STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345235	A. BUILDING _____ B. WING _____	C 06/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY	3801 WADE COBLE DRIVE BURLINGTON, NC 27215

(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 on 06/10/2020. 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 HOJ311	E 000		
F 000	INITIAL COMMENTS An unannounced complaint survey was conducted on 06/09- 10/2020 no citations resulted from intake NC 00161382. A Covid-19 investigation resulted in tag F 880D Event ID HOJ311.	F 000		
F 880 SS=E	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;	F 880		7/14/20

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

Electronically Signed | 07/06/2020

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F 880	Continued From page 1 §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 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.	F 880		

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F 880	Continued From page 2 §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 interview, and review of the facility infection control policy information the facility failed to implement their policies regarding when staff must wear facemasks and perform hand hygiene. Four (4) of fourteen (14) staff members were observed in resident care areas with a face mask that did not cover their nose and/or mouth, and one (1) of four (4) staff observed did not perform hand hygiene between residents while passing and setting up resident meal trays. This failure was observed during the COVID-19 survey. Findings included: Record review of an undated document provided by the facility titled, "Infection Prevent & Control Policy", revealed in part, "Standard and transmission-based precautions to be followed to prevent the spread of infections. a. Hand Hygiene to be followed by staff with direct care, handling resident care equipment and the environment". Record review of an undated document provided by the titled, "Infection Prevent & Control Methods of Compliance" revealed in part, "Hand washing facilities including warm water, soap and disposable drying towels are readily accessible to employees throughout the campus. Hand sanitizers are also placed throughout the campus for ease of accessibility to employees." Record review of a facility provided human resources email dated 04/09/2020 to staff revealed in part, "Twin Lakes Community Employees must wear a mask when in the	F 880	1. Immediate action(s) taken for the resident(s) found to have been affected include: The staff was immediately in-serviced on proper hand hygiene procedures and the importance of the mandatory mask requirement. All nursing staff were in serviced in small groups, with proper social distancing, by the administrator, infection control nurse and director of nursing between June 11, 2020 and June 18, 2020. In addition all Coble Creek staff were required to watch a video on how to properly wear a surgical mask, with 100% completion between June 18, 2020 and June 20, 2020. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: In addition to the previously mentioned in-service trainings on the importance of properly wearing a mask and hand washing, all staff will review the following trainings by July 12, 2020: Keep Covid-19	

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F 880	Continued From page 3 presence of Twin Lake Residents". On 06/09/20 at 12:20PM Nurse Aide (NA) #1 was observed not wearing a mask over her nose, NA #1 went to the tray cart on the hallway and retrieved a lunch tray. She took the meal tray to Resident #4, who was in her room, and completed the tray set up (coverings removed from the food and the straw place into the beverage carton) with her mask not covering her nose. Further observations revealed Resident #4's room had a sink and hand sanitizer station. NA #1 did not complete hand hygiene prior to exiting Resident #4's room and returned to the tray cart and retrieved a meal tray, for Resident #2. NA #1 took the meal tray into Resident #2's room and provided the resident with set up assistance with the meal tray without performing any hand hygiene. An interview was conducted with NA #1 on 06/09/2020 at 12:30PM. When asked when does hand hygiene occur NA #1 indicated before passing meal trays, she washed her hands and after she set up a resident tray, she was supposed to use hand sanitizer or wash hands. When asked why she didn't complete hand hygiene between setting up meal trays for Residents #2 and #4 she indicated that it took too long when passing trays. When asked about her mask being worn below her nose, she indicated the mask slipped a lot. On 06/09/20 at 1:35 PM an observation revealed NA #3 was wearing a mask which did not cover her nostrils while picking up meal trays. During an interview on 096/09/2020 at 1:35PM NA #3 indicated that the facility trained staff to wear a mask over both the nose and the mouth, no exceptions. When asked about her mask not staying above her nostrils. She indicted she had trouble keeping the mask over her nose while she	F 880	Out!, Use PPE correctly for Covid-19, Clean Hands: Combat Covid-19. In-service training includes random observation of personnel performing hand hygiene procedures according to facility policy and mask compliance. Findings are reviewed with all staff. Corrective action is provided as needed. Also, posters depicting the “dos” and “don’ts” of masks have been placed throughout the facility. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing Services, Infection Control Nurse or designee, will complete random audits of staff regarding timing and technique of hand hygiene procedure and mask compliance. To ensure staff are performing the procedure in accordance with our facility’s standards, random monitoring will occur each week for 4 weeks. Findings of these audits will be reviewed with staff. Education will be provided on the spot for any non-compliance. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met. The team has also completed a Root Cause Analysis, which will be reviewed for success as part of the QA process. Corrective action completion date: July 14, 2020; with on-going monitoring.	

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F 880	Continued From page 4	F 880		

was working because she sweat. She was asked if the nose clip helped to keep the mask over her nose. She pulled the mask over her nose and pinched the clip over bridge of her nose.

On 06/09/20 at 3:05 PM NA #2 was observed not wearing a mask while transferring Resident #3 to bed with NA #7. While transferring the resident NA #2's mouth and nose were not covered.

During interview on 06/09/2020 at 3:05 PM NA #2 stated she was hot wearing the mask. Aide #2 indicated she was trained how to wear the mask.

On 06/09/20 at 4:20PM NA #2 was observed at the nursing station speaking to a resident. NA #2's face mask was below her chin and was not covering her nose or mouth.

On 06/10/20 at 11:20 AM observation revealed NA #4's mask was below her nostrils. During an interview NA #4 indicated that she had difficulty keeping the mask over her nose while caring for residents.

On 06/10/2020 at 2:00 PM the Director of Nursing (DON) indicated staff wearing a face mask in the facility was mandatory at this time. The DON also specified that hand washing was expected between resident contact, while passing meal trays.