STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345462	A. BUILDING _____ B. WING _____	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS-BREVARD	300 MORRIS ROAD BREVARD, NC 28712

(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 onsite on 12/21/20. Additional information was obtained offsite through 12/23/20; therefore, the exit date was changed to 12/23/20. 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# VKCW11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted onsite on 12/21/20. Additional information was obtained offsite through 12/23/20; therefore, the exit date was changed to 12/23/20. The facility was not found in compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# VKCW11.	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:	F 880		2/11/21

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

Electronically Signed | 01/18/2021

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F 880	Continued From page 1 §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 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	F 880		

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F 880	Continued From page 2 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 and record review, the facility failed to ensure dietary staff implemented the facility's infection control measures for wearing surgical masks when 1 of 3 dietary staff (Dietary Aide #1) failed to wear their surgical masks covering both the mouth and nose while working in the kitchen. This failure occurred during a COVID-19 pandemic. Findings included: A review of a facility policy titled, "COVID-19 Pandemic Isolation and Cohorting Process for Healthcare Centers", revised 11/10/20, described the type of Personal Protective Equipment (PPE) facility staff were expected to wear while in the healthcare center which included surgical mask, KN95 mask or N95 mask. An observation conducted in the kitchen on 12/21/20 at 12:30 PM revealed Dietary Aide (DA) #1 was not wearing a face mask while she stood at the steam table and plated food to be delivered to the residents. During an interview on 12/21/20 at 12:35 PM, DA	F 880	This plan of Correction constitutes the facilities written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that deficiencies exist or that one was cited correctly. This plan of correction is submitted to meet requirements established by federal and state law. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; No specific patients were identified to be affected by this deficient practice. The dietary aide found to be out of compliance was in-serviced immediately on the centers policy, provided a KN95 mask vs. the traditional face mask partner has been wearing as it provided placement for her glasses to reduce condensation and the center purchased product for her to apply to her glasses to reduce condensation/fogging.	

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F 880	Continued From page 3 #1 stated she had received education on the use of face masks and was instructed to wear a surgical mask, covering both the mouth and nose, at all times while in the facility. DA #1 confirmed she was not wearing a surgical mask while plating resident food and explained she had removed her mask because the surgical mask and steam from the table caused her glasses to fog up and she could not read the meal tickets. Review of facility in-service training documentation dated 10/07/20 titled, Town Hall/Clinical, included an agenda that read in part, "Town Hall: COVID updates - continue to wear KN95 (mask)." Further review revealed DA #1 had signed the associated in-service attendance form indicating she had received this training. During an interview on 12/21/20 at 12:40 PM, the Director of Nursing stated all staff, including dietary staff, were educated on the use of PPE in the facility and were instructed to wear surgical masks, covering both the mouth and nose, at all times. During a telephone interview on 12/22/20 at 2:10 PM, the Dietary Supervisor (DS) revealed she was aware of the concern identified on 12/21/20 with DA #1 not wearing a mask while in the kitchen and stated she had reminded DA #1 during previous conversations that she must wear a surgical mask at all times. The DS explained DA #1 had previously voiced not being able to read the meal tickets in order to plate the food because the surgical mask caused her glasses to fog up. The DS added she provided DA #1 with a face shield to try but DA #1 stated she wasn't able to see wearing it either. The DS verbalized dietary staff were instructed and expected to wear	F 880	•Address how the facility will identify other residents having the potential to be affected by the same deficient practice; As all patients are provided meals, hydration, activity related food, and snacks from the dietary department the QAPI (Quality Assurance Performance Improvement) committee has determined that all patients have the potential to be affected. •Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; Upon completion of the centers root cause analysis it was determined that the center had not provide alternatives for those partners who were having difficulties wearing mask due to barriers such as glasses. The center will provide training by The Director of Health Services related to placement of glasses when a mask is in place to reduce condensation on the glasses on or before 1/21/21.The center will also provide different mask option to ensure those partners with glasses have option that best work with their glasses on or before 1/21/21.The center will provide anti-fogging agent for partners with glasses to reduce condensation and ensure staff can safely apply mask, while not having there vision impaired on or 1/21/21. All staff will be educated by the Director of Health Services to the above	

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F 880	Continued From page 4 surgical masks, covering their mouth and nose, at all times.	F 880	interventions/options on or before 1/21/21. The Dietary Staff will receive the following training on or before 1/1/21 by the Director of Health Services Transmission based precautions and wearing facemask per CDC/CMC guidance. •Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Routine infection control rounds which will include monitoring face masks will be conducted 7 days a week, for 2 weeks, then 5 day a week for 2weeks, and then randomly but no less than 3 days a week on an ongoing basis by the Director Of Health Services, Kitchen Supervisor, and nurse management team. Finding will be brought to the QAPI team weekly for four weeks and then monthly on an ongoing basis. •Include dates when corrective action will be completed. The center will have all corrective action complete before or by 2/11/21.	