STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345294	A. BUILDING _____ B. WING _____	C 03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SHALLOTTE	237 MULBERRY STREET SHALLOTTE, NC 28459

(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
F 000	INITIAL COMMENTS The survey team entered the facility on 03/01/21 to conduct an unannounced complaint investigation survey. The survey team was onsite 03/01/21 and 03/02/21. Additional information was obtained offsite on 03/03/21 through 03/04/21. Therefore, the exit date was 03/04/21. Event ID #XMP411. 13 of 13 complaint allegations were unsubstantiated.	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 accepted national standards; §483.80(a)(2) Written standards, policies, and	F 880		3/30/21

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

Electronically Signed | 03/25/2021

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F 880	Continued From page 1	F 880		

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.

§483.80(f) Annual review.
The facility will conduct an annual review of its

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F 880	Continued From page 2 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff and vendor interviews, and review of facility policy the facility failed to implement their policy regarding the wearing of personal protective equipment (PPE) (gowns and gloves) on the observation (quarantine) unit for 2 of 5 rooms posted with enhanced droplet precaution signage. This failure occurred during a COVID 19 pandemic. Findings included: The Recommended Use of Personal Protective Equipment (PPE) for Health Care Settings for Coronavirus Disease adapted from the World Health Organization interim guidance published 02/27/20 and provided as the facility policy revealed that anyone on the observation unit should wear a N95 respirator and eye protection. The policy also revealed that on entering a resident room, a gown and gloves should be worn. In an observation on 03/01/21 at 11:57 AM an enhanced droplet precautions isolation sign was posted on the wall outside room 212 on the quarantine unit. The isolation sign revealed that PPE of a N95 face mask, eye protection, an isolation gown, and gloves were required to enter the room. There was a plastic container with drawers underneath the sign that contained PPE. Facility Vendor #1 was in the room wearing a N95 face mask and a face shield. He was not wearing gloves or a gown which were listed as requirements for entering the room. He did not perform hand hygiene when he exited the room. At the same time, Facility Vendor #2 was in room 214 on the quarantine unit. The room had an	F 880	Residents in rooms 212 and 214 were monitored and observed for signs and symptoms of COVID 19 and had no complaints. There were no changes in assessments or vital signs. Both residents suffered no harm as a result of the deficient practice. All residents are at risk for this deficient practice. To prevent this from reoccurring the Director of Nursing provided education to all facility staff on the policy for facility entry screening COVID 19 and the requirements for entering a resident's room who are on transmission based precautions. The facility staff were also educated that all vendors are to be escorted to resident's rooms, instructed on appropriate PPE and hand hygiene and staff escort is to ensure compliance prior to leaving the vendor. Education was completed on 3/25/2021. Audits by the DON/Designee will be conducted via direct observation on all vendors who enter the facility to ensure proper PPE is applied prior to entering the resident's room and hand hygiene is performed upon exit. Audits will occur 5x weekly for 4 weeks, then 3x weekly for 4 weeks, then weekly for 2 weeks to validate compliance. All audits will be reviewed weekly in the morning clinical meeting. All results will be reviewed at the	

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F 880	Continued From page 3	F 880		

enhanced droplet precaution isolation sign posted on the wall outside the room which revealed a N95 face mask, eye protection, an isolation gown, and gloves were required for entry into the room. There was a plastic container with drawers underneath the sign that contained PPE. Facility Vendor #2 was in the room wearing a N95 face mask and a face shield. He was not wearing gloves or a gown. He did not perform hand hygiene when he exited the room.

In an interview on 03/01/21 at 12:00 PM with Vendor #1 and Vendor #2, Vendor #1 stated that no one had informed them about what to wear for personal protection. He indicated that they had been told there were only two rooms they should watch out for and that rooms 212 and 214 were not those rooms. He indicated that they did not realize that they needed anything other than the face mask and face shield they were given or that they should use hand sanitizer when they left the rooms. Vendor #2 confirmed the information that Vendor #1 provided.

In an interview on 03/01/21 at 12:04 PM the Maintenance Director stated that the vendors were in the facility conducting an annual fire alarm equipment test. He stated that he informed the vendors to use all the required PPE when they went into rooms that were posted with isolation signs. He stated that between the facility COVID screening and being tested for COVID the vendors may have forgotten the information about wearing PPE to enter rooms that were posted for isolation.

In a follow-up interview on 03/01/21 at 12:20 PM the Maintenance Director stated that he took the vendors to room 501 when they arrived and

facility QA meeting monthly. The QA committee will give further guidance based on review and findings.

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F 880	Continued From page 4	F 880		

showed them the enhanced droplet isolation sign and explained what PPE was needed when they entered the isolation rooms. He indicated that he showed them how to put the PPE on and how to take it off. The Maintenance Director stated that he thought the vendors understood what was required, but that apparently, they did not.

In a follow-up interview on 03/01/21 at 12:24 PM Vendor #2 indicated that the Maintenance Director had shown them the isolation sign on room 501 along with the PPE but confirmed the vendors had not followed the posted precautions in rooms 212 or 214.

In an interview on 03/02/21 at 2:51 PM the Director of Nursing (DON) stated that all staff, visitors and vendors should follow the posted isolation precaution signage according to facility policy. She stated that everyone that came into the facility was screened and that other than staff it was rare for anyone to enter one of the isolation rooms. She indicated that this was an unusual event and that typically the Maintenance Director would have escorted the vendors through the facility but that he was with someone else in another area of the building.