STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096031	A. BUILDING: _____ B. WING _____	R 09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDSBORO ASSISTED LIVING & ALZHEIMER'S CAI	2201 ROYALE AVENUE GOLDSBORO, NC 27534

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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on September 7, 2022 through September 8, 2022.	{D 000}		
D 611	10A NCAC 13F .1801 (b) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following: (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics, including: (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed	D 611		

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D 611	Continued From page 1	D 611		

reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section;
(3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by
the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen;
(4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
of illness, as well as posting signage for visitors regarding screening and restriction procedures;
(5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
from working;
(6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs
of the residents during a communicable disease outbreak;
(7) The annual review and update of the facility ' s IPCP to be consistent with published CDC guidance
on infection control; and
(8) a process for updating policies and procedures to reflect guidelines and recommendations by the
CDC, local health department, and North Carolina Department of Health and Human Services
(NCDHHS) during a public health emergency as declared by the United States and that applies to

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D 611	Continued From page 2 North Carolina or a public health emergency declared by the State of North Carolina. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain infection control processes required by the CDC and facility policy to prevent the spread of pathogens and cross-contamination as evidenced by a personal care aide (PCA) being observed providing incontinence care to a resident without gloves and spreading feces to multiple places in the room and getting feces on his bare hands. The findings are: Review of the facility's Infection Prevention and Control Policy: Personal Protective Equipment (PPE) dated 12/07/20 revealed gloves shall be used when touching blood, body fluids, secretions, excretions, or contaminated items and for touching mucous membranes and non-intact skin. Review of the facility's Infection Prevention and Control Policy: Standard Precautions dated 12/07/20 revealed: -Staff shall wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (resident incontinent of stool or urine) could occur. -Staff shall wear disposable gloves for providing direct resident care. Observation of a personal care aide (PCA) on the Special Care Unit (SCU) on 09/08/22 at 10:20am	D 611		

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revealed:
-The PCA was providing incontinence care to a resident without gloves.
-The PCA removed a soiled brief and laid it on the bed next to the resident, then wiped the resident's buttocks with a wipe without gloves.
-The PCA then proceeded to apply cream and a clean brief to the resident's buttocks without gloves.
-The PCA then moved the soiled brief from the bed to the bedside table without gloves getting feces on his right hand and the bedspread without gloves.
-The PCA used an incontinence wipe to clean the stool from his hand and used the same wipe to try and wipe the feces from the bedspread.
-The PCA then moved the resident from the bed to a wheelchair and began to strip the bed taking the soiled linen and the brief out of the room without gloves.

Interview with the PCA on 09/08/22 at 10:30am and 11:55am revealed:
-He was taught to wear gloves while providing care to residents but did not wear them.
-He never wore gloves while providing care to residents because the gloves made his hands itch.
-He was not sure if his current supervisor was aware that he did not wear gloves, but he had told his previous supervisor and she never attempted to try and find a glove that would not irritate his skin.
-He washed his hands with soap and water after he finished cleaning the feces up in the resident's room.
-He always washed his hand thoroughly with soap and water in between the care of all residents.

Interview with the Special Care Coordinator

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D 611	Continued From page 4 (SCU) on 09/08/22 at 10:46am and 12:15pm revealed: -She was not aware that the PCA never wore gloves when he provided residents care. -She had never observed the PCA not wearing gloves when providing resident care. -All staff were trained to wear gloves when providing resident care upon hire and at least yearly thereafter. -All staff were expected to wear gloves per facility policy and training to prevent the spread of germs and cross-contamination that could cause infection. -The PCA had never told her the gloves made his hands itch and he could not wear them. -If she had known the gloves caused the PCA's hands to itch, she would have found a brand that he could wear. Interview with the Resident Care Coordinator (RCC) on 09/08/22 at 10:58am and 12:05pm revealed: -All staff were trained upon hire and at least yearly thereafter on infection control practices which included wearing gloves for incontinence care. -She expected all staff to wear gloves when providing incontinence care and was not aware the PCA had not been wearing gloves to provide care to residents. -She had never observed the PCA provide care to residents without gloves. -Wearing gloves was important to maintain infection control which prevented the spread of germs and cross-contamination that could cause illness or infection. Interview with the Administrator on 09/08/22 at 11:11am and 12:05pm revealed: -She expected all staff to wear gloves with	D 611		

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D 611	Continued From page 5 resident care, especially incontinence care, every time as they were trained upon hire and regularly thereafter. -It was unacceptable to provide incontinence care without gloves and to use a wipe to clean feces off the PCA's hands as observed. -Staff were expected to wear gloves and wash soiled hands with soap and water per infection control precautions and facility policy. -She was not aware that the PCA had been providing resident care without gloves. -The PCA had never made her aware that the gloves irritated his hands and caused them to itch. -It was concerning that the PCA was providing resident care without gloves because the residents and staff alike were at risk of illness and cross-contamination by not following the policy and guidelines as taught. -If she had been aware that the gloves irritated the PCA's hands, she would have bought him some hypoallergenic gloves that he could wear as she had done for other employees. -The PCA attended annual infection North Carolina State-approved Infection Control Training for Adult Care Homes.	D 611		