

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345182 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/31/2020 |
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| NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-SEALEVEL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 468 HIGHWAY 70 EAST SEALEVEL, NC 28577 | |
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| E 000 | Initial Comments | E 000 | | |
| F 000 | INITIAL COMMENTS | F 000 | | |
| F 880 SS=D | <p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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</p> | F 880 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

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.

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| F 880 | <p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> | F 880 | | | |

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| F 880 | <p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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, record review, and staff interviews, the facility failed to implement the facility's Hand Hygiene policy when 3 of 6 staff members, Nursing Assistants (NA #1, NA #2, and NA #3) failed to perform hand hygiene before and after resident or surface contact when delivering resident meal trays. These failures occurred during the COVID-19 pandemic.</p> <p>Findings included: 1. A review of the facility's Hand Hygiene policy revised 3/8/19 read in part that the indications requiring hand wash or hand rub were before and after contact with the resident and after contact with inanimate objects in the immediate vicinity of the resident.</p> <p>1. A continuous observation was made on 12/29/20 from 12:10 PM to 12:15 PM of the facility's 400 hallway which was a general long-term care hallway. NA #1 was observed to enter a resident's room, reposition the resident and use the bed control to raise the head of the bed, exit the resident's room, walk to the meal cart in the hallway and remove a food tray. NA #1 did not perform hand hygiene. NA #1 proceeded to take the food tray into another resident's room where she repositioned the resident, used the bed control to raise the head of the bed, opened the food tray, and exited the resident's room. NA</p> | F 880 | | | |

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| F 880 | <p>Continued From page 3</p> <p>#1 did not perform hand hygiene. NA #1 proceeded to the meal cart in the hall way and removed another food tray. She obtained an empty coffee cup from the meal cart and used the coffee carafe located on the meal cart to pour coffee into the cup. NA #1 then proceeded to take the food tray and coffee into another resident's room. In the resident's room, she repositioned the tray table and used the bed control to raise the head of the bed, assisted the resident in washing her hands with a hand wipe, opened the creamer container, poured the creamer into the coffee, opened a packet of sweetener and poured into the coffee, removed the lid from a glass of brown liquid, exited the resident's room and went to the meal cart and removed another food tray. NA #1 did not perform hand hygiene during the continuous observation.</p> <p>An interview on 12/31/20 at 2:06 PM with NA #1 revealed she had received hand hygiene training and was aware she was supposed to use hand sanitizer between each resident's meal trays. She also stated she had not thought about using hand sanitizer after touching the bedside tables or bed controls. She stated she just was not thinking but should have done it.</p> <p>An interview on 12/29/20 at 1230 PM with the Staff Development Coordinator (SDC) revealed that NA #1 had received Hand Hygiene training.</p> <p>An interview on 12/29/20 at 12:45 PM with the Director of Nursing (DON) revealed staff should perform hand hygiene before and after all contact with residents or contaminated surfaces. She stated all NA had received hand hygiene training and she did not know why they had not performed hand hygiene while passing out food trays and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 4 positioning residents.</p> <p>An interview on 12/29/20 at 1:20 PM with the Administrator revealed she was unaware staff had not performed hand hygiene while passing out food trays and stated they should have performed hand hygiene before and after each food tray and when repositioning residents.</p> <p>2. A continuous observation was made on 12/29/20 from 12:15 PM to 12:20 PM of the facility's 400 hallway which was a general long-term care hallway. NA #2 was observed to remove a food tray from the meal cart and enter a resident's room, place the food tray on the bedside table and exit the resident's room. NA #2 did not perform hand hygiene. NA #2 proceeded to take another food tray from the meal cart, entered another resident's room, used a hand wipe to clean the resident's hands, and exited the resident's room. NA #2 did not perform hand hygiene during the continuous observation.</p> <p>An interview on 12/31/20 at 3:13 PM with NA #2 revealed she had received hand hygiene training but did not know she was supposed to use hand sanitizer between each resident's meal trays or after touching objects in the resident's rooms. An interview on 12/29/20 at 1230 PM with the Staff Development Coordinator (SDC) revealed that NA #2 had received Hand Hygiene training.</p> <p>An interview on 12/29/20 at 12:45 PM with the Director of Nursing (DON) revealed staff should perform hand hygiene before and after all contact with residents or contaminated surfaces. She stated all NA had received hand hygiene training and she did not know why they had not performed hand hygiene while passing out food trays and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 5 positioning residents.</p> <p>An interview on 12/29/20 at 1:20 PM with the Administrator revealed she was unaware staff had not performed hand hygiene while passing out food trays and stated they should have performed hand hygiene before and after each food tray and when repositioning residents.</p> <p>3. A continuous observation was made on 12/29/20 from 12:20 PM to 12:27 PM of the facility's 400 hallway which was a general long-term care hallway. NA #3 was observed to exit a resident's room wearing gloves, remove the gloves and place in a trash can in the hallway, walk to the meal cart and remove a resident's food tray. She did not perform hand hygiene. NA #3 proceeded to take the food tray to the resident's room, placed the tray on the bedside table, exited the resident's room, obtained a hand wipe from the meal cart and returned to the resident's room where she wiped his hands, removed the food cover, took the spoon off the meal tray, stirred the resident's food and gave the resident a bite of food. NA #3 then proceeded to exit the resident's room and remove another food tray from the meal cart. No hand hygiene was performed. NA #3 proceeded to take the food tray to the 300 hallway where she removed an empty coffee cup from the 300 hallway meal cart and used the carafe from that meal cart to fill the coffee cup. She then proceeded to take the food tray and coffee to a resident's room and place it on the bedside table. NA #3 went into the resident's bathroom where she washed her hands with soap and water.</p> <p>An interview was not able to be conducted with NA #3.</p> | F 880 | | | |

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| F 880 | Continued From page 6 An interview on 12/29/20 at 1230 PM with the Staff Development Coordinator (SDC) revealed that NA #3 had received Hand Hygiene training. An interview on 12/29/20 at 12:45 PM with the Director of Nursing (DON) revealed staff should perform hand hygiene before and after all contact with residents or contaminated surfaces. She stated all NA had received hand hygiene training and she did not know why they had not performed hand hygiene while passing out food trays and positioning residents. An interview on 12/29/20 at 1:20 PM with the Administrator revealed she was unaware staff had not performed hand hygiene while passing out food trays and stated they should have performed hand hygiene before and after each food tray and when repositioning residents. | F 880 | | | |