

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER CROASDAILE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview and facility policy and procedure review it was determined that the facility failed to screen 1 of 1 visitor entering the facility during a COVID 19 pandemic. Findings included: Per review of the facility infection Control and Prevention of COVID-19 policy dated March 2020, Facilities should screen or monitor visitors for the following: 1. International travel within the last 14 days to restricted countries 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat 3. Has had contact with someone with or under investigation for COVID-19. If visitors meet the above criteria, facilities may restrict their entry to the facility. Review of the facility policy revealed that the same screening performed for visitors should be performed for facility staff. This surveyor entered the facility on 8/18/20 at 4:50 PM. The surveyor's temperature was taken by the receptionist. The surveyor was then allowed to enter the facility. Facility staff did not ask the surveyor screening questions nor request that the surveyor complete a form with screening questions. During interview with the receptionist at 4:58 PM on 8/18/2020 she revealed that persons entering the facility are suppose to complete a screening form on a table to the right side of the reception area. When asked if she asks people to complete the form, she responded, Everybody knows, it's standard now but I make sure. Interview with a nursing assistant #1 on 8/20/20 at 4:02 PM revealed that entered the facility through the front door, washed his hands and got a mask before entering his work area. After prompting the staff stated that his temperature was taken at the gate and again upon entry to the facility. Interview with nursing assistant #2 on 8/20/20 at 4:07 PM revealed that his temperature was taken at the gate, his temperature was taken upon entering the facility and that there's a sheet/questionnaire every time you come in.</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.