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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345126 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/02/2020 |
| NAME OF PROVIDER OF SUPPLIER MOUNT OLIVE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 228 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365 | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews and review of the facility's infection control policies, the facility failed to implement their policies by not screening 1 of 17 employees listed on the daily assignment sheet dated 6/29/20, labeling of entrances of the COVID-19 unit with instructional signage and by not ensuring 3 of 3 dietary workers were wearing facemask and goggles while working in the kitchen area. These failures occurred during the COVID-19 pandemic. The findings included: 1. The facility's Active Screening Process for Visitors and Employees: COVID-19 policy dated 3/12/20 stated employees must enter through a single, marked entrance and must be screened daily at the start of a shift or work period, immediately upon entry and directly screened by a Genesis Center Employee. A review of the daily staff assignment sheet dated 6/29/20 revealed NA #2 was scheduled to work 7:00 am-3:00 pm. A review of the front entrance and side entrance screening forms dated 6/29/20 revealed no documentation that NA #2 was screened for COVID-19 prior to working in the facility. On 6/29/20 at 2:59pm during an interview, Nursing Assistant (NA) #2 stated no one was at the facility's side entrance to perform the screening process on 6/29/20 when she reported to work for the 7:00 am to 3:00 pm shift. She stated she was late reporting to work and did not complete a screening before working the 7:00 am to 3:00 pm shift. In a follow up phone interview with NA #2 on 7/1/20 at 2:08pm, she stated she reported to work at 7:10am on 6/29/20 and when there was no screener at the side entrance to perform her screening, she should have reported to the front entrance to be screened. On 6/29/20 at 1:32pm, the facility's side entrance used to screen employees into the facility was observed unattended. Nursing assistant (NA) #1 stated someone was assigned at the change of shifts to screen staff entering the building at the side entrance. At 2:53pm on 6/29/20, the facility's side entrance was observed without an assigned employee to screen employees entering the building. At 3:12pm on 6/29/20, a screener reported to the facility's side entrance to screen employees using the side entrance for the 3p-11p shift. During an interview with the Director of Nursing (DON) on 6/29/20 at 4:20pm, the DON stated the side entrance was re-opened on 6/23/20 due to the second outbreak with COVID-19 for the Station 1 and COVID unit staff to enter the building which prevented that staff from walking through other units in the facility. The DON stated the side entrance door was to have a screener assigned at all times, but the facility did not have an employee assigned to the side entrance for the 7a-3p shift on 6/29/20. The DON stated staff had been instructed to use the front entrance if no one was available to screen the employees at the side entrance. In a follow up phone interview with the DON on 7/1/20 at 12:40pm, the DON stated she was unaware that a screener was not at the side entrance until 3:00 pm on 6/29/20. The DON stated the administrator collected the screening forms and was unaware of an auditing process being conducted of the screening forms. An interview with the workforce manager was conducted on 6/30/20 at 8:45pm. The workforce manager stated she was responsible for the scheduling of screeners for the front and side entrances of the facility. She stated the side entrance re-opened on 6/22/20 with the second COVID-19 outbreak and was currently hiring screeners for the side entrance and using volunteers in the facility to fill the shifts. She stated the front entrance screener for the day shift reported to work at 5:00 am which allowed the night screener to go to the side entrance to perform screening for the 7:00 am to 3:00 pm shift. She further stated the 7:00 am-3:00 pm shift people could be screened in the front entrance if there was no screener at the side entrance. A review of the Screener's schedule for June 2020 revealed a screener was assigned the front entrance on 6/29/20 for the first shift, but no employee was scheduled to work as screener for 6:30 am to -3:00 pm shift at the side entrance. In an interview with the Infection Control Specialist (ICS) on 7/1/20 at 11:25am, the ICS stated the side entrance had been used with the first outbreak in April 2020 until the end of May 2020 for Station 1 and COVID unit staff to enter the building. She stated the reason was to prevent cross contamination with staff walking through other units in the facility. She stated Station 1 and COVID unit staff had been instructed to use the side entrance and if there was no screener at the side entrance, the staff were to report to the front entrance to be screened. The ICS stated she was unaware of an audit process with the screening forms. An interview was conducted with the facility's medical director on 7/1/20 at 6:04pm. The medical director stated it was totally unacceptable for a staff member to work an 8-hour shift and not be screened prior to reporting to work. 2. The facility's Pandemic and Epidemic General Statement policy dated 6/1/19 stated to label restricted entrance areas in the building as Stop. See Nurse before entering for instruction. The Center of Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-10) Preparing for COVID in Nursing Homes guidance dated 4/30/20 stated to place signage at the entrance of the COVID unit that instructs the health care personnel they must wear eye protection and a N-95 or higher-level respirator or facemask if a respirator is not available at all times while on the unit, and gowns and gloves should be added when entering resident rooms. On 6/29/20 at 12:32pm, a set of double doors were observed separating the non-COVID unit on Station 2 and the COVID unit. The double doors were not labeled with any signage for staff or residents entering the COVID unit. A Do Not Enter sign was observed for staff or residents using the double doors to enter the non-COVID unit on Station 2 from the COVID unit. On 6/29/20 at 1:43pm a zip wall plastic barrier was observed on the back hallway at the end of Station 1, a non-COVID unit, and the entrance of the COVID unit. The only signage observed on both sides of the zip wall barrier was the handwritten words Gown up on the left side of the plastic as entering the COVID unit. At 2:53pm on 6/29/20, Resident #1 was observed self-propelling a wheelchair in the doorway of room [ROOM NUMBER]. The zip wall plastic barrier entrance into the COVID unit was located outside room [ROOM NUMBER]. The Director of Nursing (DON) stated in an interview on 6/29/20 at 4:20pm the entrances to the COVID unit required signage Stop! Do Not Enter and Isolation signage with personal protective equipment (PPE) requirements. The DON stated the maintenance director installed the zip wall plastic barrier on 6/27/20 and was responsible for signage. At 6:04pm on 6/29/20 the maintenance director stated the COVID unit was re-established over the weekend and he installed the zip wall plastic barrier on the back hallway at the end of Station 1. He stated the entrances of the COVID unit required labeling with signs informing staff and residents Stop! Do Not Enter and PPE requirements. When the maintenance director was asked why there was no signs on the entrances of the COVID unit, he stated he was out of signs and the activities director had the only color copier in the facility. He stated he wrote the words Gown Up on the plastic zip wall barrier. On 6/30/20 at 4:15pm, Resident #2 in room [ROOM NUMBER] was observed standing at the doorway with his walker. room [ROOM NUMBER] was located prior to the double doors entering the COVID unit. At 4:22pm on 6/30/20, the double doors at the end of the non-COVID unit Station 2 were observed with no labeling of signs cautioning staff or residents before entering the COVID unit through the double doors. In an interview with the DON on 7/1/20 at 12:40pm, the DON stated the maintenance director was going to label the entrances to the COVID unit on 6/29/20. When the DON was informed the entrances were observed unlabeled with signs on 6/30/20, she stated she would check with the maintenance director. The DON stated temporary handwritten signs were acceptable to use on the entrances to the COVID unit when colored pre-printed signs were not available. 3. The facility's COVID-19 Infection Control Assessment and Response tool, dated 5/15/20 revealed the facility had implemented universal use of facemask for all staff, residents and visitors while in the facility. The Center of Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-10) Preparing for COVID in Nursing Homes guidance dated 6/25/20 stated healthcare personnel should wear facemask at all times while they were in the facility. The facility's</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.

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| <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>(continued... from page 1)</p> <p>s Guidelines for COVID dated 6/23/20 stated the entire building was on airborne isolation requiring staff to wear mask, goggles, face shield and gown at all times. On 6/29/20 at 8:50am, the Director of Nursing (DON) stated full personal protective equipment (PPE) which included N-95 mask, goggles, face shield and gown was required for all staff on the units. The DON further stated office and department staff outside the units were required to wear surgical masks and goggles while in the facility. On 6/30/20 at 7:37am three dietary workers were observed in the kitchen around the serving line wearing no facemask coverings to the nose and mouth. During an interview on 6/30/20 at 7:46am, dietary aide #1 stated the kitchen staff were required to wear a facial mask at all times. She further stated wearing the face mask all the time was hard and took the mask off to catch a breath. The DON stated in an interview on 7/1/20 at 12:40pm that as an employee of the facility the kitchen staff were required to wear a surgical mask and goggles while in the facility. The Dietary Manager was interviewed on 7/2/20 at 11:26am. The Dietary Manager stated dietary staff obtained face masks at the front entrance or from the dietary office as needed and were required to wear the mask at all times. She stated the dietary staff received training on use of personal protective equipment while in the facility and were instructed to exit the back door of the kitchen for fresh air. The Infection Control Specialist stated during an interview on 7/2/20 at 11:45am that the dietary staff was included in the facility wide education on COVID-19 in March and April requiring face mask and goggles when in the facility for all staff. She further stated dietary staff were not excluded from this requirement while in the kitchen area.</p> | | |