

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER TRINITY GLEN		STREET ADDRESS, CITY, STATE, ZIP 849 WATERWORKS ROAD WINSTON-SALEM, NC 27101	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview and facility policy and procedure review it was determined that 1 of 1 nursing assistants (#1) taking vital signs failed to wash/sanitize her hands and the equipment she was using while taking vital signs during a COVID -19 pandemic. Findings included: 1. Review of facility document titled Handwashing and Hand Hygiene dated 12/21/09 stated, (Facility) considers hand hygiene the primary means to prevent the spread of infections. All staff are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections. Staff are expected to follow handwashing/hand hygiene procedures to help prevent the spread to other staff members, residents, and visitors. Procedures listed as a part of the document included, Use an alcohol -based hand rub containing at least 62% alcohol; or alternatively soap and water for all the following situations: Before and after coming on duty, before and after direct contact with residents, after contact with the resident's intact skin, after contact with inanimate objects (e.g. medical equipment) in the immediate vicinity of the resident. Observation of nursing assistant (NA) #1 on 8/27/2020 at 3:28 PM revealed her entering room [ROOM NUMBER] with the vital sign equipment. NA#1 was observed taking the temperature of the resident, picking the clipboard up from the table, writing something down and exiting room [ROOM NUMBER]. She did not wash her hands, sanitize her hands or clean the equipment. NA #1 was observed entering room [ROOM NUMBER] at 3:31 PM. She was observed taking the resident's temperature, the resident's blood pressure and documenting on the clipboard. She did not wash her hands, use sanitizer or wipe down the equipment as she proceeded into room [ROOM NUMBER] at 3:34 PM. NA #1 was overheard telling the resident that she was going to take blood pressure and temperature. She was observed touching the end of the bed in 104 then exiting the room with the vital sign equipment. She did not clean or sanitize the equipment. She sanitized her hands and entered room [ROOM NUMBER]. The NA was heard washing her hands and observed using sanitizer as she exited room [ROOM NUMBER] and proceeded to room [ROOM NUMBER] at 3:43 PM.</p> <p>NA#1 was observed exiting 109 and proceeding to room [ROOM NUMBER] without washing her hands, using sanitizer or cleaning the equipment at 3:46 PM. She was observed taking temperature and blood pressure before documenting on her clipboard. During interview with NA #1 at 3:44 PM on 8/28/2020, she stated that she had a lot on her mind. She revealed that she had previous training on hand washing. She stated that prior to entering the room she was to sanitize, wash her hands and wipe down equipment before going to the next room. Interview with the Director of Nurses on 8/28/2020 at 3:49 PM revealed that staff were supposed to carry disinfectant wipes to clean equipment between use with each resident. She stated that there would normally be a small container in the basket or that staff could use the sanitizer on the wall to clean the equipment.</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.