STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING _____ B. WING _____	C 02/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF KINSTON	907 CUNNINGHAM ROAD KINSTON, NC 28501

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 2/15/21 through 2/17/21. 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 CL1S11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 2/15/21 through 2/17/21. The facility was found 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. 1 of 24 complaint allegations were substantiated but did not result in a deficiency.	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,	F 880		3/9/21

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

Electronically Signed | 03/01/2021

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F 880	Continued From page 1	F 880		

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;
(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

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F 880	Continued From page 2 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: Based on observations, record review and staff interviews, the facility failed to implement the Centers for Disease Control and Prevention (CDC) guidelines for hand hygiene when a nurse did not perform hand hygiene when changing gloves during wound care for 1 of 1 residents (Resident #1), and a nursing assistant did not perform hand hygiene when removing gloves after performing incontinent care before entering other residents room for 4 of 4 residents (Resident #1, #2, #3, #4). The facility further failed to implement the facility ' s infection control policy requiring 3 of 6 kitchen staff to wear facemask while preparing a meal for residents. (Dietary Aide #1, Dietary Aide #2, Dietary Manager). This failure occurred during the COVID-19 pandemic. Findings included: 1. The Centers for Disease Control and Prevention (CDC) "Hand Hygiene Recommendations: Guidance for Healthcare Providers about Hand Hygiene and COVID-19" dated May 17, 2020 stated gloves were not a substitute for hand hygiene and to perform hand hygiene immediately after removing gloves. The	F 880	F880 1) No residents were found to be affected by the cited deficient practices. Education provided with the Licensed Nurse on performing hand hygiene when changing gloves during wound care. Education provided to nursing assistant on performing hand hygiene when removing gloves after performing incontinent care before entering another resident's room. Education provided to Dietary Aide #1, Dietary Aide #2, and Dietary Manager on wearing a facemask while preparing meals for residents. This education was completed by 3/1/2021. 2) All residents had the potential to be affected by the deficient practices. Complete in house audit completed on current employees to validate that all employees were wearing face masks appropriately and hand hygiene is being performed as per Centers for Disease Control and Prevention (CDC) guidelines and according the Signature Healthcare Infection Control Policy as it relates Handwashing. This audit was completed by 3/3/2021.	

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F 880	Continued From page 3 guidance further stated to change gloves and perform hand hygiene during patient care if moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs. On 2/15/2021 at 1:22pm, Nurse #1 was observed changing Resident #1's left heel, sacral and left shoulder blade dressing. With gloves on Nurse #1 removed the off-loading boot on the left lower extremity and removed her gloves without performing hand hygiene before reapplying a new pair of gloves. Using a pair of scissors, she removed the dressing on the left foot. A betadine soaked 4x4 dressing was applied and secured with a kerlix dressing and tape. She removed her gloves and reapplied the off-loading boot to the left lower extremity. When Nurse #1 reached to reposition the right leg, a liquid substance appeared on her ungloved hands, and she went into the bathroom and washed her hands. She applied a pair of new gloves and examined the inner aspect of the right lower leg. An open abrasion was observed on the inner aspect of the right ankle, and a silicone dressing was applied. She removed her gloves and reapplied a new pair of gloves without performing hand hygiene. Nurse #1 exposed and cleansed the sacral area using a normal saline gauze and applied a Silvadene and zinc cream to the sacral area. She removed her gloves and reapplied a new pair of gloves without performing hand hygiene. Nurse #1 removed her gloves and did not perform hand hygiene before exiting the room to obtain a silicone dressing on the wound cart in the hallway. Upon re-entering the room, she applied a new pair of gloves without performing hand hygiene. She repositioned Resident #1 on her right side, sprayed the left should blade wound with skin	F 880	3) Education on the Infection Control Policy as it relates to the wearing of a face mask. Additionally, the facility shall provide staff education on the importance of hand hygiene. This education will be provided to all staff by 3/5/2021. This training will also be provided to all staff upon hire and during orientation. 4) The Root Cause Analysis was conducted by the Infection Preventionist, QAPI Team and Governing Board and the root cause of the cited deficient practices was determined to be need for further education regarding proper PPE usage, proper wearing of face masks, the facilities infection control policy on performing hand hygiene. The RCA also revealed there is a need for more frequent observations to ensure staff are following Infection Control guidelines to include the previously stated concerns. Due to the findings of the RCA, the above education will be completed and then ongoing audits will be conducted by the Director of Nursing, Infection Preventionist, and/or Assistant Director of Nursing for observations and review to ensure staff are wearing face masks appropriately and following the infection control policy as it relates to handwashing for prevention of the spread of Covid 19. These audits and observation rounds will be conducted 5 x weekly for 4 weeks on various shifts, 3 x weekly for 4 weeks on various shifts, weekly x 4 weeks on various shifts and then monthly x 3 months. Any staff found not in compliance with Infection Control guidelines will have immediate education by the observer. Subsequent	

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F 880	Continued From page 4 prep, removed her gloves without performing hand hygiene and applied a silicone dressing to the left shoulder blade. Resident #1 was repositioned for comfort, and Nurse #1 entered the bathroom and washed her hands before exiting the room. On 2/15/2021 at 1:43pm in an interview with Nurse #1, when asked what was performed between removing gloves and before reapplying a new pair of gloves, she answered, "Hand washing." She stated she should wash her hands or had hand sanitizer available to perform hand hygiene after removing gloves and before reapplying a new pair of gloves. In a phone interview on 2/16/2021 at 3:03pm, Nurse #1 stated she received education of the use of personal protective equipment that included performing hand hygiene after removing gloves. She stated she should have had hand sanitizer in the room, but she didn ' t want to walk away from Resident #1. She stated she usually washed her hands before applying gloves and after removing gloves. On 2/15/2021 at 4:07pm in an interview with the Director of Nursing (DON), she stated depending on the type of resident care provided, staff wash their hands or use hand gel after removing gloves before applying new gloves. 2. On 2/15/2021 at 2:46pm, Nurse Aide (NA #1) was observed applying a pair of gloves before providing incontinent care to Resident #2. After resident care was completed, she removed her gloves without performing hand hygiene and exited Resident #2 ' s room. On 2/15/2021 at 2:55pm, NA #1 was observed	F 880	noncompliance will result in employee disciplinary action and subsequent termination of employment. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise, and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Infection Preventionist, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director and Director of Social Services. 5) The Administrator and Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 3/9/2021.	

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entering Resident #1's room after exiting Resident #2's room without performing hand hygiene. She applied a pair of gloves and changed Resident #1's adult brief. After repositioning Resident #1 in the bed, she removed her gloves and exited Resident #1's room without performing hand hygiene.

On 2/15/2021 at 3:05pm, NA #1 was observed entering Resident #3's room after exiting Resident #1's room without performing hand hygiene and applied a new pair of gloves. Resident #3 declined needing incontinent care at that moment. NA #1 removed the gloves and exited Resident #3's room without performing hand hygiene.

On 2/15/2021 at 3:06pm, NA #1 was observed entering Resident #4's room after exiting Resident #3's room without performing hand hygiene. After Resident #4 consented to incontinent care, she was observed touching the bed controls and Resident #4 ' s hand to prepare the resident for incontinent care before applying a new pair of gloves. NA #1 walked out of the room to the hallway and removed her gloves without performing hand hygiene. Hand sanitizer containers were observed on the hallway.

On 2/15/2021 at 3:08pm in an interview with NA #1, she stated she needed to sanitize her hands after removing gloves. She further stated she needed to put sanitizer in her pocket to use, but soap and water in the bathroom could be used also. She stated she provided resident care so fast, she just forgot to perform hand hygiene after removing her gloves. In a follow up phone interview on 2/17/2021 at 1:30pm, NA#1 stated she received training during orientation three

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months ago that included the use of personal protective equipment and performing hand hygiene after removing gloves.

On 2/15/2021 at 4:07pm in an interview with the DON, she stated when conducting incontinent care, the nurse aide should wash her hands after removing the gloves.

3. The facility ' s infection control policy for Novel Coronavirus updated on 2/4/21 stated for the duration of the state of emergency/COVID-19 pandemic, all direct care stakeholders were to wear a surgical face mask while in the facility. Non-direct care workers (such as dietary) out of resident care areas may utilize an antimicrobial mask.

On 2/15/21 at 4:25pm, Dietary Aide (DA) #1 was observed standing inside the kitchen placing silverware on resident meal trays. DA #1 was observed wearing a cloth mask below her chin exposing her mouth and nose.

An interview was conducted with DA #1 on 2/15/21 at 4:30pm. She stated masks were to be worn over the mouth and nose at all times and stated she had been trained on how and when to wear a mask while in the facility.

On 2/15/21 at 4:25pm DA #2 was observed in the kitchen wearing a cloth mask below her chin exposing her mouth and nose while pureeing food for the residents in the facility.

An interview was conducted with DA #2 on 2/15/21 at 4:33pm. DA #2 stated masks were to be worn covering the mouth and nose at all times and stated she had received training on how and when to wear a mask while in the facility.

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F 880	Continued From page 7 On 2/15/21 at 4:40pm the Dietary Manager was observed standing in the kitchen behind DA #1 with no mask on his face. His cloth mask was observed in his hand. An interview was conducted with the Dietary Manager on 2/15/21 at 4:40pm. The Dietary Manager stated he should have had his mask on, but he was talking to the kitchen staff. The Dietary Manager stated he has been trained on how and when to wear his mask while he was in the facility. He further stated there were no exceptions for DA #1 and DA #2 to keep them from wearing a mask. An interview was conducted with the Director of Nursing (DON) on 2/17/21 at 5:50pm. The DON stated all staff were required to wear a mask over the mouth and nose while in the facility including the kitchen staff.	F 880		