

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345457</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELAIRE HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2065 LYON STREET GASTONIA, NC 28052</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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, staff interviews, record review and review of the facility's infection control policies and Centers for Disease Control (CDC) guidance, the facility failed to implement their COVID-19 screening policy when 2 of 2 employees did not complete the required screening process for signs and symptoms of the COVID 19 virus when they entered the facility. This failure occurred during a COVID pandemic. Findings included: According to CDC guidance for skilled nursing facility's, all staff should be screened at the beginning of their shift for fever and symptoms of COVID-19. Staff should take their temperature and document at the beginning of each shift. The Medical Facilities of North Carolina 2020 Publications Management Systems Manual Section Emerging Infectious Diseases/COVID-19 dated 7/23/2020 was provided as the policy being used for screening employees entering the building. The policy indicated that employees were to be screened for potential exposure to persons or locations where persons have been diagnosed with [REDACTED]. A review of the daily staff assignment sheet dated July 29, 2020 revealed Nurse Aide (NA) #1 and NA #2 were scheduled to work from 7:00 am to 3:00 pm. A review of the daily screening logs for 7/29/2020 revealed no documentation that NA #1 and NA #2 were screened for COVID-19 signs and symptoms prior to working their shift that day. On 7/29/20 at 12:40 pm during an interview, Nursing Assistant (NA) #1 stated that she forgot to do the screening upon entry to the building that morning. She indicated she was aware she was supposed to do the screening every day when she came into the facility. She explained she had been educated on the process of coming into the facility with a mask on, performing hand hygiene then answer the screening questions, take and record her temperature on the log and sign the log. She stated all of this was to be done before clocking in. She also explained she was to call the Director of Nurses (DON) before clocking in if her temperature was greater than 99.5. On 7/29/20 at 1:40 pm during an interview, Nursing Assistant (NA) #2 stated she did not do the screening upon the entry to the building that morning. She explained that she was in a hurry coming into work and she forgot to sign the log. She explained she had been educated on the process of coming into the facility with a mask on, performing hand hygiene, taking and recording her temperature on the log, answering the questions, signing the log and calling the DON if her temp was greater than 99.5. During an interview with the Director of Nurses (DON) on 7/29/20 at 1:45 pm, she stated the process for employees to sign in was as follows: enter the building wearing a facemask, use provided hand sanitizer, take their own temperature, record it on the log, answer the screening questions, sign the log, and then clock in. She added that any employee with a temperature of 99.5 or greater was to call her directly. The DON indicated that every employee was expected to do the screening each day upon entry to the facility. She stated that she was the person responsible for collecting the sign in sheets each day but she did not check the list daily to see if each employee working that day had signed in and there was no process of checking who completed the screening each day. On 7/30/20 at 12:30 pm, a follow up telephone interview with the DON revealed that prior to 07/29/20, she thought the employees were completing the screening process and signing in each day as they were taught to do.</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.