

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY		STREET ADDRESS, CITY, STATE, ZIP 101 CAROLINE AVENUE WELDON, NC 27890	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of facility policies and procedures, observations and staff interviews, the facility 's COVID-19 screening policy and procedure was not implemented when an employee, who had not been screened for COVID, entered a unit that was designated for residents on enhanced droplet precautions for 1 of 1 speech therapist observed (Speech Therapist #1). This occurred during a COVID-19 pandemic. The findings included: Review of the facility 's policy titled COVID-19 Preparation and Response dated 3/10/20 and last updated on 6/7/20 revealed the following as the purpose for the policy: Residents of nursing homes and other residential facilities will be at particular risk for transmission of COVID-19 and disease complications. COVID-19 can be introduced through facility personnel and visitors; once [MEDICAL CONDITION] enters such facilities controlling its spread is problematic. The section of the policy titled Mitigation, 2c Control of personnel read: All employees are screened as they arrive at the beginning of the shift and upon returning after leaving the facility. Employee screens are conducted by a nurse and consist of a temperature, sign and symptom review and screening questions. On 6/9/20 at 10:10 AM an interview was conducted with the Administrator and the Director of Nursing (DON). The DON stated that all staff enter the front door at the beginning of their shift, sanitize their hands, have their temperature taken, put on a mask and are asked the screening questions and the information entered into a log. The DON further stated they had designated the 200 Hall for residents newly admitted from the hospital and residents readmitted from the hospital and these residents were put on enhanced droplet precautions for 14 days and if no signs or symptoms of COVID-19 after 14 days, the resident was moved to a regular floor. The DON stated the facility had no residents or employees that tested positive for COVID-19 since the beginning of the pandemic. There were currently 8 residents that resided on the 200 Hall. On 6/9/20 at 10:54 AM an employee identified by staff as a speech therapist was observed to enter the facility by using a door at the end of the 200 Hall. The therapist was observed to wear a mask and carried a stack of materials in his hands and walked past a nurse in the hall and continued to walk down the hallway. The therapist was observed at the screening desk at the front door and had his temperature taken and was asked the appropriate screening questions. On 6/9/20 at 10:56 AM an interview was conducted with Speech Therapist #1 who stated he came in the door at the end of the 200 Hall because he had parked his car close to that entrance and he had his hands full. The Therapist further stated he was able to enter that door with the use of a keypad. On 6/9/20 at 11:20 AM the DON stated in an interview that all the doors to the facility had a keypad to gain entrance to the facility. The DON further stated the speech therapist was supposed to enter the facility through the front door like all the staff and get screened prior to being on the hall. On 6/9/20 at 11:45 AM an interview was conducted with the Administrator and the DON. The Administrator stated the speech therapist was supposed to enter the facility through the front door and he had been educated to enter through the front door. The Administrator further stated she would change the code to the door keypads to prevent entry into the facility through those doors. On 6/9/20 at 1:02 PM a second interview was conducted with the Speech Therapist who stated he had received prior education and was aware he was supposed to enter the facility through the front door and it was his error. The Speech Therapist stated he had received another in-service today about entering the facility through the front door. On 6/10/20 at 9:50 AM the Administrator stated in an interview that when Speech Therapist #1 entered the facility through the door on the 200 Hall on 6/9/20, this was the beginning of his shift and the first time the therapist had been in the building that day.</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.