

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345471</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MECKLENBURG HEALTH &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2415 SANDY PORTER ROAD CHARLOTTE, NC 28273</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, review of facility records and policies and procedures, the facility failed to implement Centers for Disease Control and Prevention (CDC) recommendations for COVID-19 and the facility's policy on Handwashing/Hand Hygiene when a staff member failed to wear eye protection and perform hand hygiene after entering the room of a resident on Enhanced Droplet Contact Precautions due to a positive COVID-19 test result (Resident #3). This failure was for 1 of 4 sampled residents reviewed for infection control and occurred during a COVID-19 pandemic. The findings included: The CDC guidance titled Responding to the Coronavirus (COVID-19) in Nursing Homes, dated 4/30/20, and revised 6/9/2020, documented in part, that all recommended COVID-19 personal protective equipment (PPE) should be worn by all health care professionals, including eye protection (goggles or a disposable face shield that covers the front and sides of the face) when entering the room of a COVID-19 positive patient. The facility policy, Handwashing/Hand Hygiene (HH), revised August 2015, documented in part, that the facility considered HH the primary means to prevent the spread of infections; all personnel would follow the HH procedures to help prevent the spread of infections to other personnel, residents and visitors and use an alcohol based hand sanitizer (ABHS) or, soap (antimicrobial or non-antimicrobial) and water after contact with objects in the immediate vicinity of the resident and before/after entering isolation precaution settings. The facility policy, Isolation, Categories of transmission-based precautions (TBP), revised January 2012, documented in part that residents infected with microorganisms, like COVID-19, transmitted by droplets that could be generated by the individual coughing, sneezing, or talking, required enhanced droplet precautions with guidance to apply eye protection when entering the resident's room. Resident #3 was readmitted to the facility 8/11/20. Review of lab results for Resident #3 revealed a positive test for COVID-19, on 8/22/20. On 8/24/20 at 12:01 PM, a continuous observation occurred until 12:10 PM. The exit door of room [ROOM NUMBER], Resident #3's room, posted an Enhanced Droplet Contact Precautions sign from the Statewide Program for Epidemiology, dated March 2020. The sign recorded, in part: - Perform hand hygiene before/after entering the room - Wear eye protection when entering the room. PPE, to include gowns, gloves, masks, and eye protection, were observed in a storage container in the hallway, outside room [ROOM NUMBER]. Wall and stand ABHS dispensers were also observed in the hallway outside the room. Resident #3 was observed in his room with his privacy curtain pulled around his bed. Housekeeping staff (HS) #1 entered room [ROOM NUMBER] wearing a disposable gown, disposable gloves, and an N95 mask. Goggles were observed positioned on top of his head. He did not have eye protection in place. HS #1 pushed the privacy curtain back with his gloved hands and looked in the direction of Resident #3 who was lying in his bed. While using a step stool, HS #1 removed Resident #3's privacy curtain, held it against his disposable gown, and exited the room. HS #1 did not remove the PPE he wore while in room [ROOM NUMBER]. The goggles remained on top of his head. HS #1 placed the privacy curtain on the floor in the hallway and then inserted the privacy curtain into a plastic bag which he also placed on the floor in the hallway. HS #1 re-entered room [ROOM NUMBER], removed the step stool and exited the room. He did not remove any of the PPE, change gloves or perform hand hygiene before or after exiting the room. On 8/24/20 at 12:05 PM, wearing the same disposable gown, gloves, and N95 mask worn in room [ROOM NUMBER] and with goggles positioned on top of his head, HS #1 entered room [ROOM NUMBER], and removed the privacy curtain. A resident was present in this room. [ROOM NUMBER] did not have a TBP sign on the door and the resident had a negative COVID-19 test result dated 8/20/20. On 8/24/20 at 12:08 PM, HS #1 placed the plastic bags that contained the privacy curtains over his left shoulder and carried them off the unit to the laundry room where he discarded both bags. HS #1 returned to the unit wearing the same PPE he wore when he removed the privacy curtains from rooms [ROOM NUMBERS]. On 8/24/20 at 12:10 PM, HS #1 was interviewed as he approached another resident's room. During the interview, HS #1 confirmed that he was still wearing the same PPE he wore in rooms [ROOM NUMBERS]. He stated he wore the PPE because of the Enhanced Droplet Contact Precautions sign that was on the door of room [ROOM NUMBER]. He confirmed that he had been trained to perform hand hygiene before/after entering a room with a resident on precautions for an infection. He stated that he should have sanitized his hands between residents and before entering another resident's room. He also stated that he should wear eye protection while in a room with TBP for COVID-19. He stated, We usually do that, but I did not this time. An interview with the Unit Manager (UM) occurred on 8/24/20 at 12:15 PM. The UM stated that Resident #3 was currently on Enhanced Droplet Contact Precautions due to a recent positive COVID-19 test, but that the resident in room [ROOM NUMBER] was not on precautions. She further stated that when staff entered a resident room with precautions, staff should wear full PPE, including eye protection, sanitize their hands in/out of each room, and should not carry soiled items or a bag of soiled items against their body. The Director of Nursing (DON)/Infection Control Preventionist (ICP) was interviewed on 8/24/20 at 12:46 PM. The DON/ICP stated Resident #3 was tested for COVID-19 on 8/20/20 with positive results received on 8/22/20. She stated that he was currently on Enhanced Droplet Contact Precautions in room [ROOM NUMBER] awaiting a vacant room on the facilities COVID-19 designated unit. The DON/ICP further stated that if staff entered a room with Enhanced Droplet Contact Precautions in place, staff were trained to wear full PPE, which included eye protection and to sanitize before/after leaving the room. The DON/ICP also stated that staff were trained to discard soiled gloves prior to leaving a room where precautions were in place. The Environmental Services Manager (EVS) was interviewed on 8/24/20 at 3:30 PM. During the interview, he confirmed that he noticed that goggles were positioned on top of HS #1's head while he was in room [ROOM NUMBER] to remove the privacy curtain. The EVS stated Resident #3, in room [ROOM NUMBER] was on Enhanced Droplet Contact Precautions. The EVS stated that HS #1 was trained to wear full PPE which included eye protection when in a room with droplet or contact precautions and to sanitize his hands between residents. The administrator was interviewed on 8/24/20 at 4:05 PM and stated that when staff were in a room with a resident on precautions, staff should remove their gloves and perform hand hygiene before going to another resident's room. The Administrator also stated that if a resident was COVID-19 positive, she expected staff to wear full PPE to include gown, gloves, and a mask, but that goggles/face shield was only required if the staff provided direct care or provided aerosolizing tasks. The Administrator then stated that staff should not wear the same disposable gown or gloves in a room with a COVID-19 positive resident and then go to into a room with a resident who had not tested positive.</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.