

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, medical record review, and review of the facility's screening tool, entitled, Prevent COVID-19 Start of Shift Employee Screening Log, the facility failed to ensure that staff were screened immediately upon entry into the facility for one (1) of three (3) screenings. The facility also failed to ensure that staff followed the facility's policy, entitled, Glucometer Cleaning & Disinfecting, for cleaning and disinfecting glucometers (used to measure blood glucose), in a manner to prevent the potential transmission of infectious disease for one (1) of three (3) nurses observed. The failures occurred during a COVID-19 (coronavirus) pandemic. The findings include: 1. During an observation on 05/15/2020 at 9:07 a.m., the Chef Manager (CM), after exiting his vehicle, entered the facility through a door (behind the building), where the waste dumpster was located. At 10:25 a.m., accompanied by the administrator, the CM confirmed, that no one immediately screened him at the point he entered the facility. He stated that he had been to another facility, and this was the first time he entered the facility for the day. The CM demonstrated via tour that he entered the facility through the aforementioned area. He demonstrated that he proceeded through areas of the facility, upon entry, wherein there was a potential for close contact with residents and staff. Areas included close proximity or walking through the dining room, common area (100/200/300 halls), elevator, conference room, and the physical therapy room, then to the main lobby. The administrator confirmed there was no one present to screen the CM, when he entered through the back of the building. She stated if no one was present, staff are to exit the facility, and enter through the main entrance, to complete screening, prior to proceeding through the facility. Review of the facility's screening tool, revealed, numerous questions were to be asked upon entering the facility, that include the following: Check temperature .cough .sore throat .new shortness of breath or difficulty breathing .chills and/or repeated shaking with chills .muscle pain .headache .new loss of taste or smell .worked at another facility in past 14 days . etc. 2. During an observation on 05/15/2020 at 9:53 a.m., accompanied by the administrator, Licensed Practical Nurse (LPN) #1 confirmed that she had five (5) residents under her care that required glucose monitoring. She further stated that she had not performed a glucose check on any of the residents yet. LPN #1 demonstrated that the procedure for cleaning and disinfecting the glucometer, included wiping the device with a 70% alcohol pad (allow to dry one (1) minute), then repeat the cleaning process as aforementioned, after used on each resident. LPN #1 stated that she would repeat the cleaning procedure aforementioned, as she moved from resident-to-resident. LPN #1 confirmed that she was an agency nurse. During an interview on 05/15/2020 at 10:00 a.m., the Nursing Supervisor stated that glucometers were not to be cleaned and disinfected with a 70% pad. She stated that staff was expected to use the micro-kill cleaning wipe. During an interview on 05/15/2020 at 10:52 p.m., the Director of Nursing accompanied by the administrator, stated that glucometers were to be cleaned before and after use with the micro-kill wipes. Review of Residents' 1, 2, 3, 4 and 5 who required a glucose monitoring, medical record, revealed, no active [DIAGNOSES REDACTED]. The facility had no residents that tested positive or showed signs and symptoms of exposure to COVID-19. Review of the facility policy, undated, provided by the provider, revealed the glucometer was to be cleaned and disinfected after each patient use, in between patients, and after contact with blood or bodily fluids. The policy further read, Wipe down with Sani-cloths (purple tops) - contact time for purple wipes is 2 minutes .</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.