

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL		STREET ADDRESS, CITY, STATE, ZIP 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514	
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 - Many	Provide and implement an infection prevention and control program. Based on observation, staff interview and review of the facility's COVID 19 policy the facility failed to implement their policy by having no signage posted at the facility's main entrance for screening or a communication plan to alert visitors of new procedures or restrictions during the COVID-19 pandemic for 2 of 2 days of the onsite portion of the survey (9/21/20 and 9/22/20). This failure occurred during the COVID19 pandemic. The findings included: Record review of the facility policy: Novel Coronavirus (COVID-19) dated 3/4/20 and last revised 8/18/20 on page 5 read in part: The facility should increase visible signage at entrances and exits. Observation on 9/21/20 at 11:40 AM revealed the facility's main entrance which was the only entrance utilized by visitors and staff had no signage posted for screening, facility restrictions nor a plan to communicate with visitors. Observation on 9/21/20 at 3:00 PM revealed no signage posted at the facility entrance for screening, facility restrictions nor a plan to communicate with visitors. Observation on 9/22/20 at 10:16 AM continued to reveal no signage posted at the facility entrance for screening, facility restrictions nor a plan to communicate with visitors. At 10:45 AM on 9/22/20, the Administrator and Director of Nurses observed the facility's front entrance which had 2 red colored stop signs, but no signage that provided information related to COVID19 for screening, or a communication plan to alert visitors of new procedures or restrictions. Observation on 9/22/20 at 11:01 AM revealed no signage posted at the facility entrance. Interview on 9/22/20 at 12:55 PM with the Plant Operation Director (POD) in the presence of the Administrator revealed he had removed the stand with the posted COVID19 signage on 9/21/20 at approximately 6:00 AM, so the floor could be cleaned, but no one moved it back to the facility entrance. The Administrator nor the POD were able to state who would have been responsible for replacing the signage. Interview via telephone on 9/28/20 at 11:36 AM with the Housekeeper/Floor technician stated he was responsible for cleaning floors on 9/21/20 and was not responsible for replacing the signage back.		
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.