/he had washed her/his hands on the hall before she reached inside of the bag. During an interview on 06/13/2020 at 7:10 PM with the Administrator, she stated LPN #1 should have washed her/his hands before s/he reached into the bag. During an observation on 06/14/2020 between 10:47 AM until 11:00 AM, Certified Nurse Aides (CNA) #1 and CNA #2 were observed entering data on the care tracker computer hung on the wall on the Magnolia Unit and in the Dining Room on the same unit. After the aides were finished, they left the care tracker and walked off the hall. CNA #1 had a small bottle of hand sanitizer hung around her/his neck. Neither CNA #1 or CNA #2 were observed cleaning their hands after touching the care tracker machines. An interview on 06/14/2020 at 11:07 AM with LPN #3 indicated the care tracker machine was supposed to be cleaned with a disinfectant wipe after use. During an interview on 06/14/2020 at 11:10 AM with CNA #1, s/he acknowledged that s/he did not clean her/his hands after using the care tracker machine. CNA #1 mentioned that staff were supposed to use a disinfectant wipe to clean common use equipment. The wipes were kept at the nurses' station and s/he was not observed going to the station to retrieve any wipes. During an interview on 06/14/2020 at 12:32 PM with the Administrator, s/he indicated the instructions from the manufacturer did not suggest using a chemical agent to clean the care tracker screen because it could be damaged. The Administrator said the staff had been trained to clean their hands before and after using the care tracker machines. Review of the facility policy entitled Handwashing/Hand Hygiene, dated 08/2015, revealed, Hand hygiene products and supplies shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water after handling contaminated equipment.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.