

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>STONECREEK HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>455 VICTORIA ROAD ASHEVILLE, NC 28801</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility's policies on Handwashing/Hand Hygiene and Pandemic [MEDICAL CONDITION], Infection Control Measures the facility failed implement their policies to ensure staff performed hand hygiene when entering and exiting 4 of 4 resident rooms (Rooms #206, #214, #215 and #216). These failures occurred during a COVID-19 pandemic. The findings included: A review of the facility policy titled, Handwashing/Hand Hygiene, revised on 04/2014 stated the facility considers hand hygiene the primary means to prevent the spread of infections. The interpretation and implementation of the policy directs all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Use of an alcohol-based hand rub or alternatively soap and water for the following situations: after contact with objects in the immediate vicinity of the resident and after removing gloves. A review of the Emergency Preparedness and Response Policy and Procedure Manual revised 04/01/20 under section, Pandemic [MEDICAL CONDITION] illness, Infection Control Measures the policy statement read in part: when [MEDICAL CONDITION] illness is detected in the geographic region of the facility, aggressive infection control measures will be implemented to prevent introduction of [MEDICAL CONDITION] to residents, staff and family. The policy interpretation and implementation read in part: 1. Due to the increased risk of mortality from [MEDICAL CONDITION] illness in the frail elderly, infection control measures to prevent the introduction or spread of the [MEDICAL CONDITION] illnesses is a priority. 2. Early prevention of [MEDICAL CONDITION] illness outbreak consist of the following measures: a. Training clinical staff in the modes of transmission of the [MEDICAL CONDITION] illness. b. Training of non-clinical staff standard infection control precautions (e.g., handwashing). 1. On 05/26/20 at 10:22 AM Housekeeper (HK) #1 was observed in room [ROOM NUMBER], room [ROOM NUMBER] was observed to have a sink with soap, water and paper towels available. While wearing gloves HK #1 touched multiple surface areas within the room including the remote control for the bed, the bed frame, and the nightstand. The bed linen had been removed and placed in a plastic bag. HK #1 removed and discarded his gloves, grabbed the bag of dirty linen and proceed to exit room [ROOM NUMBER]. Hand hygiene was not performed by HK #1 and he was observed to use his bare hand to push the door handle to exit hall 200, and then touch the door handles to enter and exit the dirty linen storage area. Hand hygiene was still not performed by HK #1 and he was observed to use his bare hands to push the door handle to reenter hall 200. During an interview on 05/26/20 at 10:26 AM HK #1 explained room [ROOM NUMBER] was being deep cleaned and the process was to clean multiple surface areas in the room. HK #1 confirmed he did not perform hand hygiene after removing his gloves and then touched frequently used items in common areas of the facility which included door handles to exit and reenter hallway 200 and to enter and exit the dirty linen storage area. HK #1 was aware door handles were frequently used by staff and/or residents. When asked about the procedure of hand hygiene to prevent the spread of infection HK #1 explained he removed gloves when he exited a resident's room and would perform hand hygiene before entrance to a resident's room. HK #1 did not have an explanation of why he did not perform hand hygiene but was aware of the infection control policy, the pandemic and importance of hand hygiene to prevent the spread COVID-19. An observation made on 05/26/20 at 10:38 AM revealed an alcohol-based hand rub dispenser was attached to the wall by the exit door that was being used by HK #1. On 05/26/20 at 4:02 PM the Assistant Director of Nursing (ADON) explained she was also the Staff Development Coordinator and recently trained staff on proper handwashing techniques on 03/11/20. The ADON felt the incident of the HK not performing hand hygiene after touching frequently used items could potentially contaminate areas frequently used by staff and residents. The ADON reiterated staff should be performing hand hygiene prior to entering and exiting a resident's room; after touching resident items and before entering another residents room. During an interview on 05/27/20 at 9:22 AM the Director of Nursing explained when the HK removed his gloves, he should have washed his hands to have a clean hand to open doors. The DON thought the HK was nervous and overthinking what he was doing which caused him to forget to perform hand hygiene. 2. On 05/26/20 at 10:35 AM Nurse Aide (NA) #1 was observed to enter room [ROOM NUMBER] with no gloves and did not perform hand hygiene. room [ROOM NUMBER] was observed to have a sink with soap, water and paper towels available. NA #1 was observed to remove a cup from room [ROOM NUMBER] which she picked up by the handle. NA #1 exited the room and proceed directly across the hall where an ice chest with a metal scoop was used to refill the cup with ice. NA #1 returned the cup and exited room [ROOM NUMBER] without performing hand hygiene. On 05/26/20 at 10:36 AM NA #1 was observed to enter room [ROOM NUMBER] with no gloves on and did not perform hand hygiene. room [ROOM NUMBER] was observed to have a sink with soap, water and paper towels available. NA #1 was observed to remove a cup from room [ROOM NUMBER] which she picked up by the handle. NA #1 exited the room, walked to the ice chest and used the metal scoop to refill the cup with ice. NA #1 returned the cup and exited room [ROOM NUMBER] without performing hand hygiene. On 05/26/20 at 10:38 AM NA #1 was observed to enter room [ROOM NUMBER] with no gloves on and did not perform hand hygiene. room [ROOM NUMBER] was observed to have a sink with soap, water and paper towels available. NA #1 was observed to remove a cup from room [ROOM NUMBER] which she picked up by the handle. NA #1 exited the room. An ice chest with a metal scoop located outside room [ROOM NUMBER] was used to refill the cup with ice. NA #1 returned the cup and exited room [ROOM NUMBER] without performing hand hygiene. An observation made on 05/26/20 at 10:38 AM revealed an alcohol-based hand rub dispenser was attached to the wall by room [ROOM NUMBER] and was available for use. During an interview on 05/26/20 at 1:53 PM NA #1 confirmed she was not wearing gloves, nor did she perform hand hygiene before entrance and/or exit of each resident room observed during her hydration pass. NA #1 indicated recent training had been provided related to the pandemic and the importance of hand hygiene to prevent the spread of COVID-19. NA #1 stated hand hygiene was the facilities policy and procedure to prevent the spread of infection and she missed those steps today and described it as an oversight. NA #1 explained she knew it was wrong after she had exited the rooms observed and began to perform hand hygiene after contact with the cup handles used by individual residents and upon entrance and/or exit of each room. On 05/26/20 at 4:02 PM the Assistant Director of Nursing (ADON) explained she was also the Staff Development Coordinator and recently trained staff on proper handwashing techniques on 03/11/20. The ADON felt the incident of the NA not performing hand hygiene after touching frequently used items could potentially contaminate areas frequently used by staff and residents. The ADON reiterated staff should be performing hand hygiene prior to entering and exiting a resident's room; after touching resident items and before entering another residents room. During an interview on 05/27/20 at 9:22 AM the Director of Nursing explained NA staff should wash their hands before entering a resident's room and after touching a resident's water pitcher and before exiting the room. The DON thought the NA was nervous and overthinking what she was doing which caused her to forget to perform hand hygiene.</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.