

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AZALEA HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and staff interviews, a direct care staff member failed to implement the facility's Transmission-Based Precautions Policy for not wearing the personal protective equipment (PPE) required when providing care and services to 1 of 5 sampled residents who was quarantined and under Enhanced Droplet Precautions. (Resident #1). This failure occurred during the COVID-19 pandemic. Findings included: The facility's Transmission-Based Precautions Policy last revised 6/29/20 documented, droplet precautions were intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. A mask is worn for close contact with residents. Gloves, gown, and eye protection are worn adhering to Standard Precautions guidelines. Record review revealed Resident #1 was readmitted to the facility following hospitalization on [DATE] and placed on the quarantine hall. During an interview with the Administrator on 7/28/20 at 10:30 AM she stated residents who were admitted or readmitted to the facility who were not known to be COVID positive were placed on a hall where quarantine precautions were in place. During an observation of the lunch meal on the quarantine hall, beginning at 12:30 PM on 7/28/20, PPE was observed in the isolation carts outside the resident rooms. The PPE included masks, gloves, gowns, and eye protection. An Enhanced Droplet Precautions sign was posted on Resident #1's door, the instructions included to perform hand hygiene, wear surgical mask when entering room, eye protection when entering room, and wear gown and gloves when entering room. During a meal observation on 7/28/20 at 12:35 PM a Nurse Aide (NA#1) was observed in Resident #1's room assisting him and providing meal tray set up. NA #1 was wearing a mask, she was not wearing a gown, gloves, or eye protection. During an interview with NA #1 on 7/28/20 at 12:40 PM she acknowledged that Resident #1 was on enhanced droplet precautions. She stated once she realized that she was not wearing a gown, gloves or eye wear, she went into the hallway and put the PPE on. She stated Resident #1 self-propelled into the hallway, and she assisted him back into his room. She stated while in his room she phoned the residents family member to help calm him. She indicated that she began setting up his meal tray and realized she was not wearing the PPE. In an interview with the Infection Control Preventionist (Nurse #3) on 7/28/20 at 3:30 PM she stated enhanced droplet precautions required gloves, gown, mask, and eye wear. She stated these precautions were in place for Resident #1 due to a recent hospital admission. She indicated that Nurse Aide #1 should have followed the facility policy for enhanced droplet precautions for a resident under quarantine and donned the appropriate PPE before entering Resident #1's room. On 7/28/20 at 4:45 PM the Administrator, along with the Infection Preventionist and Corporate Nurse Consultant, acknowledged that NA #1 should have donned PPE before entering Resident #1's room.		

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.