STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345096	A. BUILDING _____ B. WING _____	05/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HUNTERSVILLE OAKS	12019 VERHOEFF DRIVE HUNTERSVILLE, NC 28078

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, record review and review of: staff screening logs; the facility policy entitled, Screener Information during COVID-19; the facility document entitled, COVID-19 SNF (Skilled Nursing Facility) Updates; and CDC (Centers for Disease Control and Prevention) guidelines, the facility 1) failed to ensure transmission based precautions were used for two (2) of two (2) new admission residents with unknown COVID-19 status (Resident #1 and #2); 2) failed to ensure two (2) of four (4) staff members (Staff # 1 and #3) were screened according to facility policy and CDC guidance; 3) failed to ensure staff consistently provided answers to all the COVID-19 symptom screening questions prior to starting their shift on five (5) of ten (10) logs sheets reviewed; 4) failed to ensure clean linens were transported properly to prevent cross contamination for one (1) of one (1) random observations; 5) failed to ensure staff assigned to screen other staff members and visitors wore eye protection while taking oral temperatures according to facility policy for one (1) of one (1) random observations; and 6) failed to monitor or record daily temperatures consistently for two (2) of nine (9) sample residents (Resident #1 and #4). The findings included: 1) Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED].#1 had not been tested for COVID-19 while in the hospital. Review of the Physician admission note dated 3/16/20 revealed no documentation indicating Resident #2 was placed on contact precautions (staff wear gown and gloves) and droplet precautions (staff wear mask and eye protection) for a 14 day post admission observation period. Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED].#1 had not been tested for COVID-19 while in the hospital. Review of the Physician admission note dated 3/20/20 revealed no documentation indicating Resident #1 was placed on contact precautions (staff wear gown and gloves) and droplet precautions (staff wear mask and eye protection) for a 14 day post admission observation period. Review of the COVID-19 positive Resident Line List revealed that Resident #1 tested positive for COVID-19 on 3/31/20, which was 12 days after her admission from hospital. Review of the COVID-19 positive Resident Line List revealed that Resident #2 tested negative for COVID-19 on 3/31/20. Review of the progress notes for Resident #2 revealed a note to the Provider dated 4/2/20. This note indicated Resident #2 reported a dry cough and tested positive for COVID-19 on 4/2/20. During an interview with the Director of Nursing (DON) on 5/11/20 at 3:10 p.m., she stated that Resident #1, Resident #2 and the other residents on the same unit were tested for COVID-19 because a staff member who worked on that unit (Staff #1) tested positive for COVID-19. The DON confirmed that Resident #1 tested positive on 3/31/20 and was transferred to a private room on another unit and was put on contact and droplet precautions at that time. She said that Resident #2 was asymptomatic at that time and tested negative but because she had been the roommate of Resident #1, she was also transferred to a private room on the COVID-19 positive unit and placed on contact and droplet precautions. The DON also said that after being transferred to the COVID-19 unit Resident #2 started running a fever of 100.1 and was tested again. Upon inquiry the DON said that Resident #2 tested positive for COVID-19 on 4/2/20. Review of the CDC document entitled, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes last updated 4/15/20 revealed: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended PPE (Personal Protective Equiptment) should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. 2a) Review of facility document entitled, Teammate Line List revealed Staff #1 tested positive for COVID-19 on 3/31/20. Review of the time sheet (records the dates and times a staff member signs in and out of work) for Staff #1 revealed that in the 9 days prior to 3/31/20 Staff #1 worked on 3/26/20 and 3/27/20. Review of the Teammate Screening Log for 3/26/20 revealed that Staff #1 answered Yes to the following question Absence of: SOB (shortness of breath), new or change in cough, sore throat. Review of the Teammate Screening Log for 3/27/20 revealed that Staff #1 answered No to the following question Absence of: SOB (shortness of breath), new or change in cough, sore throat. 2b) Review of facility document entitled, Teammate Line List revealed Staff #3 tested positive for COVID-19 on 5/6/20. Review of the time sheet for Staff #3 revealed in the 9 days before testing positive Staff #3 worked on 4/30/20, 5/1/20, 5/4/20 and 5/5/20. Review of the Teammate Entrance Evaluation Log for the above dates worked by Staff #3 revealed the facility was able to provide a log for 5/1/20 that had evidence of Staff #3 being screened and afebrile. The facility was unable to provide logs with evidence of Staff #3 being screened on 4/30/20, 5/4/20 and 5/5/20. During an interview with the Administrator and Director of Nursing on 5/11/20 at 3:20 p.m., the Administrator stated that the facility did have logs for the days Staff #3 worked prior to testing positive for COVID-19 but a screening for Staff #3 was not included on those logs. He confirmed that Staff #3 should have had COVID-19 symptom screening prior to every shift worked but the facility did not have evidence that this had occurred. Review of the facility document entitled, Screener Information during COVID-19 dated 5/2/20 revealed, ALL teammates should be evaluated for symptoms before the start of their shift. Please ask the following questions and check the teammate's temperature If the teammate says YES to any of the above 1) the teammate CANNOT report to work 3) Review of two (2) log forms entitled, Teammate Screening Log dated 3/26/20 and 3/27/20 revealed the following fields were to be completed: Teammate Name; shift/position; absence of: SOB (shortness of breath), new or change in cough, sore throat; temperature; hand hygiene witnessed; screening positive Y/N (yes or no); and auditor initials. Further review revealed incomplete staff screening on one (1) of two (2) log sheets. On 3/27/20 a temperature and response to the symptoms screening question was missing for one (1) of 24 staff members. In addition, there was no response regarding hand hygiene, screening positive, or auditor initials for one (1) of 24 staff members. Review of eight (8) log forms entitled, Teammate Entrance Evaluation Log for Teammates Who CANNOT Work dated between 4/30/20 and 5/6/20 revealed the screening included the following fields: Teammate Name; Facility/Department scheduled to work during the current shift; temperature greater than 100 Fahrenheit (F); worsening cough; new/worsening shortness of breath; generally ill feeling (malaise); and recent loss of sense of smell or taste. Further review revealed incomplete screening on four (4) of the eight (8) log sheets reviewed. The missing information was as follows: Review of a Teammate Entrance Evaluation Log dated 5/1/20 revealed 25 staff names and temperatures recorded on the log but only 21 staff had documentation indicating they did not have the other four (4) symptoms on the log. A Teammate Entrance Evaluation Log dated 5/2/20 revealed 37 staff names recorded on the log but there were only 34 staff temperatures recorded, and only 27 staff had documentation indicating they did not have the other four (4)4 symptoms listed on the log. A Teammate Entrance Evaluation Log dated 5/2/20 and 5/3/20 revealed 25 staff names and temperatures recorded on the log but only 22 staff had documentation indicating they did not have the other four (4) symptoms listed on the log. A Teammate Entrance Evaluation Log dated 5/3/20 revealed 35 staff names and temperatures recorded on the log but only 32 staff had documentation indicating they did not have the other four (4) symptoms listed on the log. A Teammate Entrance Evaluation Log dated 5/4/20 revealed 25 staff names and temperatures recorded on the log but only 24 staff had documentation indicating they did not have the other four (4) symptoms listed on the log. During an interview with the Administrator and Director of Nursing (DON) on 5/11/20 at 3:20 p.m., the Administrator stated that all

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.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) staff were expected to complete the COVID-19 screening prior to starting their shift. Review of the facility document entitled, Screener Information during COVID-19 dated 5/2/20 revealed, ALL teammates should be evaluated for symptoms before the start of their shift. Please ask the following questions and check the teammate's temperature If the teammate says YES to any of the above 1) the teammate CANNOT report to work 4) On 5/11/20 at 1:01 p.m., Housekeeper #1 was observed dragging a large bag of clothing items along the floor and into room [ROOM NUMBER]. The clothing was in a clear, plastic, unsecured linen bag. The bag was left on the floor inside the room, near the door. There was also a contact precautions sign on the door. During an interview with Housekeeper #1 on 5/11/20 at 1:15 p.m. she stated that Resident #3 had a lot of clothes that had been washed and the bag was so heavy she was unable to carry it down the hall. She said she had to drag it all the way down the hall to get it into the resident's room. During an interview with the Administrator and Director of Nursing on 5/11/20 at 3:20 p.m., the Administrator stated that the Housekeeper should have known to use a cart to transport the clean laundry but that another staff member who usually did the resident's laundry was out on leave. 5) On 5/11/20 at 12:30 p.m., the Federal Surveyor was screened for entry to the facility. Screener #1 prepared and provided an oral thermometer probe to the Federal surveyor while she held onto the electronic monitor. Screener #1 was within two (2) - three (3) feet of the Federal Surveyor while the Federal Surveyor's oral temperature was taken. Screener #1 was not wearing eye protection. During an interview with the Administrator on 5/11/20 at 12:40 p.m., he stated that the facility had decided to use oral thermometers because the other thermometers they had tried were not accurate. The Administrator confirmed that Screening Staff should be wearing eye protection when taking oral temperatures. He also acknowledged that Screener #1 had not been wearing eye protection when the Federal Surveyor's oral temperature was taken. He added that Screener #1 was the Receptionist and had been at the screening station to relieve the regular Screening Staff temporarily. Review of the facility document entitled, COVID-19 SNF Updates dated 5/6/20 revealed the following under the heading Eye protection for teammate (visitor screening as well): Screen to use face shield or goggles when screening within 6 feet of teammate. If screener is using reusable thermometer - the screener is most likely within 6 feet. 6) Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED].#1 from 3/25/20 - 3/31/20 revealed the resident's temperature was not recorded on 3/27/20 and 3/28/20. Review of the COVID-19 positive Resident Line List revealed that Resident #1 tested positive for COVID-19 on 3/31/20. Resident #4 was admitted [DATE] with [DIAGNOSES REDACTED]. Review of the vital signs flow sheet for Resident #4 from 4/22/20 - 4/30/20 revealed the resident's temperature was not recorded on 4/24/20 - 4/27/20 and 4/29/20. Review of the COVID-19 positive Resident Line List revealed that Resident #4 tested positive for COVID-19 on 4/29/20. During an interview with on 5/8/20 at 2:20 p.m., Nurse #1 said that the facility protocol for resident screening was to take their temperature every shift. Review of the CDC document entitled, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes last updated 4/19/20 revealed: Actively monitor all residents upon admission and at least daily for fever (Temperature greater than or equal to 100.0 degrees Fahrenheit) and symptoms consistent with COVID-19.