

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHATHAM NURSING &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>700 JOHNSTON RIDGE ROAD ELKIN, NC 28621</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> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, staff interviews and review of the facility's COVID-19 Infection Control Assessment and Response Tool, the facility failed to implement measures specified on the infection control tool when 5 of 5 dietary staff failed to wear a facemask or face covering when they worked in the kitchen. This failure occurred during a COVID-19 pandemic. Findings included: The facility's COVID-19 Long-Term Care Infection Control Assessment and Response Tool, updated 5/15/20, was reviewed. The tool stated, in part, Facility has implemented universal use of facemasks for all staff. During a tour on 5/18/20 at 12:06 PM there were five dietary staff observed working in the kitchen. None of the dietary staff, which included the Director of Dining Services, Cook Supervisor, Dietary Aide #1, Dietary Aide #2 and Dietary Aide #3, wore facemasks or face coverings. On 5/18/20 at 1:20 PM an observation of the hallway outside of the dining room revealed a sign was posted that stated, All staff wear masks all the time. On 5/19/20 at 9:00 AM an interview was completed with Dietary Aide #1. She said she had been educated by the facility about the COVID-19 pandemic and was told a facemask was to be worn whenever she left the kitchen and went out on the resident halls or had contact with a resident. She confirmed she had not worn a facemask when she worked in the kitchen on 5/18/20 during the surveyor's tour. In an interview with the Cook Supervisor on 5/19/20 at 10:08 AM, she verified she had worked in the kitchen on 5/18/20 and had not worn a facemask. She stated she was aware of the COVID-19 pandemic. She recalled the facility had instructed her that a facemask was to be worn when she left the kitchen and went out on the floor/hall where the residents resided. An interview was completed with Dietary Aide #2 on 5/19/20 at 10:17 AM. She explained the facility had educated her that a facemask was to be worn only when she went out on the hall from the kitchen. She said she had not been instructed that a facemask was to be worn when she worked inside the kitchen. During an interview with Dietary Aide #3 on 5/19/20 at 10:35 AM, she expressed her awareness of the COVID-19 pandemic. She verified she had not worn a facemask in the kitchen when the surveyor toured on 5/18/20. She explained she was informed by the Director of Nursing (DON) that whenever she left the kitchen and went out on the halls or was around residents she was expected to wear a facemask but when she was in the kitchen, a facemask did not have to be worn. The Director of Dining Services was interviewed on 5/18/20 at 12:08 PM. She explained the dietary staff had not worn a facemask or face covering when they worked in the kitchen but wore them when they left the kitchen and went on to the resident units or halls. She said she had been told by the DON that dietary staff were not required to wear a facemask or face covering when they were in the kitchen. On 5/18/20 at 12:56 PM an interview was completed with the DON, during which she stated all staff of all departments wore masks daily. She added the dietary staff were supposed to wear a mask whenever they left the kitchen. In an interview with the Administrator on 5/18/20 at 1:14 PM, she explained the facility followed the Center for Medicare and Medicaid Services (CMS) guidelines related to the COVID-19 pandemic, and said, I believe the CMS guidelines says everybody should be wearing a mask. She added, everyone should be wearing a mask when in the kitchen, and was unsure why the dietary staff had not worn a facemask or face covering when they worked in the kitchen.</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.