### Statement of Deficiencies and Plan of Correction

**Date Survey Completed:**

01/25/2021

**Provider/Supplier/CLIA Identification Number:**

345503

**Name of Provider or Supplier:**

LIBERTY COMMONS NSG & REHAB CTR OF ROWAN COUNTY

**Street Address, City, State, Zip Code:**

4412 SOUTH MAIN STREET
SALISBURY, NC  28147

#### Summary Statement of Deficiencies

**ID** | **Prefix** | **Tag** | **Summary Statement of Deficiencies** (Each Deficiency Must Be Preceded By Full Regulatory Or LSC Identifying Information) | **ID** | **Prefix** | **Tag** |
--- | --- | --- | --- | --- | --- | --- |
{F 000} | | | INITIAL COMMENTS | | | |

An onsite revisit was conducted on 1/25/2021 and the facility is back in compliance effective 12/23/2020. The Directed Plan of Correction including the Root Cause Analysis was reviewed.

{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;

§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;

**Laboratory Director's or Provider/Supplier Representative's Signature**

(Select appropriate one)

**Title**

(Select appropriate one)

**Date**

(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.
(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.

§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:
Surveyor: Annette Cash
An onsite revisit was conducted on 1/25/2021 and the facility is back in compliance effective 12/23/2020. The Directed Plan of Correction
<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<tr>
<td>(F 880)</td>
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<td>Continued From page 2 including the Root Cause Analysis was reviewed.</td>
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