

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER BROOKRIDGE RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106	
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>Based on observations, staff interviews and review of the facility's COVID-19 Infection Control Assessment and Response Tool, the facility failed to implement infection control procedures for wearing face masks when 2 of 2 facility staff failed to wear a facemask or face covering that covered their nose and/or mouth when they worked inside the facility. This failure occurred during a COVID-19 pandemic. Findings included: A review of the COVID-19 Long-Term Care Infection Control Assessment and Response Tool dated 5/2020, that was utilized by the facility specified there would be universal face mask use by all staff. 1. Observations on 5/28/20 at 10:45 am of the facility's front entrance revealed the front door receptionist, was not wearing a mask, while seated at a desk with other staff members nearby. On 5/28/20 at 11:02 am the receptionist was observed at the front desk wearing her mask, but it was not covering her nose. There were several staff members walking out of a room behind her. No residents were nearby. Interview with the receptionist on 05/28/20 at 11:02 am revealed that all staff checked in at the front desk when they came to work in the morning. She stated that she was responsible for taking their temperatures when they entered the facility and stopping any visitors that may try to enter the facility during this pandemic. During an interview with the Administrator on 5/28/20 at 12:02 pm, she explained she was fully aware of the CMS COVID-19 guidelines and the facility was using the COVID-19 Long-Term Infection Control Assessment and Response Tool for policy during the pandemic. She stated that the staff had three in-services discussing the need to wear a mask at all times while in the facility. She stated that, the receptionist, was a part of each in-service and had been trained on the need to wear a mask while in the facility at all times and the proper application of the mask. 2. Observations on 5/28/20 at 11:34 am, revealed Staff member #2, was wearing a mask that was positioned underneath her chin. Staff member #2, who did not have her mouth or nose covered, was observed to deliver meal trays to residents who were in rooms; #618, #620 and #622. She then proceeded to deliver meal trays to residents who were in four more rooms; #606, #608, #610, and #612 with her mouth and nose uncovered. Interview with Staff member #2 on 5/28/20 at 11:45 am revealed that she was just helping out to deliver resident meal trays and that she usually worked in the beauty salon and activities. During an interview with the Administrator on 5/28/20 at 12:02 pm, she explained she was fully aware of the CMS COVID-19 guidelines and the facility was using the COVID-19 Long-Term Infection Control Assessment and Response Tool for policy during the pandemic. She stated that the staff had three in-services discussing the need to wear a mask at all times while in the facility. She stated that Staff member #2, worked in the beauty salon and activities department. She explained that Staff member #2 helped pass lunch meal trays to residents and had been trained on the need to wear a mask at all times while in the facility. The administrator, again, stated that she expected all staff to be wearing facemasks correctly while in the facility.</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.