

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER AUTUMN CARE OF BISCOE		STREET ADDRESS, CITY, STATE, ZIP 401 LAMBERT ROAD BISCOE, NC 27209	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and staff interviews, the facility failed to discard used gowns worn by staff after providing care in 4 of 4 resident rooms (rooms 101, 106, 107, 108) on enhanced contact/droplet precautions and staff failed to doff isolation gowns in a manner that would prevent the spread of COVID-19 after providing care in 1 of 4 resident rooms (room [ROOM NUMBER]) on enhanced contact/droplet precautions. The findings included: 1 Review of the facility's policy titled Donning and Doffing of PPE dated 3/2020 revealed the policy did not specifically address the storage of personal protective equipment (PPE) when PPE is being reused. However, the policy stated gowns and gloves should be discarded in the room, prior to exiting. Facility in-service records were reviewed. NA #1, NA #2, and NA #3 completed training and competency check off on donning and doffing of PPE in July 2020. The training was reviewed and indicated gowns should be doffed prior to exiting an isolation room. An observation of the quarantine hall (100 hall) was conducted on 9/1/2020 from 9:30am to 10:15am. What appeared to be worn blue isolation gowns were observed hanging on the isolation caddies outside of rooms 101,106, and 108. room [ROOM NUMBER] was observed to have one worn blue isolation gown hanging across the top of the isolation caddy and another worn gown was rolled up and placed on top of the clean isolation gowns being stored in the caddy. Rooms 101,106, 107, and 108 had signage on the doors indicating they were on enhanced contact/droplet precautions. An interview was conducted with NA #1 at 10:12am on 9/1/2020. She stated she received in-service training by the facility on the use of personal protective equipment (PPE). She further stated they were not reusing isolation gowns at that time and was not sure why there were worn isolation gowns hanging on the isolation caddies outside of rooms 101,106,107, and 108. The gowns were hanging there when she reported to her shift at 7:00am. She further stated she had seen gowns hung outside the doors on the isolation caddies on other occasions. NA #2 was interviewed on 9/2/2020 at 10:35am. NA #2 worked on the 100 hall on 8/31/2020 from 3pm until 11pm on 8/31/2020. She stated there were used isolation gowns hanging outside of the doors on the isolation caddies when she reported to her shift on 8/31/2020 at 3pm and she had observed the same practice on other occasions. She further stated she removed the gowns and threw them in the trash. NA #2 stated she attended in-service training on PPE and completed a competency check off by a registered nurse in July 2020. She knew to discard her isolation gown inside the room when residents were on isolation precaution. Multiple attempts were made to contact NA#3 who worked third shift (11pm to 7am) on 8/31/2020. Attempts to contact her were not successful. An interview was conducted with the infection control/infection preventionist at 9:46am on 9/1/2020. She stated they are reusing PPE in the isolation rooms in accordance with Center for Disease Control (CDC) guidelines, but the staff had been educated on doffing gowns prior to exiting the rooms. She stated she believed the gowns on the door were used but she did not know why rooms had used isolation gowns hanging outside the doors. She stated the facility had hooks on the inside of the rooms to hang gowns for reuse. It was her expectation that staff doff gowns and gloves prior to exiting an isolation room and the staff had received training on this. She further stated she was not sure what more could be done to ensure staff compliance. 2. Review of the facility's policy dated 3/2020 stated gowns and gloves should be discarded in the room, prior to exiting the resident's room. Facility in-service records were reviewed. NA #1 completed training and competency check off on donning and doffing of PPE in July 2020. The training was reviewed and indicated gloves and gowns should be doffed prior to exiting an isolation room. At 10:10am on 9/1/2020 nurse assistant (NA) #1 was observed exiting room [ROOM NUMBER] which had signage indicating the resident was on enhanced contact/droplet precautions. NA#1 was observed doffing her gloves in the resident's room, stepped into the hall and doffed her isolation gown, then discarded the gown in the trash receptacle located inside the resident's room by the door. An interview was conducted with NA #1 at 10:12am on 9/1/2020. She stated she received in-service training by the facility on the use of personal protective equipment (PPE). She further stated they were not reusing isolation gowns at that time. When asked, she stated the in-service training did instruct staff to doff gowns and gloves prior to exiting an isolation room. She stated she forgot and stepped out of the room, into the hall before doffing her used isolation gown. An interview was conducted with the infection control/infection preventionist at 9:46am on 9/1/2020. She stated they are reusing PPE in accordance with CDC guidelines, in isolation rooms, but the staff had been educated on doffing gowns prior to exiting the rooms. It was the facility policy and her expectation that staff doff gowns and gloves prior to exiting an isolation room.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.