

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
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NAME OF PROVIDER OR SUPPLIER THE OAKS AT WHITAKER GLEN-MAYVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608
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E 000	Initial Comments	E 000		
F 880 SS=D	<p>An unannounced COVID-19 Focused Survey was conducted on 7/30/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 1H6811</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 880		

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

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 1</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility policy and procedure it was determined that facility staff failed to follow infection control</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>procedures by not washing hands after taking off gloves and failing to sanitize their hands or wash hands while picking up trays from multiple resident rooms during the COVID-19 Pandemic for 3 of 6 nursing assistants observed. Findings included:</p> <p>Review of the facility Contagious Disease Monitoring Tool revealed that, Hand hygiene refers to cleaning your hands by using an alcohol based hand rub or by washing hands with soap (antimicrobial or plain) and water." Example of hand washing opportunities include before touching a patient, before performing a clean or invasive procedure, after handling body fluids, after touching the patient, environment or objects involved in the patient's care, after removing gloves, and before touching or handling patient's food.</p> <p>Observation on 7/28/20 at 6:55 PM revealed a nursing assistant (NA) #1 exiting room 710 and entering 717 without handwashing or using sanitizer in between rooms. Observation at 7:04 PM on 7/28/2020 revealed NA#1 and NA#2 on the 700 hall going in and out of resident rooms picking up trays, placing them on the tray cart and then entering a different resident room without washing their hands or using sanitizer between rooms.</p> <p>Observation at 7:20 PM on 7/28/2020 revealed nursing assistant #3 in room 501. NA #3 then entered room 503 without washing her hands or using sanitizer. The NA then returned to room 501 without using hand sanitizer or washing her hands. The NA was observed returning to room 503 where she provided care for the resident. The NA was observed exiting 503 at 7:29 PM with</p>	F 880			

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F 880	Continued From page 3 soiled items in a plastic bag and taking the soiled items to the housekeeping room. NA #3 did not wash her hands or use sanitizer after exiting the room and putting the soiled items away. Interview with the NA #3 at 7:31 PM revealed that she wore gloves when providing care. She stated that she did not wash her hands after removing gloves. Interview with the Infection control nurse on 7/31/2020 at 4:20 PM revealed that staff should use sanitizer when picking up trays between resident rooms.	F 880			