

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRUITTHEALTH-DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3100 ERWIN ROAD DURHAM, NC 27705</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> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on record review, observations, and facility policy, entitled, Contagious Disease Screening Tool (COVID-19), the facility failed to rescreen one (1) of three (3) staff who entered the facility. This failure occurred during a COVID-19 pandemic and had the potential to affect all residents. The findings include: On 04/09/2020 at 11:15 a.m., Personal Care Assistant (PCA) #1 was observed getting out of a vehicle, and proceeded into the main facility entrance. Upon entering the facility, PCA #1 hand sanitized, temperature was taken by Hospitality Aide (HA) #1, and PCA #1 proceeded down the corridor. During an interview on 04/09/2020 at 11:20 a.m., HA #1 stated, she did not screen staff that went outside to smoke or for lunch. On 04/09/2020 at 12:15 p.m., PCA #1 was observed handling residents' meal trays in the dining room on the 3rd floor. At 1:05 p.m., PCA #1 stated, she left the facility earlier for lunch, went home, took meat out of the freezer for dinner and returned to the facility. During an interview on 04/09/2020 at 2:55 p.m., the Administrator stated, if staff went home, he expected staff to be rescreened, when he or she reentered the facility, due to COVID-19 pandemic ongoing. Review of records provided by the facility, reflected PCA #1 was not rescreened and staff was not aware that PCA #1 went home. Review of the facility's policy, revised on 03/11/2020, revealed, The partner conducting the screening should ask all partners, visitors, and vendors the following screening questions upon entry to the locations. Several screening questions followed to evaluate one's whereabouts related to COVID-19.		
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.