STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345237	A. BUILDING _____ B. WING _____	09/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BARBOUR COURT NURSING AND REHABILITATION CENTER	515 BARBOUR ROAD SMITHFIELD, NC 27577

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and facility policy and procedure it was determined that facility staff failed to follow infection control procedures by not screening 1 of 1 visitor upon entry into the facility and staff not washing hands or using sanitizer after entering and exiting resident rooms or during meal service, for 6 of 10 nursing assistants observed (#1, #2, #3, #5, #6, #10). This occurred during the COVID-19 Pandemic. Findings included: Review of the facility Pandemic Policy for Coronavirus dated 3/10/2020 revealed that a visit registration log would be utilized to screen visitors for symptoms and education upon entry to the center as indicted during outbreaks. The facility Guideline for Admittance into Facility of Staff, Visitors, Healthcare Professionals and Vendors Policy dated 3/18/2020 revealed the following: 1. A screening station should be set up in the lobby of the facility with this guidance, the Employee (Facility & Consultant) Daily Wellness Check form, the End of Life & Critical Support Visitor & Vendor Registration/Communication Log and other signage. All individuals (staff permitted visitors (by exception-see below*), healthcare professionals, and vendors) must enter through the lobby and register at the screening station. Admittance to the facility should be denied to any individual that attests to any of the following: Fever greater than 100 degrees F, cough, shortness of breath OR if the individual has been diagnosed with [REDACTED]. is currently being quarantined, OR if the individual has traveled to countries with large number of COVID-19 cases including, but not limited to Chine, Iran, South Korea, Japan & all European countries (including but not limited to: Italy France, Spain & Germany)), OR if the individual has traveled to US States with large numbers of COVID-19 cases (including, but not limited to(NAME) New York, California, Floridian, and Massachusetts), OR if the individual has traveled by airplane or cruise ship in the last 14 days. The policy stated that surveyors were an exception to restricted visitation, however, they must be screened in accordance with the guidelines above. Upon entry to the facility on [DATE] at 4:30 PM, the surveyor's temperature was taken, and she was signed in by staff. The surveyor observed a sheet on the desk that stated, must read and attest to the following: No fever greater than 100 degrees F, cough, shortness of breath, shaking with chills, headache, loss of taste/smell, chills, diarrhea, muscle pain, sore throat, vomiting or if you have been diagnosed with [REDACTED]. The surveyor was not asked any screening questions. 2. Observation in the Spark unit (Alzheimer's unit) at 5:12 PM on 9/11/2020 revealed a sanitizer dispenser on the wall of the nurse's station and one spray bottle of sanitizer on the desk. There was also a sanitizer on the wall outside the entrance to the unit. At 5:16 PM on 9/11/2020 Nursing assistant (NA) #1 was observed holding a resident's hand, she gave another resident a tray, handled utensils and opened a juice. She then passed a tray to a 2nd resident without hand washing or using sanitizer in between. NA #2 was observed at 5:18 PM on 9/11/2020 passing a tray to one resident, she then gave a try to a 2nd resident opened the resident's straw and milk without handwashing or using sanitizer in between interactions with residents. NA #2 then assisted a 3rd residents, stopping from him taking food from another resident's tray. She then proceeded to open a sandwich for a different resident. At 5:22 PM, NA #2 then went across the room to assist another resident to a table for dinner. NA #2 did not use hand sanitizer or wash her hands before moving between residents during the meal service. NA #3 was observed setting up a tray for a resident at 5:20 PM on 9/11/2020. She then moved to set up a tray for another resident without handwashing or sanitizing in between. Observation at 5:24 PM on 9/11/2020 revealed NA #4 passing trays to residents in the common area without sanitizing or handwashing in between. Interview with NA #3 at 5:26 PM revealed that she did not have sanitizer in her pocket. Interview with NA #1 at 5:34 PM revealed that she had small alcohol wipes in her pocket. She stated that everyone did not have wipes, but she had some because she asked for the wipes. During observation at 5:35 PM on 9/11/2020 a fourth staff member in the unit feeding a resident. She went to assist another resident and stopped to scratch another resident's back. The staff member did not use hand sanitizer or wash her hands between interactions. Observation on 9/11/2020 at 6:10 PM revealed NA #5 on the 200-hall exiting room [ROOM NUMBER] and entering room [ROOM NUMBER] without washing her hands or using hand sanitizer. The NA then entered room [ROOM NUMBER] and set up a resident tray. She was not observed to use hand sanitizer or wash her hands between rooms. Observation 9/11/2020 at 6:11 PM revealed NA #6 on the 400 hall. She entered room [ROOM NUMBER] and exited with a tray. She then entered room [ROOM NUMBER], spoke to another staff member and returned to room [ROOM NUMBER]. The NA moved on to room [ROOM NUMBER] at 6:12 PM, exited and entered room [ROOM NUMBER]. NA #6 did not use hand sanitizer nor wash her hands between rooms. NA #6 was observed washing her hands prior to exiting room [ROOM NUMBER]. During interview with NA #6 on 9/11/202 at 6:17 PM she stated that it was her second day at the facility, and she was not aware of the hand cleaning policy. Observation on 9/11/2020 at 6:30 PM revealed NA #10 picking up a tray in room [ROOM NUMBER]. NA #10 placed the tray on the cart and entered room [ROOM NUMBER]. She did not use sanitizer between or wash her hands between rooms. She then put on gloves and entered room [ROOM NUMBER]. Per interview with NA #10 at 6:31 She put on gloves due to the precaution sign on the room door. NA#10 was observed exiting room [ROOM NUMBER], entering room [ROOM NUMBER], exiting 305, entering and exiting room [ROOM NUMBER] without handwashing or using hand sanitizer. After exiting room [ROOM NUMBER] NA #10 got a gown from the clean linen cart and handed it to a resident. She picked up a tray and entered room [ROOM NUMBER] second time and closed the door. At 6:41 PM on 9/11/2020 NA #10 was observed exiting room [ROOM NUMBER]. She then entered room [ROOM NUMBER] picked up a try, placed the tray on the cart reentered 303 picked up another tray and placed it on the cart and entered room [ROOM NUMBER] and picked up a tray. NA#10 did not use sanitizer or wash her hands between room. Interview with NA #10 at 6:44PM revealed that she had been trained to sanitize between resident rooms.

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.