STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345520	A. BUILDING _____ B. WING _____	**08/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PELICAN HEALTH THOMASVILLE	**1028 BLAIR STREET THOMASVILLE, NC 27360**

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	**Provide and implement an infection prevention and control program.** Based on observations, staff interview and review of the facility ' s COVID-19 Response Plan the facility failed to implement the COVID-19 response plan by allowing a staff member (Nursing Assistant #1) to wear a cloth face mask while working in the facility. This observation occurred on 1 of 2 nursing units observed. This failure occurred during a COVID-19 pandemic. Findings included: The facility ' s COVID-19 Response Plan with a review date of 5/6/20 stated in part, use of PPE and isolation strategies: all staff will be required to wear a surgical / isolation mask at all times while in the facility. An observation on 8/14/20 at 10:25 am revealed Nursing Assistant (NA) #1 was wearing a cloth face mask while working in the facility. The Director of Nursing (DON) was present during this observation of NA #1 on 08/14/20 at 10:25 am. During an interview with the DON on 8/14/20 at 10:28 am she stated NA #1 should be wearing a surgical mask when working in the facility. An interview on 8/14/20 at 11:08 am with NA #1 revealed she had routinely been wearing her own cloth face mask when she worked at the facility and was not aware until today that she was required to wear a surgical type mask. NA #1 added she had received training on COVID-19 and isolation precautions but was not aware she could not wear a cloth face mask. An interview was conducted on 8/14/20 at 11:20 am with the Administrator and DON. The DON stated she had addressed the issue of wearing a cloth face mask with NA #1. The Administrator stated he expected all staff to wear a surgical and / or N95 mask when in the facility.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE