STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345389	A. BUILDING _____ B. WING _____	C 08/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF FOREST GLENN	1101 HARTWELL STREET GARNER, NC 27529

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced COVID19 focused survey was conducted on 8-5-20. The facility was found in compliance with CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# BEPW11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 8-5-20. 1 of 1complaint allegations were substantiated resulting in deficiency. Event ID# BEPW11	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §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	F 880		8/28/20

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

Electronically Signed | 08/24/2020

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F 880	Continued From page 1 accepted national standards; §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 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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, review of the facility's "COVID19 policy/procedure" and "Contact Precautions policy/procedure" , staff interviews and Nurse Practitioner interview, the facility failed to implement their policy on Contact Precautions when 2 of 5 employees (Nursing Assistant #2 and Physical Therapist #3) did not doff their personal protective equipment (PPE) prior to exiting resident rooms that had droplet precaution signs posted on their door frame. These system failures occurred during the COVID19 pandemic. Findings included: Review of the facility's "Contact Precaution Policy and Procedure" dated 9-2019 revealed in part; gloves and gowns should be removed before leaving the residents room and hand hygiene should be performed immediately. After gloves and gowns are removed and hand hygiene completed, the hands should not touch potentially contaminated surfaces or items. 1a. During an interview with Nurse #1 on 8-5-20 at 11:35am, the nurse stated hall 100 had both isolation rooms and non-isolation rooms. She explained the residents in the isolation rooms were new admissions or waiting on COVID19 test results. An observation was made on 8-5-20 at 11:36am of a nursing assistant (NA) #2, who walked out of a resident's room, who had a sign for droplet	F 880	The Laurels of Forest Glenn wishes to have this submitted Plan of Correction to stand as allegation of compliance. Our allegation date is 08/28/2020. Preparation and/or execution of this Plan of Correction does not constitute admission to, nor agreement with, either the existence of, or the scope and severity of, any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement. F 880 Infection Prevention and Control No negative outcome occurred as a result of this alleged deficient practice. Residents in the facility have the potential to be affected. Education was provided to Nursing Assistant #2 and Physical Therapist #3 by Director of Nursing/Designee on 8/5/20 upon discovery of alleged deficiency. All Associates received (re)education on proper donning and doffing policies and procedures and demonstration thereof by the Administrator, Director of Nursing, and/or Designee by 8/22/20.	

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F 880	Continued From page 3 precautions posted on the door. NA #2 was observed wearing her PPE which included; gloves, gown, face mask and face shield. NA #2 was observed removing her PPE in the hallway and discarded the PPE in the trash receptacle, sanitized her hands and walked away. Nurse #1's interview continued on 8-5-20 at 11:40am. The nurse commented "I will have to talk with her (NA #2). She knows she can't be doing that." She also stated she had received education on isolation precautions which included donning and doffing of PPE. During an interview with NA #2 on 8-5-20 at 12:10pm, NA #2 stated she had received education on isolation precautions which included donning and doffing of PPE and on COVID19 which included how the virus is transmitted. She confirmed she had provided activities of daily living care to a resident on droplet precautions and had exited the room wearing her gloves, gown, face mask and face shield. The NA stated, "there was no trash bags or a biohazard box for me to throw away my PPE in the room and I didn't know what else to do." 1b. A physical therapist (PT) #3 was observed on 8-5-20 at 11:45am removing his PPE while standing in the doorway of a resident room that had a droplet precaution sign posted on the door frame. The PT was observed folding his reusable isolation gown with the contaminated side out, walked out of the resident room to a trash receptacle, removed his gloves and threw them away, placed his isolation gown into his ungloved hand, walked to the physical therapy room and opened the door without sanitizing his hands.	F 880	Education will be provided to all Associates by the Administrator, Director of Nursing, and/or Designee on proper donning and doffing policies and procedures and demonstration thereof on an ongoing basis. Education will be provided in orientation for all new Associates. The Administrator, Director of Nursing, and/or Designee will complete surveillance audits daily for one week and then weekly times eight weeks and then monthly for three months by the QA Committee to ensure proper donning and doffing procedures are taking place. Any variances will be corrected and additional education or counseling will be provided as needed. Continued compliance will be monitored through the facility□s Quality Assurance Program.	

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F 880	Continued From page 4	F 880		

PT #3 was interviewed on 8-5-20 at 11:55am. PT #3 stated he had received training on donning/doffing PPE equipment and infection control practices including proper hand washing. He described the steps he had taken when leaving the resident room which included folding his gown with the contaminated side out and not sanitizing his hands before touching other surfaces. PT #3 stated, "My plan was to do all that when I got back in here."

The Rehabilitation Director was interviewed on 8-5-20 at 12:05pm. The Director stated staff had received education on donning/doffing their PPE and the importance of hand hygiene. She stated she would speak with her staff and provide additional information on donning/doffing and hand hygiene.

During an interview with the facility's Nurse Practitioner (NP) on 8-5-20 at 2:00pm, the NP stated she was aware staff had received education on infection control, how to wear and remove their PPE and COVID19. She also stated, "staff can affect others quickly if they are not following proper procedures." The NP commented staff would be re-educated to make sure the facility was doing what they could to keep everyone safe.

The Administrator was interviewed on 8-5-20 at 4:00pm. The Administrator stated staff had received education on isolation precautions including when and how to don/doff their PPE as well as infection control and hand washing. She said the facility would start re-educating staff and monitoring to make sure compliance was followed.