

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE LAURELS OF FOREST GLENN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1101 HARTWELL STREET GARNER, NC 27529</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, review of the facility's COVID19 policy/procedure and Contact Precautions policy/procedure, staff interviews and Nurse Practitioner interview, the facility failed to implement their policy on Contact Precautions when 2 of 5 employees (Nursing Assistant #2 and Physical Therapist #3) did not doff their personal protective equipment (PPE) prior to exiting resident rooms that had droplet precaution signs posted on their door frame. These system failures occurred during the COVID19 pandemic. Findings included: Review of the facility's Contact Precaution Policy and Procedure dated 9-2019 revealed in part: gloves and gowns should be removed before leaving the residents room and hand hygiene should be performed immediately. After gloves and gowns are removed and hand hygiene completed, the hands should not touch potentially contaminated surfaces or items. 1a. During an interview with Nurse #1 on 8-5-20 at 11:35am, the nurse stated hall 100 had both isolation rooms and non-isolation rooms. She explained the residents in the isolation rooms were new admissions or waiting on COVID19 test results. An observation was made on 8-5-20 at 11:36am of a nursing assistant (NA) #2, who walked out of a resident's room, who had a sign for droplet precautions posted on the door. NA #2 was observed wearing her PPE which included; gloves, gown, face mask and face shield. NA #2 was observed removing her PPE in the hallway and discarded the PPE in the trash receptacle, sanitized her hands and walked away. Nurse #1's interview continued on 8-5-20 at 11:40am. The nurse commented I will have to talk with her (NA #2). She knows she can't be doing that. She also stated she had received education on isolation precautions which included donning and doffing of PPE. During an interview with NA #2 on 8-5-20 at 12:10pm, NA #2 stated she had received education on isolation precautions which included donning and doffing of PPE and on COVID19 which included how [MEDICAL CONDITION] is transmitted. She confirmed she had provided activities of daily living care to a resident on droplet precautions and had exited the room wearing her gloves, gown, face mask and face shield. The NA stated, there was no trash bags or a biohazard box for me to throw away my PPE in the room and I didn't know what else to do. 1b. A physical therapist (PT) #3 was observed on 8-5-20 at 11:45am removing his PPE while standing in the doorway of a resident room that had a droplet precaution sign posted on the door frame. The PT was observed folding his reusable isolation gown with the contaminated side out, walked out of the resident room to a trash receptacle, removed his gloves and threw them away, placed his isolation gown into his ungloved hand, walked to the physical therapy room and opened the door without sanitizing his hands. PT #3 was interviewed on 8-5-20 at 11:55am. PT #3 stated he had received training on donning/doffing PPE equipment and infection control practices including proper hand washing. He described the steps he had taken when leaving the resident room which included folding his gown with the contaminated side out and not sanitizing his hands before touching other surfaces. PT #3 stated, My plan was to do all that when I got back in here. The Rehabilitation Director was interviewed on 8-5-20 at 12:05pm. The Director stated staff had received education on donning/doffing their PPE and the importance of hand hygiene. She stated she would speak with her staff and provide additional information on donning/doffing and hand hygiene. During an interview with the facility's Nurse Practitioner (NP) on 8-5-20 at 2:00pm, the NP stated she was aware staff had received education on infection control, how to wear and remove their PPE and COVID19. She also stated, staff can affect others quickly if they are not following proper procedures. The NP commented staff would be re-educated to make sure the facility was doing what they could to keep everyone safe. The Administrator was interviewed on 8-5-20 at 4:00pm. The Administrator stated staff had received education on isolation precautions including when and how to don/doff their PPE as well as infection control and hand washing. She said the facility would start re-educating staff and monitoring to make sure compliance was followed.</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.