

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345450	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER WESTWOOD HEALTH AND REHABILITA		STREET ADDRESS, CITY, STATE, ZIP 625 ASHLAND STREET ARCHDALE, NC 27263	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews, and training guidance, entitled, Sequence For Removing Personal Protective Equipment (PPE), the facility failed to ensure that staff wore and handled facemask's, in a manner to prevent the potential spread of COVID-19 (coronavirus) for four (4) of four (4) staff. The failures occurred during a COVID-19 pandemic. The findings include: 1. During a concurrent observation and interview on 05/14/2020 at 12:22 p.m., accompanied by the Director of Nursing (DON) on D-Hall, Certified Nursing Assistant (CNA) #1 while at the medication cart, in the resident area, nose was out of the mask. CNA #1 stated, she was aware of the COVID-19 pandemic, and understood the importance of wearing the facemask properly. 2. During a concurrent observation and interview on 05/14/2020 at 12:25 p.m., accompanied by the DON on D-Hall, CNA #2 while distributing residents' meal trays, departed residents' rooms, and touched the outer portion of her mask, near the nose and mouth, without performing hand hygiene. CNA #2 stated, she was aware of the COVID-19 pandemic, and understood the importance of not touching the mask near the nose and mouth. She stated that she would immediately wash her hands after questioned. During an interview on 05/14/2020 at 12:38 p.m., the DON stated, she expected the staff nose and mouth to be inside of the mask, and to adjust the facemask straps near the ear, to avoid touching the nose or mouth, to prevent the potential spread of germs, etc. The DON stated, staff were trained on proper facemask wearing, and infection control related to COVID-19. 3. During an observation on 05/14/2020 at 12:42 p.m., the Assistant Director of Nursing (ADON), while walking down the corridor toward the E-Hall nursing station, adjusted the outer of her mask at the nose portion. The ADON stated, she was aware of the COVID-19 pandemic, and understood the importance of not touching the outer mask near the nose and mouth. The DON re-educated the ADON regarding proper adjusting. The ADON proceeded after questioned to wash her hands. 4. During a concurrent observation and interview on 05/14/2020 at 1:02 p.m., accompanied by the DON, the care liaison near the nurses' station, nose was out of the facemask. When questioned, she adjusted her mask at the outer nose and pulled the mask over her nose. The care liaison acknowledged that she was aware of the COVID-19 pandemic. The DON re-educated the care liaison, regarding proper wearing and adjusting of the mask. The care liaison proceeded to wash her hands after questioned. Review of the training guidance provided by the facility, revealed, 4. Front of mask is contaminated - DO NOT TOUCH! .</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.