PRINTED: 06/18/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		345080	B. WING _			05/27/2020
	ROVIDER OR SUPPLIER	AB HICKORY VIEWMONT		STREET ADDRESS, CITY, STAT 220 13TH AVENUE PLACE N HICKORY, NC 28601		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE SED TO THE APPROPRIAT FICIENCY)	
	Initial Comments  An unannounced of Survey was conduct was found in complemented to E-0024 (b for Long Term Care information was obtained 05/27/20. There 05/27/2020. Event II Infection Prevention CFR(s): 483.80(a)(1 §483.80 Infection CFR(s): 483.80 infection comfortable environ designed to provide comfortable environ development and tradiseases and infection program.  The facility must est and control program a minimum, the folio	n-site COVID-19 Focused red on 05/21/20. The facility iance with 42 CFR §483.73 )(6), Subpart-B-Requirements Facilities. Additional red on 05/22/20, 05/26/20, of ore, the exit date is D# CICP11. & Control (2)(4)(e)(f)  Control red	E	CROSS-REFERENC	ED TO THE APPROPRIAT	
	reporting, investigati and communicable of staff, volunteers, vis providing services u arrangement based	ing, and controlling infections diseases for all residents, itors, and other individuals nder a contractual upon the facility assessment g to §483.70(e) and following				
		n standards, policies, and rogram, which must include, o:				
ABORATORY	DIRECTOR'S OR PROVIDER	X/SUPPLIER REPRESENTATIVE'S SIGNATUR	E.	TITLE		(X6) DATE

Electronically Signed 06/12/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 880	possible communication infections before the persons in the facilitii) When and to who communicable diserported; (iii) Standard and trate to be followed to precipitation (iv) When and how is resident; including the facility of the type and dudepending upon the involved, and (B) A requirement the least restrictive posticircumstances. (v) The circumstance must prohibit emploid disease or infected contact with resider contact will transmit (vi) The hand hygier	eillance designed to identify able diseases or ey can spread to other by; om possible incidents of ase or infections should be ansmission-based precautions event spread of infections; solation should be used for a out not limited to: aration of the isolation, e infectious agent or organism that the isolation should be the sible for the resident under the ses under which the facility yees with a communicable skin lesions from direct atternance of the other took, if direct	F 88	,			
	identified under the corrective actions to \$483.80(e) Linens. Personnel must har transport linens so a infection.  \$483.80(f) Annual reflection.  \$483.80(f) Annual reflection.	ndle, store, process, and as to prevent the spread of					

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		345080	B. WING _			05/	27/2020	
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/	2172020	
					13TH AVENUE PLACE NW			
BRIAN CE	NTER HEALTH & REHA	B HICKORY VIEWMONT			CKORY, NC 28601			
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F 880	Continued From page	e 2	F8	880				
F 880	Based on record revinterviews the facility Personal Protective E and hand hygiene was and exiting a resident indicating Enhanced for 3 of 3 residents re (Residents #1, #2, ar to ensure proper han from a resident's root Contact Precautions for infection control (I in proper infection coduring a COVID-19 potential to affect all through the transmiss.  The findings included According to the facil "Managing COVID-19.	iew, observations, and staff failed to ensure required Equipment (PPE) was worn as performed when entering t's room with signage Droplet Contact Precautions eviewed for infection control and #3). The facility also failed dling of soiled linen removed m on Enhanced Droplet for 1 of 3 residents reviewed Resident #3). These failures introl practices occurred andemic and had the residents in the facility sion of COVID-19.	F 8	880	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set fourth on the survey report. Our plat of correction is prepared and executed a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.  F880  On 5/22/20 the Infection Control Nurse provided re-education to Nurse Aide#1(NA)to wear Personal Protective Equipment (PPE) which includes the Nurse, eye wear, gown, gloves and footwear covers for resident #1 and resident #2. Re-education and return demonstration was also given to Nurse Aide #1 from the Infection Control Nurse Aide #1 from the Infection Control Nurse	ons an I as e e 195		
	in part: under the top symptomatic resident COVID-19 and place based transmission pare suspected to be it considered positive upotherwise and all state hand hygiene and the 1. Resident #1 was re 03/17/20 with diagnoon. The quarterly Minimu 04/24/20 indicated Resident and required eximates and required eximates.	bic of care considerations for its suspected to have d on the appropriate droplet precautions, residents who infected by COVID-19 are until testing confirms if must be meticulous with e use of PPE.  Beadmitted to the facility on sees that included COPD.  Im Data Set (MDS) dated esident #1 was cognitively extensive assistance from y and transfer and was			on the importance of hand hygiene whentering and exiting a resident's room signage indicating Enhanced Droplet Contact Precautions for infection control for resident #1 and resident #2.  All residents have the potential to be affected. An audit was conducted on 5/22/20 to identify any issues with hat hygiene and proper use of PPE. No additional issues were identified. All ot residents have the potential to be affected. An audit was conducted on 5/22/20 to identify any issues with prophandling of linen, hand hygiene and proper use of PPE. No additional issue were identified.	en with ool nd her		

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	0.21.2020	
				220 13TH AVENUE PLACE NW			
BRIAN CE	NTER HEALTH & REHA	B HICKORY VIEWMONT		HICKORY, NC 28601			
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F 880	Continued From pag	e 3	F 88	30			
	#1 was on intravenous Clostridium Difficile (dated 05/21/20 indicates and particular dated 05/21/20 indicates and particular dated 05/21/20 indicates and particular dated one glove enter the resulted the room wear a protection, a gown, a room, and to keep the picture illustrations or revealed Nurse Aide one glove enter the resulted the room wear disposed of the trash on the cart with the oreturned to the same Droplet Contact Precediove, she proceeded from her hand and pland retrieved anothe and placed one glove proceeding to re-enter roommates tray. She hygiene after removing re-entering the room tray. When NA #1 ex second breakfast tray indicates a second breakfast tray.	ation on 05/21/20 beginning disignage on the door of that indicated Enhanced autions, which listed perform a N-95 or surgical mask, eye and gloves when entering the door closed including freach item. It further that (NA) wearing a mask and from the tray and placed it ther used trays. NA #1 room labeled Enhanced autions wearing the cocket of the right pocket of the door the right pocket or glove from her left pocket.		On 5/22/20 The Director of Nursi Infection Control Nurse provided re-education to Resident Care Specialists and Department Head emphasis on hand hygiene process and wearing proper PPE with endroplet contact precautions for incontrol.  The Infection Control Nurse / Dewill conduct weekly audits five (5 week times four (4) weeks, then weeks times four (4) weeks them times two (2) months or until conhas been determined on wearing PPE and hand hygiene procedur direct resident contact which inclenhanced droplet contact precautinfection control. A nurse / design will observe one nurse, two resides specialists, one housekeeper and therapist on first shift, two nurses resident care specialists on second two nurses and two resident specialists on third shift.  The Director of Nursing / Infection Nurse will report results of the authe facility's weekly and monthly meetings.  F880  On 5/21/20 Nurse #2 re-educated.	pecialist reses, dis with edures chanced fection signee three (3) a monthly apliance proper es with udes tions for nee ent care done and two and shift care on Control dits in QAPI		
	glove placing it in the	e trash barrel, and proceeded inen cart that was located on		Aide #2 on not wearing PPE in the and handling soiled laundry for re	ne hallway		

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F 880	Continued From page	e 4	F 880			
	the hall without perfo	rming hand hygiene.		#3.		
	An interview with NAirevealed she was aw room labeled Enhand Precautions. She ack one glove into the rook had touched the tray and her glove should trash can after use. Neducated on hand hy precautions, and don She further revealed PPE including a mass hand each time she cand performed properal cohol-based hand reverence with the 05/21/20 at 09:55AM received education of donning and doffing of transmission-based pof March 2020 and put that confirmed NA#1 Infection Control nurshave worn full PPE to mask, and eye wear Resident #1.  An interview with the 05/21/20 at 11:45 AM trained on the transmithand hygiene, and the	#1 on 05/21/20 at 09:45 AM are Resident #1 was in a sed Droplet Contact snowledged she only wore on to retrieve the tray and using her ungloved hand have been disposed in the IA#1 indicated she had been giene, transmission-based ning and doffing of PPE. she should have worn full k, gown, and gloves to each entered Resident #1's room r hand hygiene using ub (ABHR) or soap and oved her gloves.  Infection Control Nurse on revealed all staff had in proper hand hygiene, of PPE, and precautions during the month rovided education records had received education. The se indicated NA #1 should include a gown, gloves, a		On 5/22/20 the Infection Control N provided re-education to Nurse Aid (NA) to wear Personal Protective Equipment (PPE) which includes the mask, eye wear, gown, gloves, for covers and handling soiled laundry resident #3. Re-education and returned demonstration was also given to N Aide#2 from the Infection Control N on the importance of hand hygiene entering and exiting a resident's rosignage indicating Enhanced Drop Contact Precautions for infection of for resident #3.  All other residents have the potential affected. An audit was conducted of 5/22/20 to identify any issues with hygiene and proper use of PPE. N additional issues were identified. A residents have the potential to be affected. An audit was conducted of 5/22/20 to identify any issues with handling of linen, hand hygiene and proper use of PPE. No additional is were identified.  On 5/22/20 The Director of Nursing Infection Control Nurse provided re-education to Resident Care Spec (Certified Nursing Assistant), Nursing Therapists and Department Heads emphasis on hand hygiene proced and wearing proper PPE with enhall	the N95 botwear y for urn lurse Nurse e when bom with blet control  cial to be on hand o NII other on proper id ssues  g / ecialist es, s with lures	
	room labeled Enhand	and gloves when entering a red Droplet Contact rer hand hygiene should be		droplet contact precautions for infecontrol.	ection	

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			220 13TH AVENUE PLACE NW			
ENTER HEALTH & RI	EHAB HICKORY VIEWMONT		HICKORY, NC 28601			
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1	· <del>-</del>	F 88	50			
2. Resident #2 wa 03/14/18 with dia disease.	as admitted to the facility on gnoses that included Alzheimer's		Nurse will provide re-education Resident Care Specialist (Ce Nursing Assistant), Nurses, T Housekeeping, Laundry and	on to rtified 'herapists, Department		
Resident #2 had COVID-19 expos 03/31/20 indicate infection for COV community COVI	restricted visitation secondary to ure and another care plan dated d Resident #2 was at risk ID-19 virus secondary to active D-19 cases with interventions		storing, process and transpor to prevent the spread of infec- wear proper PPE when enter exiting a resident's room with indicating Enhanced Droplet	ting of linens tion and ing and signage Contact		
04/02/20 indicate impaired and requestaff for bed mobile. A continuous obside at 09:30 AM reversed Resident #2's root Droplet Contact F	d Resident #2 was cognitively uired extensive assistance from lility, transfers, and eating.  ervation on 05/21/20 beginning aled signage on the door of om that indicated Enhanced Precautions. It further revealed		conduct weekly audits five (5 week times four (4) weeks, th weeks times four (4) weeks the times two (2) months or until has been determined on wea PPE, hand hygiene procedure handling soiled laundry with or weeks times two (2) months or until has been determined on weak PPE, hand hygiene procedure handling soiled laundry with or weeks times to be the conduction of the	) times a nen three (3) nen monthly compliance ring proper es and direct resident		
glove enter the ro and Resident #2's don a second glo the room. She ex glove with the bre as she walked do barrel and dispos place it on the ca #1 returned to the Droplet Contact F glove, she procee from her hand an and retrieved and and placed one g	som to retrieve Resident #1's so breakfast tray. NA #1 did not eve nor a gown before entering ited the room wearing the one eakfast tray held in both hands own the hall to the gray trashed of the trash from the tray and extra with the other used trays. NA exame room labeled Enhanced Precautions wearing the used eded to remove the soiled glove do placed it in her right pocket other glove from her left pocket love on her hand before		contact which includes enhar contact precautions for infect nurse / designee will observe two resident care specialists, housekeeper and one therapishift, two nurses and two resispecialists on second shift an and two resident care special shift.  The Director of Nursing / Infe Nurse will report the results of	nced droplet ion control. A one nurse, one ist on first dent care id two nurses lists on third  ction Control if the audits onthly QAPI		
	ROVIDER OR SUPPLIER  SUMMAF (EACH DEFIC REGULATORY  Continued From performed when a continued from the cont	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5 performed when it is removed.  2. Resident #2 was admitted to the facility on 03/14/18 with diagnoses that included Alzheimer's	ROVIDER OR SUPPLIER  STER HEALTH & REHAB HICKORY VIEWMONT  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5 performed when it is removed.  2. Resident #2 was admitted to the facility on 03/14/18 with diagnoses that included Alzheimer's disease.  A review of the care plan dated 03/16/20 revealed Resident #2 had restricted visitation secondary to COVID-19 exposure and another care plan dated 03/31/20 indicated Resident #2 was at risk infection for COVID-19 virus secondary to active community COVID-19 virus secondary to active community COVID-19 cases with interventions that included hand hygiene.  A review the Quarterly Minimum Data Set dated 04/02/20 indicated Resident #2 was cognitively impaired and required extensive assistance from staff for bed mobility, transfers, and eating.  A continuous observation on 05/21/20 beginning at 09:30 AM revealed signage on the door of Resident #2's room that indicated Enhanced Droplet Contact Precautions. It further revealed Nurse Aide #1 (NA) wearing a mask and one glove enter the room to retrieve Resident #1's and Resident #2's breakfast tray. NA #1 did not don a second glove nor a gown before entering the room. She exited the room wearing the one glove with the breakfast tray held in both hands as she walked down the hall to the gray trash barrel and disposed of the trash from the tray and place it on the cart with the other used trays. NA #1 returned to the same room labeled Enhanced Droplet Contact Precautions wearing the used glove, she proceeded to remove the soiled glove from her hand and placed it in her right pocket and retrieved another glove from her left pocket and placed one glove on her hand before	ROYIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP COD  20 13TH AVENUE PLACE WY HICKORY, NC 28601  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5 performed when it is removed.  2. Resident #2 was admitted to the facility on 03/14/18 with diagnoses that included Alzheimer's disease.  A review of the care plan dated 03/16/20 revealed Resident #2 had restricted visitation secondary to COVID-19 exposure and another care plan dated 03/31/20 indicated Resident #2 was at risk infection for COVID-19 clases with interventions that included hand hygiene.  A review the Quarterly Minimum Data Set dated 04/02/20 indicated Resident #2 was cognitively impaired and required extensive assistance from staff for bed mobility, transfers, and eating.  A continuous observation on 05/21/20 beginning at 09:30 AM revealed signage on the door of Resident #2's room that indicated Enhanced Droplet Contact Precautions. It further revealed Nurse Aide #1 (NA) wearing a mask and one glove enter the room to retrieve Resident #1's and Resident #2's breakfast tray. NA #1 did not don a second glove nor a gown before enterting the room. She exited the room wearing the one glove with the breakfast tray held in both hands as she walked down the hall to the gray trash barrel and disposed of the trash from the tray and place it on the cart with the other used trays. NA #1 returned to the same room labeled Enhanced Droplet Contact Precautions wearing the used glove, she proceeded to remove the soiled glove from her hand and placed it in her right pocket and placed one glove on her hand before	A BUILDING  345080  B WING  STREET ADDRESS, CITY, STATE, 2IP CODE  220 13TH AVENUE PLACE NW HICKORY, NC 28601  SUMMAY STATEMENT OF DEPICIENCIES (EACH OFFICIENCY MUST DE PRECIPIENCES) (EACH OFFICIENCY MUST DEPICIENCES) (EACH OFFICIENCY MUST DEPICIENCES) (EACH OFFICIENCY MUST DEPICIENCES) (EACH OFFICIENCY MUST DEPICIENCES)  COntinued From page 5  performed when it is removed.  2. Resident #2 was admitted to the facility on 03/14/18 with diagnoses that included Alzheimer's disease.  A review of the care plan dated 03/16/20 revealed Resident #2 was condary to active community COVID-19 virus secondary to active to the serve to with interventions that included hand hygiene.  A review the Quarterly Minimum Data Set dated O4/02/20 indicated Resident #2 was a triak infection for infection control.  A r	

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F 880	re-entering the room tray. When NA #1 ex second breakfast tray in the barrel using bo glove placing it in the directly to the clean lithe hall without performs. An interview with NA revealed she was aw room labeled Enhance Precautions. She ack one glove into the room had touched the tray and her glove should trash can after use. Neducated on hand hy precautions, and don She further revealed PPE including a mas hand each time she cand performed proper alcohol-based hand reverted with the 05/21/20 at 09:55 AN received education of donning and doffing of transmission-based pof March 2020 and put that confirmed NA#1 Infection Control nurse.	did not perform hand ng the glove or before to collect the roommate's ited the room with the y, she disposed of the trash th hands, removed the one trash barrel, and proceeded nen cart that was located on rming hand hygiene.  #1 on 05/21/20 at 09:45 AM are Resident #1 was in a ted Droplet Contact throwledged she only wore to the retrieve the tray and using her ungloved hand have been disposed in the IA#1 indicated she had been giene, transmission-based ning and doffing of PPE. she should have worn full k, gown, and gloves to each tentered Resident #1's room or hand hygiene using ub (ABHR) or soap and toved her gloves.  Infection Control Nurse on or revealed all staff had on proper hand hygiene, of PPE, and orecautions during the month rovided education records had received education. The se indicated NA #1 should or include a gown, gloves, a	F8	correction is 6	/23/20.			

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F 880	went to the isolation retrieve more plastic the soiled linen. After returned to the room reapplying gloves or began to place the rin the plastic bag. Note a red tie type label to removed from an isolation carrying the base of dirty linen look barrel in the hallway while touching the hall placed one of the two barrel. NA #2 proceed at the end of the hall door with her hand a linen from the barrel door.  An interview with Note at 10:30 revealed she completed incontine She verified Resider for Enhance Droplet stated after she common realized she did not the soiled linen and the isolation cart in the revealed she remove Resident #3's room she returned to Resident #3's room she	ge 8  aring the yellow gown, and cart located on the unit to a bags for the remainder of the retrieving the bags, she in of Resident #3 without a washing her hands and emainder of the soiled linen A #2 then tied off the bag with the indicate to laundry it was plation room. She exited the tags, picked up an unsealed atted next to the gray linen and and to bags in the overflowing the ded to the exit door located and disposed of all soiled in receptacles outside the area and the soiled incontinence care she have enough plastic bags for needed more which were in the hallway. She further the ded the gloves and left to get more. NA #2 indicated ident #3's room and had the of the linen without incked up linen from the floor and the soiled items to the end and the outside the facility owledged she should have a mount of supplies before	F8	80	

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F 880	gown, gloves, a mask room, removed all PF retrieve needed items reapply gloves before room to collect the refurther revealed she is the linen both in the rwithout gloves or was caused increase risk other residents and so their residents and full formask, face shield, glosoiled linen should be with the red label to it and placed in the line indicated soiled linen the floor nor wear a you hall to retrieve addition co-worker for assistants she observed NA #2 handling soiled laund gown in the hallway of educated NA #2 immobservation on that do the color of the color of the line of March 2020. The Infection Control of the color of the line time of the line of the color of the line o	orn full PPE that included a k, and eyewear when in the PE before exiting the room, a from the isolation cart then, a re-entering Resident #3's maining soiled linen. NA #2 had handled and disposed of soom and in the hallway shing her hands, which for infection transmission to taff.  See #2 on 05/27/2020 at 3:45 to e on the door of Resident enhanced Droplet Contact PPE should be worn by any and the room which included oves, and a gown and all the placed in plastic bags, tied hadicate an isolation room, an receptacle. She further bags should never be left on the low isolation gown in the sonal supplies, but instead ask face. She further indicated not wearing gloves while ry and wearing the yellow on 05/21/20 and she ediately following her atte.  Infection Control Nurse on revealed all staff had in proper hand hygiene,	F8	380			

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	ROVIDER OR SUPPLIER	B HICKORY VIEWMONT	·	STREET ADDRESS, CITY, STATE, 220 13TH AVENUE PLACE NW HICKORY, NC 28601			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCE	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 880	gloves, a mask, and e of Resident #1 and habeen performed follow. An interview with the 05/21/20 at 11:45 AM trained on the transm hand hygiene, and the education records that received education. Swear full PPE to inclushield, and gloves when Enhanced Droplet Co.	eye wear when in the room and hygiene should have wing the removal of PPE.  Director of Nursing on Indicated NA #2 had been ission-based precautions, at confirmed NA #2 had she revealed all staff are to de gown, mask, a face then entering a room labeled intact Precautions and should be performed upon	F	380			