STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345413	A. BUILDING _____ B. WING _____	05/20/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FLESHERS FAIRVIEW HEALTH CARE	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and review of the facility's Policies and Procedures for Infection Control/Hand Hygiene and COVID-19 precautions the facility failed to implement their policies on wearing gloves and hand washing for 6 of 6 residents reviewed for infection control. (Residents #1, #2, #3, #4, #5, and #6). This failure occurred during a COVID-19 pandemic. The findings include: Facility's current Policies and Procedures/Infection Prevention and Control Policy/Hand Hygiene (revised 9/2017) stated, Staff must perform hand hygiene even if gloves are used before and after contact with the residents. After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the resident's room. After removing personal protective equipment (e.g. gloves, gowns, mask). The facility's Policy and Procedure for Infection Prevention and Control Policy/COVID-19 Coronavirus Precautions (revised 4/2020) specified staff should put on clean, non-sterile gloves upon entering the patient room or care area. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. Continuous observations of Nursing Assistant (NA) #1 was conducted on 5/19/2020, from 11:00 AM to 11:15 AM. Observation of NA #1 on 5/19/20 at 11:00 AM revealed she was in room [ROOM NUMBER] touching Resident #1 to reposition the resident, the resident's bedside table, picked up trash and was not wearing gloves, then exited the room and entered room [ROOM NUMBER] without washing her hands. NA #1 touched Resident #2's hands without wearing gloves to reposition resident and then exited room without washing her hands and entered room [ROOM NUMBER]. NA #1 entered room [ROOM NUMBER] and assisted Resident #3 with personnel bedside items, touched the resident, picked up trash and was not wearing gloves and exited the room without washing her hands. NA #1 then entered room [ROOM NUMBER] that was shared between Resident #4 and Resident #5. While in room [ROOM NUMBER], NA #1 was observed using her bare hands to touch Resident #4 and #5 while repositioning the residents, repositioning Resident #4's wheelchair, to pick up trash in the bathroom and in the room, and stripped the linens from Resident #5's bed without wearing gloves. On 5/19/20 at 11:15 AM, NA #1 was observed to exit room [ROOM NUMBER] and did not wash her hands prior to exiting this room, nor, wearing gloves, NA #1 was observed to drop off linens and trash in the dirty utility room. NA #1 failed to wash her hands prior to or upon entering or exiting the rooms of Residents #1, #2, #3, #4 and #5 (rooms #506, #508, #510 and #512), while moving consecutively from room to room after providing care for Residents #1, #2, #3, #4, and #5. Interview conducted on 5/19/2020, at 11:30 AM, revealed NA #1 understood and received training on universal precautions and Coronavirus disease-19 (COVID-19) training including, hand washing and the wearing of personal protective equipment (PPE). NA #1 stated hand washing should be performed before entering and/or exiting a room and gloves should be worn when touching a patient or providing resident care needs. Observation conducted on 5/19/2020, at 10:00 AM, revealed Nurse #2 was standing in the doorway of room [ROOM NUMBER], when Resident #6 walked out of room [ROOM NUMBER] into Hall 500 and became unsteady. Nurse #2 physically stabilized Resident #6 with her bare hands until a nursing assistant (NA) retrieved and provided the resident with her walker. At 10:03 AM Nurse #2 returned to the med-cart to continue a med-pass and did not wash their hands, nor, use hand sanitizer after touching resident #6 and began to administer medications to residents. Interview conducted on 5/20/2020, at 10:25 AM, revealed Nurse #2 stated she did not wash her hands after stabilizing Resident #6 because she forgot. Nurse #2 revealed she washed her hands each time entering and/or leaving a resident's room, or, use hand sanitizer on the wall mounts, or, on the med-cart. Nurse #2 understood and received training on universal precautions and Coronavirus disease-19 (COVID-19) training including, hand washing and the wearing of personal protective equipment (PPE). Interview conducted on 5/19/2020, at 1:30 PM, with the Assistant Director of Nursing (ADON), revealed NA#1 was diligent in her performance and would not expect this employee to have these behaviors in not washing her hands after providing resident care. Also, the ADON revealed Nurse #2 was extremely competent as a nurse and, also, participated in infection control awareness meetings. Interview conducted on 5/19/2020, at 2:45 PM, with ADON, NA #1 and the Director of Nursing (DON), revealed NA #1 explained she forgot to wash her hands, as she was in a rush to get all their tasks done before the lunch meal was served and apologized for not washing her hands between rooms and after resident care. Interview conducted on 5/20/2020, at 1:25 PM, with the DON and ADON, revealed they reviewed the video from the Hall 500 surveillance cameras for the morning of 5/19/20 and it showed NA #1 entering and exiting resident rooms and touching the residents without performing hand washing, not wearing gloves, nor, using hand sanitizer before entering and exiting the rooms of Residents #1, #2, #3, #4, and #5.

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.