STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345390	A. BUILDING _____ B. WING _____	**06/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COUNTRYSIDE	**7700 US 158 EAST STOKESDALE, NC 27357**

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, record review, staff interviews, physician interview the facility failed to (1) establish and implement a surveillance/tracking system for residents with signs and symptoms of COVID19 and (2) failed to implement their policy to ensure reusable screening equipment, which included an oral thermometer, was properly sanitized after each use. This failure occurred during a COVID19 pandemic. Findings included: 1.Review of the facility's Coronavirus (COVID19) Prevention and Control policy and procedure dated May 2020 revealed in part; The Director of Nursing/ designee is responsible for establishing and overseeing the active surveillance and monitoring of COVID19. During an interview with the Administrator on 6-16-20 at 9:20am, the Administrator stated there were no positive cases of COVID19 in the building and there had not been any residents hospitalized due to having COVID19. She explained the facility had some suspected cases due to the residents having an increase in their temperature, but the residents had been tested and their results were negative. A facility tour occurred on 6-16-20 at 9:30am. The tour revealed no residents on quarantine status or droplet precautions. The Director of Nursing (DON) was interviewed on 6-16-20 at 11:10am. Initially the DON questioned what type of surveillance this surveyor was asking to see, but once the DON understood she stated, honestly no I have not been using any type of surveillance or tracking system. She further stated she believed the nurses taking the residents temperatures each shift and reporting to her any increase in temperature was enough. The Administrator was interviewed on 6-16-20 at 12:00pm. The Administrator stated she was not aware a surveillance and tracking system needed to be established but she would work with the DON to have a system established and followed. During an interview with the facility's Medical Director on 6-17-20 at 12:30pm, the Medical Director stated he was informed of the residents' symptoms and ordered the testing for COVID19 but was not directly involved in tracking or surveillance of the suspected cases so he did not know if the process had been done. 2. Review of the facility's Infection Control policy and procedure dated December 2007 revealed in part; ensure reusable equipment has been appropriately cleaned. An observation of the visitor screening table on 6-16-20 at 9:00am revealed an oral thermometer with a box of probe covers, a screening notebook to record temperatures and hand sanitizer. There were no sanitation wipes to clean the thermometer between uses. An observation was made on 6-16-20 at 9:51am of an employee entering the facility through the employee entrance, taking her temperature, applying her mask and sanitizing her hands. She was observed to throw away the thermometer's probe cover and return the oral thermometer to the table without cleaning it before leaving the screening area. The employee screening area was observed on 6-16-20 at 9:52am. The area revealed a small table that contained a daily temp log with the employee's name, initials of the employee and their temperature which was obtained by each employee, an oral thermometer with a box of probe covers and hand sanitizer. There were no sanitation wipes present to clean the thermometer between each employee use. During an interview with Social Worker (SW) #1 on 6-16-20 at 9:55am, SW #1 was noted to be sitting at the employee screening area and said she was sometimes assigned to the area to make sure each employee took their temperature and recorded it. She also stated, there are different people assigned, it just depends on people's workload. SW #1 said she had received training on infection control but could not recall the date or specific information. She also stated she had not realized the employee had not cleaned the thermometer or that there were not any sanitation wipes to clean the thermometer but that the thermometer should be cleaned after each use. The Administrator was interviewed on 6-16-20 at 12:00pm. The Administrator stated there were supposed to be alcohol wipes by the oral thermometer so the thermometer could be cleaned after each use. She further stated staff were responsible to let management know if there were no alcohol wipes available. The Administrator said she and the Director of Nursing would correct the issue and perform more frequent monitoring of the screening tables. The facility Medical Director was interviewed on 6-17-20 at 12:30pm. The Medical Director stated he believed if staff sanitized their hands before using the oral thermometer and after using the thermometer, that would be enough to stop any potential spread of the [MEDICAL CONDITION]. He also said he realized that practice was not happening and needed to be implemented if the oral thermometer was not being cleaned between each use.

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