STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345457	A. BUILDING _____ B. WING _____	09/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELAIRE HEALTH CARE CENTER	2065 LYON STREET GASTONIA, NC 28052

(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 9/2/20. 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#UMR211.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 9/2/20. The facility was found to be out of 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# UMR211.	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	F 880		10/5/20

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

Electronically Signed | 09/23/2020

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F 880	Continued From page 1	F 880		

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 identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and

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F 880	Continued From page 2 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 review of facility policies the facility failed to implement their policy requiring staff to wear gown and gloves for 1 of 3 nurse aides (NA #1) who failed to wear a gown and gloves when delivering meal trays to Resident #1 and Resident #2 in Room #34 when there was a sign for enhanced barrier precautions posted on the door. This failure occurred during a COVID-19 pandemic. Findings included: A review of the facility's policy titled, "Enhanced Barrier Precautions," effective date 02/06/2020 read in part; Policy: Employees providing high-contact patient care activities will follow Enhanced Barrier Precautions (EBPs). This level of precaution is indicated during the implementation of a containment strategy to prevent the potential transfer of a novel or targeted multi-drug resistant organism. Enhanced Barrier Precautions ...refers to the use of gown and gloves during high-contact patient care activities. Procedure: 5. Post the Enhanced Barrier Precaution sign on the wall outside the patient(s) room. 6. Place PPE (gowns, gloves ...) so that it is readily available immediately outside the patient room. A review of the education module titled,	F 880	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F880 How corrective action will be accomplished for those residents found to have been affected by the deficient practice. CNA # 1 was noted not donning PPE before entering an Enhanced Droplet-Contact Precaution room when delivery a lunch tray. The non-compliant CNA#1 was given re-education by DON on 9-2-20 on donning and doffing of PPE, infection control practices, when to don and doff PPE when entering isolation rooms. Other designated staff members were re-educated on proper donning and	

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F 880	Continued From page 3 "Preventing the Spread of Infection: Understanding Isolation Procedures," revealed Nurse Aide (NA) #1 signed and dated the education was completed on 3/27/20. The education read in part; Germs can cause infection by traveling through the air ...and by direct contact or on the surface of objects such as a door handle, TV remote control, phone, bed railing, or tabletop. To stop the infection from spreading, the healthcare workers may do the following: ...Wear a mask and eye protection, gloves, and gown ... An observation of Room #34 had signage on the door titled, "Enhanced Droplet-Contact Precautions -Perform hand hygiene -Surgical mask when entering room - Eye protection when entering room - Gown when entering room - Gloves when entering room - Private room and keep door closed." An observation occurred on 9/2/20 at 12:10pm of NA #1 inside Room #34, where Resident #1 and Resident #2 resided. NA #1 was wearing a mask and face shield but not wearing a gown or gloves. Upon exiting Room #34, the NA headed toward the meal cart. An interview, conducted with NA #1 on 9/2/20 at 12:15pm, revealed she had entered Room #34 to deliver the lunch meal trays to Resident #1 and Resident #2. The NA stated she had not put on a gown or gloves because it took too long to get the trays to the residents when she put on a gown and gloves and changed between the resident's rooms. The NA stated when there is a sign on the resident's door for enhanced precautions, she was supposed to wear a face mask, face shield,	F 880	doffing of PPE, infection control practices, and when to don and doff PPE when entering an Enhanced Droplet-Contact Precaution room on the following days 9-2-20, 9-3-20, and 9-4-2020 by Catherine Golden, DON and Shavidea Jones, SDC. New hires/agency will not be permitted to start an assignment until they have been educated on donning and doffing PPE, infection control practices, when to don and doff PPE when entering an Enhanced Droplet-Contact Precaution room and have completed the CDC PPE validation check off list with the Shavidea Jones, SDC. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by the alleged deficient practice. Designated staff members that enter and exit Enhanced Droplet-Contact Precautions rooms have been observed Doffing and Donning PPE using proper infection control techniques. The measures put into place or systemic changes made to ensure that the deficient practice will not recur. Designated staff members were educated/re-educated on ensuring that proper donning and doffing of PPE when entering an isolation room by Catherine Golden, DON and Shavidea Jones, SDC on 9-2-20, 9-3-20 and 9-4-20. All new hires/agency are required to perform donning and doffing correctly before given an assignment and the PPE validation checklist per CDC guidelines is	

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F 880	Continued From page 4 gown and gloves before she entered the resident's room for any reason, including delivering the meal trays. An interview, conducted with the Staff Development Coordinator on 9/2/20 at 2:15pm, revealed enhanced precautions were being used for every resident in the facility to prevent the spread of Covid-19. All resident rooms had signage on the doors for enhanced precautions. All staff should be using the enhanced precautions before entering the rooms which included gown and gloves in addition to masks and face shields. A gown and gloves should be worn to deliver the meal trays. An interview, conducted with the Director of Nursing on 9/2/20 at 2:30pm, revealed enhanced precautions were being used for every resident in the facility to prevent Covid-19 from spreading. All resident rooms had signage on the doors for enhanced precautions. All staff should have been using the enhanced precautions before entering the rooms which included gowns and gloves in addition to masks and face shields. NA #1 should have worn a gown and gloves when she delivered the meal trays to the residents in Room #34.	F 880	signed off to verify the technique was done correctly. The buddy system has been implemented to help the CNAs pass trays during mealtimes. The buddy system involves one staff member will hand the tray to the CNA that has already don PPE for that room. Signs have been placed throughout the facility as a reminder to don PPE before entering an isolation room. An audit will be completed on three designated staff members daily every shift x 2 weeks, three times a week x 2 weeks, weekly x 1 month, and quarterly x 3. How the facility plans to monitor its performance to make sure that solutions are sustained. The results of the audits will be reported to the Administrator daily and the Administrator is responsible for reporting results to the QAPI committee quarterly x 3 for analysis of patterns, trends, or need for further systemic changes. Any staff found to be non-compliant with the procedure will receive progressive discipline. Date of compliance for all plan of corrections is October 5, 2020	