

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/31/2020
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NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/31/2020. 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# WUQF11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/31/20. The facility was found not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	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	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE
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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	<p>Continued From page 1</p> <p>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 interviews and record review the facility failed to follow the Center for Disease Control and Prevention (CDC) guidelines requiring staff to wear a facemask covering their nose in long term care settings for 1 of 4 staff reviewed for infection control. This failure occurred during a COVID-19 pandemic.</p> <p>Findings Included:</p> <p>According to the CDC guidelines dated June 2, 2020 titled "how to wear a facemask" recommended a facemask must cover the nose and mouth.</p> <p>A review of the facility's Novel Coronavirus Prevention and Response dated 3/17/2020 reads in part, "wear masks upon entering room and when caring for resident".</p> <p>An observation was made on 12/30/2020 at 12:21 PM on the 600 hallway which was a general population hallway of Nurse #1 at the medication cart, wearing her mask below her nose. Nurse #1 was asked if she had time for a few questions and Nurse #1 stated she needed to give a medication first before answering questions. Nurse #1 proceeded to resident #1's room to give the medication and exited resident #1's room and walked back to the medication cart with her mask below her nose.</p>	F 880			

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

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F 880	<p>Continued From page 3</p> <p>An interview was completed with Nurse #1 on 12/20/2020 at 12:33 PM who stated her mask must have slipped down below her nose and she wasn't paying attention. Nurse #1 grabbed the front of her mask and pulled it away from her face and stated, "that she was used to pulling her mask away from her face when talking to her residents, even though they were taught not to, but stated most of her residents were hard of hearing and could not hear her". During the interview Nurse #1 again pulled her mask away from her face two additional times.</p> <p>An interview was completed with the nurse supervisor (NS) on 12/30/2020 at 12:42 PM who stated mask are to be worn over the nose and mouth.</p> <p>A phone interview was completed with the Administrator on 12/31/2020 at 3:44 PM who stated that masks were to be worn anytime in the building and should cover the nose and mouth.</p> <p>A phone interview completed with the Director of Nursing (DON) on 12/31/2020 at 4:55 PM revealed staff should have a mask on per CDC guidelines covering the nose and mouth. The DON stated they should not pull the mask away to talk.</p>	F 880		