

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT HENDERSONVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP 200 HERITAGE CIRCLE HENDERSONVILLE, NC 28791	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, and review of the facility's Infection Prevention - Hand Hygiene policy, the facility failed to perform hand hygiene between 4 of 4 resident rooms (Rooms #222, #224, #225 #226) during meal tray delivery. These failures occurred during a COVID-19 pandemic. The findings included: A review was completed of a facility policy titled, Handwashing/Hand Hygiene, revised August 2015. The policy specified staff should wash their hands or use an alcohol based hand rub before and after handling food, after contact with objects in the immediate vicinity of the resident or before and after assisting a resident with meals. 1 a. During an observation of Nurse Aide (NA) #1 on 06/24/20 at 12:05 PM, she retrieved a meal tray from the food cart positioned in the middle of the resident hall, entered room [ROOM NUMBER] and set the meal tray on the table directly in front of the resident. NA #1 then assisted the resident with putting on a clothing protector, pulled the table closer to the resident, uncovered the food, patted the resident on the shoulder, and exited the room without washing her hands or using hand sanitizer. NA #1 returned to the food cart, retrieved another meal tray, entered room [ROOM NUMBER], placed the meal tray on the table beside the resident, and exited the room without performing hand hygiene. NA #1 returned to the food cart, retrieved another meal tray, entered room [ROOM NUMBER] and completed the same process without performing hand hygiene. During an interview on 06/24/20 at 12:20 PM, NA#1 stated she had recently received training on the importance of hand hygiene and was instructed to sanitize her hands any time she went in and out of a resident's room. NA #1 confirmed she did not perform hand hygiene before or after delivering meal trays to residents in rooms #222, #225 and #226. NA #1 explained she carried a small bottle of hand sanitizer in her pocket and should have used it to sanitize her hands but just forgot to do so when delivering the meal trays. Review of the facility's in-service staff sign-in sheets with the subject listed as Hand Hygiene revealed education was provided on 04/13/20 and signed by NA #1. During an interview on 06/24/20 at 12:34 PM, the Director of Nursing (DON) stated all facility staff were recently re-educated on hand hygiene and instructed to perform hand hygiene every time they entered and exited a resident's room. The DON added she expected staff to perform hand hygiene before and after delivering each meal tray. During an interview on 06/24/20 at 1:21 PM, the Administrator stated all facility staff were expected to perform hand hygiene every time they entered and exited a resident's room and should have sanitized their hands between resident rooms when delivering the meal trays. During a telephone interview on 06/25/20 at 10:43 AM, the Staff Development Coordinator (SDC) confirmed she was responsible for the facility's infection control program and stated reeducation was provided to staff in April 2020 on the facility's hand hygiene policy. The SDC explained staff were instructed to use hand sanitizer every time they went in and out of resident rooms, even if they didn't touch anything, and to wash their hands after all direct care. 1 b. During an observation on 06/24/20 at 12:18 PM, Nurse Aide (NA) #2 walked from the food cart positioned in the middle of the resident hall, entered room [ROOM NUMBER], retrieved a coffee cup from the resident's meal tray, and exited the room without performing hand hygiene. During an interview on 06/24/20 at 12:22 PM, NA#2 stated she recently received training on the importance of hand hygiene and was instructed to sanitize her hands any time she went in and out of a resident's room. NA #2 stated she should have sanitized her hands but just forgot to do so when she entered and exited room [ROOM NUMBER]. Review of the facility's in-service staff sign-in sheets with the subject listed as Hand Hygiene revealed education was provided on 04/13/20 and signed by NA #2. During an interview on 06/24/20 at 12:34 PM, the Director of Nursing (DON) stated all facility staff were recently re-educated on hand hygiene and instructed to perform hand hygiene every time they entered and exited a resident's room. The DON added she expected staff to perform hand hygiene before and after delivering each meal tray. During an interview on 06/24/20 at 1:21 PM, the Administrator stated all facility staff were expected to perform hand hygiene every time they entered and exited a resident's room regardless of the reason. During a telephone interview on 06/25/20 at 10:43 AM, the Staff Development Coordinator (SDC) confirmed she was responsible for the facility's infection control program and stated reeducation was provided to staff in April 2020 on the facility's hand hygiene policy. The SDC explained staff were instructed to use hand sanitizer every time they went in and out of resident rooms, even if they didn't touch anything, and to wash their hands after all direct care.</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.