STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415071	A. BUILDING _____ B. WING _____	**05/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOUTH COUNTY NURSING & REHABILITATION CENTER	**740 OAK HILL ROAD NORTH KINGSTOWN, RI 02852**

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	**Provide and implement an infection prevention and control program.** Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure staff utilized Personal Protective Equipment according to professional standards to prevent the transmission of COVID-19 for 1 of 2 units with COVID-19 positive residents (South unit). Findings are as follows: During an entrance interview with the Administrator and the Director of Nursing Services (DNS) on 5/29/2020 at 8:10 AM, they revealed that all residents residing on the South unit are currently positive for COVID-19. A surveyor observation of the South unit on 5/29/2020 at 9:40 AM revealed a nursing assistant (Staff B) wearing full PPE in the hallway after exiting a resident's room. Staff B did not remove her gown and gloves upon leaving the resident's room. She was then observed walking into the utility room and removing her used gown and putting it under her right arm. She then walked approximately 20-25 feet before discarding the gown in the designated container near the nursing station. Surveyor interview with Staff B was conducted immediately after the above observation. She revealed she had just provided AM care to one of the resident's on her assignment. She was unable to explain why she did not remove her gown and gloves in the resident's room and discard them upon leaving the resident's room. During an interview with the South unit manager on 5/29/2020 at approximately 10:45 AM, she revealed staff should be removing their gown and gloves in the resident's room and discarding them upon leaving the resident's room.

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