STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345538	A. BUILDING _____ B. WING _____	**05/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PRUITTHEALTH-RALEIGH	**2420 LAKE WHEELER ROAD RALEIGH, NC 27603**

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 observations, staff interview and review of the COVID-19 Infection Control Assessment and Response Tool, the facility failed to implement their infection control procedures for wearing face masks when two of twelve Nursing Assistants were observed wearing face masks that did not cover their mouths and noses when they were in resident rooms. This failure occurred during the COVID-19 pandemic. Findings included: A review of the COVID-19 Long-Term Care Infection Control Assessment and Response Tool dated 5/2020, that was utilized by the facility specified the facility would implement universal face mask use by all staff. 1.During a tour of the facility on 5/28/2020 at 8:55 AM, Nursing Assistant (NA) #1 was observed in a resident room on the 500 hall. NA #1 came to the door and his face mask was observed to be tied, but pulled down, which exposed his mouth and nose. NA #1 turned and went back into the room. At 9:47 AM, NA #1 was observed in the dayroom of the 400/500 hall, speaking to a resident. NA #1's face mask was tied, and pulled down below his chin, which exposed his mouth and nose. When interviewed on 5/28/2020 at 9:50 AM, NA #1 stated It's really hot and sometimes the residents have trouble understanding me. I know I have to wear it, I won't pull it down again. On 5/28/2020 at 5:15 PM, the Director of Nursing (DON) was interviewed and indicated the facility has training on a video system that is used corporate-wide, and in-services were given on infection control and employees must sign they have been in-serviced. The DON stated, All staff know that we have to wear a mask from the time when we walk in the facility until we walk out. During an interview on 5/29/2020 at 10:30 AM, the facility Administrator stated the COVID-19 Long-Term Infection Control Assessment and Response Tool is what the facility is using for policy during the pandemic. 2. Nursing Assistant (NA) #2 was interviewed on 5/28/2020 at 8:30 AM and stated staff had been trained on wearing Personal Protective Equipment (PPE), had been taught how to don and doff PPE, and continued to be updated with in-services. At 10:05 AM on 5/28/2020, NA #2 was observed walking on the 200 hall with a bag of soiled linen and a bag of trash, which she disposed of. NA #2 was wearing a face mask pulled below her chin. NA #2 stated I was just taking a breather. On 5/28/2020 at 5:15 PM, the Director of Nursing (DON) was interviewed and indicated the facility has training on a video system that is used corporate-wide, and in-services were given on infection control and employees must sign they have been in-serviced. The DON stated, All staff know that we have to wear a mask from the time when we walk in the facility until we walk out. During an interview on 5/29/2020 at 10:30 AM, the facility Administrator stated the COVID-19 Long-Term Infection Control Assessment and Response Tool is what the facility was using for policy during the pandemic.

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.