STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345394	A. BUILDING _____ B. WING _____	12/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOK STONE LIVING CENTER	8990 HIGHWAY 17 SOUTH POLLOCKSVILLE, NC 28573

(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 12/21/20 through 12/22/20. 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 001U11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/21/20 through 12/22/20. The facility was found out of compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommneded practices to prepare for COVID-19.	F 000		
F 880 SS=E	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	F 880		

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

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.

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F 880	Continued From page 1	F 880		

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 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.

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F 880	Continued From page 2 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 staff interviews, the facility failed to follow Centers for Disease Control and Prevention (CDC) recommended use of Personal Protective Equipment (PPE) for collecting COVID-19 nasopharyngeal specimens while within 6 feet of residents and staff for 2 of 2 sampled nurses who performed Nasopharyngeal testing. Also, the facility failed to develop a COVID-19 testing policy to include CDC recommended PPE to wear while performing nasopharyngeal testing while within 6 feet of residents and staff. This failure occurred during the COVID-19 pandemic. Findings included: Documentation on the Centers for Disease Control and Prevention (CDC) guidance entitled, "Interim Guidance For Collecting, Handling, and Testing Clinical Specimen for COVID-19," updated November 30, 2020 stated for healthcare personnel collecting specimens or working within 6 feet of patients suspected to be infected with SARS-CoV2, maintain proper infection control and use recommended PPE which includes an N95 or higher lever respirator (or facemask is respirator not available), eye protection, gloves and gown when collecting specimens. It also stated PPE can be minimized through patient self-collection while the trained healthcare	F 880		

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F 880	Continued From page 3	F 880		

personnel maintain at least 6 feet of separation. It also stated for healthcare personnel handling specimens and not working within 6 feet of patients to follow standard precautions.

The CDC visual guidance titled "Nasopharyngeal Specimen Collection Steps" ensured recommended PPE was worn when collecting specimens. This included gloves, a gown, eye protection (face shield or goggles) and an N-95 or higher-level respirator (or surgical mask if a respirator is not available).

An interview was conducted on 12/21/20 at 2:00 pm with the facility's Infection Control Nurse. She stated she collected nasopharyngeal specimens for COVID-19 testing from staff and residents. She stated when she collected the nasopharyngeal specimen, she was within 6 feet of the person being tested. She stated she does not wear a gown when testing asymptomatic residents and staff members.

An interview was conducted with Nurse #1 at 9:25 am on 12/22/20. She stated she would collect nasopharyngeal specimens for COVID testing if the infection control nurse was unavailable. She stated she was within 6 feet of the person being tested. She stated she does not wear a gown when testing asymptomatic residents or staff members.

The Director of Nursing was interviewed on 12/22/20 at 9:30, and she stated for routine Nasopharyngeal COVID testing, staff (performing the testing) did not wear gowns or face shields when collecting specimens while within 6 feet of the person being tested. She stated staff wore full PPE when testing staff or residents who were

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F 880	Continued From page 4 suspected of COVID-19. An interview with facility administrator was conducted on 12/22/20 at 2:20 pm, and she stated gowns were not worn for routine COVID testing on asymptomatic residents and staff. She also stated the facility had no policy stating what PPE to wear during COVID testing.	F 880		