STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345190	A. BUILDING _____ B. WING _____	09/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURPHY REHABILITATION & NURSING	**3992 EAST US HWY 64 ALT MURPHY, NC 28906**

(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 COVID-19 Focused Survey was conducted on 9/17/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID # H3JM11.	E 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 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	F 880		10/19/20

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

Electronically Signed | 10/09/2020

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.

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F 880	Continued From page 1 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. §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 observations, staff interviews, record reviews, and review of the facility's infection control policies, the facility failed to implement	F 880	Corrective action for resident(s) affected: Unit phone was cleaned with disinfecting wipes. Disinfecting wipes were available	

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F 880	Continued From page 2 their hand hygiene policy when staff 1. failed to perform hand hygiene when they entered and exited resident rooms, and before and after using a phone, 2. Staff also failed to clean and disinfect a telephone before and after use for 3 of 3 residents reviewed for infection control practices (Resident #1, #2, and #3). These failures occurred during a COVID-19 pandemic. The findings included: A review was completed of a facility policy titled, "Hand Hygiene", and "Environmental Infection Controls", revised July 2020. The policy specified an alcohol-based hand sanitizer to be used before and after resident contact and with objects in the immediate vicinity of the resident. All Non-dedicated, non-disposable medical equipment used for patient care must be cleaned and disinfected according to the manufacturer's instructions and between patient use. On 9/17/2020 at 10:00 AM interview with the Infection Control Nurse revealed the 300, hall was identified as a non-COVID-19 hallway. An observation was conducted on 09/17/2020 at 1:20 PM of Nurse Aide (NA) #1 in Resident #1's room after transporting the resident from the shower room. NA#1, while using the portable phone with her right hand and touching the resident's hair, back and wheelchair with her left hand and without the use of gloves, switched the portable phone from her right hand to her left hand and continued using the portable phone while she walked out of the room and replaced the phone back in to the wall mounted charging cradle next to room #308. NA#1 did not wash her hands or use the available hand sanitizer after	F 880	to staff on affected hallway. Unit 300 hall was identified as a non Covid 19 unit. Residents #1, #2, and #3 have been monitored per facility protocol for any signs and symptoms of Covid 19. No negative effects noted to 3 identified residents as a result. Corrective action for resident(s) with the potential to be affected. Portable phones on each unit identified as being shared between multiple staff members and residents. Laminated signs were posted on wall beside each unit phone to prompt staff to disinfect phone prior to and after each use. Infection preventionist/Staff Development Coordinator (IP/ SDC) conducted in-service training for all direct care staff reviewing the policy and procedure for cleaning high use surface areas (addressing phones) related to the prevention of contact transmission of Covid 19. What measures/systems will be put into place to ensure the deficient practice does not occur again. IP/SDC conducted in-service training with all staff (including nursing, Nursing Assistants, Patient Care Assistants, Medication Aides, Ward Secretaries, Administrative staff therapy and activities, and non-contract Maintenance staff)on hand hygiene and disinfecting multi-use equipment/phones before and after resident use, sanitizing hands before and after resident contact, and sanitizing before and after phone use. Phones are also to be wiped down before	

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F 880	Continued From page 3 leaving the residents room, nor, clean and disinfect the portable phone prior to and after use. NA#1 then proceeded to Resident #2's room where she used the available hand sanitizer before entering the room. There was a container of cleaning disinfectant wipes on the laundry cart by the phones, while hand sanitizer dispensers were observed mounted on the walls on both sides of the 300 hallway. An interviewed was conducted on 9/17/2020 at 1:20 PM of NA#1 revealed she was uncertain she received training of the cleaning and disinfecting the phones prior to and after use. NA #1 revealed she had received recent COVID-19 pandemic training and was instructed to wash or sanitize her hands when entering and exiting each resident's room. NA #1 stated she forgot to disinfect the phone prior to and after using it in room #308 and confirmed she did not perform hand hygiene before entering the resident's room in #312. An observation was conducted on 09/17/2020 at 1:25 PM of NA #2 in the 300 Unit delivering meal trays to residents in their rooms. NA#2 was observed answering the landline phone located on the wall by room #308, without cleaning and disinfecting the phone prior to or after using the phone. NA#2 also did not perform hand hygiene prior to and after using the phone. NA#2 was summoned Resident # 2's room by NA #1 to help in repositioning Resident #2. NA#2 entered the room without washing her hands or using hand sanitizer and did not perform hand hygiene prior to repositioning Resident #2. NA#2 used hand sanitizer after leaving the room before returning to delivering meal trays. NA#1 used hand sanitizer after leaving room Resident #2's room. A	F 880	and after each use. Inservice completion 10/9/2020. Same education on hand hygiene and disinfection of multiuse equipment/phones will be added to new employee orientation training and to contract staff (Housekeeping, dietary, laundry and Maintenance). Training with all facility staff also included online videos: Sparkling Surfaces: https://youtu.be/t7OH8ORrg, Clean Hands: https://youtu.be/xmYMUly7qiE, and Keeping Covid Out: https://youtu.be/7srwrF9MGdw (CDC training modules). Online training completed on 10/12/2020. Same education training extended to contract staff(Housekeeping, dietary, laundry and Maintenance)for completion 10/19/20. all contracted staff not in-serviced by 10/19/20 will be in-serviced prior to working their next scheduled shift. Laminated signs posted beside each unit phone to prompt staff to disinfect phones prior to and after each use. How will performance be monitored and how often? IP / Director of Nursing Services will complete compliance audits on hand hygiene no less than 10 per week x 12 weeks, then 10 per month x 9 months beginning 10/4/2020. Compliance audits on disinfecting of high use surface areas (phone) will be completed on no less than 10 per week x 12 weeks, then 10 per month x 9 months beginning 10/4/2020. Weekly audits to be completed December 26th 2020. Monthly audits to be completed September 2021. Findings to	

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F 880	Continued From page 4 container of cleaning disinfectant wipes was observed on a laundry cart by the phone used by NA#2, while hand sanitizer dispensers were observed mounted on the walls on both sides of the 300 hallway. An interview was conducted on 9/17/2020 at 2:00 PM with NA#2. NA#2 stated she was uncertain she received training on the cleaning and disinfecting the phones prior to and after use. NA #2 revealed she had received recent COVID-19 pandemic training and was instructed to wash or sanitize her hands when entering and exiting each resident's room. NA#2 stated she forgot to disinfect the phone prior to and after answering the phone and confirmed she did not perform hand hygiene before entering room #312 to assist Resident#2. An observation on 9/17/2020 at 1:28 PM revealed Nurse #1 entered the 300 Unit and immediately used hand sanitizer before walking down the hallway. Nurse#1 answered the landline phone located on the wall by room #308, and then replaced the phone back onto the wall mounted cradle without cleaning and disinfecting prior to or after using the phone. Nurse #1 then proceeded to walk into Resident #3's room without performing hand hygiene to assist Resident #3 and handed Resident#3 her private cell phone. Nurse#1 exited the room and used hand sanitizer before entering the Alzheimer's Unit. Observation on 9/17/2020 at 1:30 PM revealed a container of unopened disinfecting wipes, was on the laundry cart by the phone used by Nurse#1. Interview was conducted on 9/17/2020 at 1:40 PM with Nurse#1. Nurse #1 revealed she was	F 880	be reviewed weekly in Morning Meeting x 12 weeks, beginning 10/19/2020. Summary of Weekly Audits will be brought to QA Monthly to be reviewed by the QA Committee for 3 consecutive months, and quarterly thereafter x 9 months or until substantial compliance is achieved.	

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F 880	Continued From page 5 uncertain she received training on the cleaning and disinfecting the phones prior to and after use. Nurse#1 revealed she had received recent COVID-19 pandemic training and was educated to wash and sanitize her hands when entering and exiting each resident's room. Nurse#1 stated she forgot to disinfect the phone prior to and after answering it and confirmed she did not perform hand hygiene before entering Resident #3's room to assist Resident #3 with her private cell phone. Interview was conducted on 09/17/2020 at 1:40 PM, with the Infection Control Nurse (ICN), who stated all staff had been educated to perform hand hygiene when entering and exiting a resident's room. ICN confirmed she provided in-servicing and COVID-19 training to all staff, including hand hygiene and cleaning and disinfecting the phone equipment prior to and after phone usage. ICN provided staff signed logs confirming staff received this training. The ICN confirmed staff were to use disinfecting wipes for disinfecting the phone and multi-use equipment.	F 880		