

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345285</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ACCORDIUS HEALTH AT HENDERSONVILLE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 HERITAGE CIRCLE HENDERSONVILLE, NC 28791</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, record review, and staff interviews the facility failed to perform hand hygiene after passing ice to 3 of 3 resident rooms and after cleaning 1 of 2 resident rooms observed for infection control. These failures occurred during a COVID-19 pandemic. The findings included: A review was completed of a facility policy titled Infection Control for all Nursing Procedures, last revised in March, 2012. The policy specified that handwashing for 10-15 seconds using soap and warm water was required after removing gloves and after coming into contact with items potentially contaminated with body fluids, secretions or blood. The policy further stated that an alcohol-based hand sanitizer could be used if hands were not visibly soiled in situations requiring hand hygiene including: after contact with items in the immediate vicinity of the resident. A review of a facility policy revised 03/28/20 titled COVID-19 Policy/Plan for Facilities revealed COVID 19 may live on surfaces for hours or days. The policy indicated that handwashing for twenty seconds with warm, soapy water appeared to be the most effective prevention strategy for COVID 19 and that alcohol-based hand sanitizer appeared to be an effective preventative aide. The policy further indicated that wall dispensers of sanitizer were strategically located for use in resident care areas and it was noted that staff were to be reminded that handwashing was the single most important and effective prevention strategy. 1 a. An observation was conducted on 04/03/20 at 9:35 AM of a Hospitality Aide #1 (HA) passing ice to residents on the 300 hall. HA #1 entered a resident room without performing hand hygiene, retrieved a resident's cup, walked into the hall and put ice in the cup, went back into the resident's room and filled the cup with water from residents sink and sat the cup on the resident's bedside table. This process was completed with the roommate of the same room. HA #1 then left the room and completed the same process in two more rooms without performing any hand hygiene. An interview was completed with HA #1 on 04/03/30 at 9:40 AM who reported that she aimed to perform hand hygiene, using either soap and warm water or hand sanitizer, every two to three rooms. A follow up interview was completed at 12:16 PM, HA #1 reported that she had not been instructed to clean her hands after leaving each room in training. HA #1 further explained that she had only had one training shift during which she shadowed HA #2. A telephone interview was completed with HA #2 on 04/03/20 at 12:25 PM who reported she had been trained to clean her hands after each room but did not recall explicitly telling that to HA #1 when she was shadowing her. HA #2 stated she thought HA #1 would get more training from staff higher up before working on her own. An interview was conducted with the nurse who was over infection control on 04/03/20 at 10:47 AM who reported that staff were to perform hand hygiene on their way in and out of rooms and after all direct care. The nurse stated that she expected HAs to perform hand hygiene as they left each resident room. In a follow up interview at 12:37 PM it was reported that HA #1 was new and had recently had orientation during which handwashing was discussed but the nurse could not recall if she explicitly told her to wash her hands upon exiting each room. The nurse could not explain why HA #1 did not know to wash her hands as she left each room. 1 b. On 04/03/20 at 10:41 AM a Housekeeper was observed leaving one resident room after she finished cleaning it, and then entered another resident room for cleaning without changing her gloves or performing hand hygiene between. At 10:46 AM on 04/03/20 the Housekeeper was interviewed and reported she changed her gloves 2-3 times a shift and when she changed her gloves she would perform hand hygiene. On 04/03/20 at 12:20 AM the Housekeeping Supervisor was interviewed and reported it was her expectation that gloves were changed and hands were washed after leaving each residents room. The Housekeeping Supervisor stated they did not have a shortage of gloves at the facility. An interview was conducted with the Director of Nursing (DON) on 04/03/20 at 12:31 PM. The DON stated she expected hands were washed upon leaving a resident's room. On 04/03/20 at 12:34 PM the Administrator was interviewed who stated that housekeeping does report to her but she was not familiar with housekeeping regulations and did not have an expectation regarding how often they should be changing their gloves and performing hand hygiene.</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.