

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER WARREN HILLS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 864 US HWY 158 BUSINESS WEST WARRENTON, NC 27589	
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 observation, staff interviews, record review and review of the facility's policies and procedures a direct care staff member failed to implement the facility's COVID-19 Plan and Protocols for wearing the personal protective equipment (PPE) required and performing hand hygiene when providing care and services to 1 of 2 sampled residents who were quarantined (Resident #2). These failures occurred during the COVID-19 pandemic. Findings included: The facility's Coronavirus Disease 2019 (COVID-19) Policy Titled: Preparation and Response 2020 (last revised 07/11/2020) documented, Utilize enhanced precautions for all residents that exhibit signs and symptoms of respiratory infection. If a resident is tested positive for COVID-19 then the patient should be moved to COVID area in a private room when possible. Roommates of tested COVID-19 positive residents should also be put on enhanced precautions and treated as symptomatic. They should not be placed with other roommates for 14 days. This includes the following: Staff will utilize appropriate PPE (personal protective equipment) including surgical masks, gown, eye protection, and gloves when entering room. The facility's Hand Hygiene Policy Titled: Hand Hygiene (last revised 01/2020) documented, Specific Indications for Hand Hygiene; before resident contact, eating; after direct contact with a resident's skin, touching equipment or furniture that is near a resident, after eating, and removing gloves. The following are examples of patient/resident care activities that would require hand hygiene: after handling items potentially contaminated with any patient's/resident's blood, excretions, or secretions; or before touching, preparing, or serving food. Record review revealed Resident #2 was placed on enhanced observation precautions on 07/12/20 when her roommate's lab test was reported positive on 07/12/20 for COVID-19. During an interview with the Administrator on 07/15/20 at 11:30 AM she stated Resident #2 was put on enhanced observation precautions on 7/12/20 and treated as if symptomatic. During observation of the lunch meal on the 400 hall, beginning at 12:30 PM on 07/15/20, PPE was observed in a clear plastic container outside Resident #2's room, with an enhanced observation sign posted on the resident's door. The enhanced observation precautions sign revealed the following: perform hand hygiene, surgical mask when entering room, eye protection when entering, gown for direct care, gloves when entering room, private room and keep door closed, families and visitors - do not enter the room, and report to the nurses' station with questions. During meal observation on 07/15/20 at 12:35 PM Nursing Assistant (NA) #1 was observed removing the fall mat next to Resident #2's bed and then setting up her meal tray without washing her hands. NA #1 was wearing a surgical mask and gown. NA #1, used her bare hands, to pick up the resident's fall mat off the floor, and placed it on the side of the resident's bed, then set up the resident's meal tray, then picked up the fall mat which was on the side of the bed and placed it back on the floor without washing her hands. NA #1 was observed not wearing gloves, or eye protection while in the resident's room. NA #1 did not wash her hands between handling the fall mat and setting up her meal tray. NA #1 did not wash her hands until just before leaving resident's room on 07/15/20 at 12:40 PM. During an interview with NA#1 on 07/15/20 at 4:50 PM she stated she was very busy and was trying to help out on that hall by passing meal trays. She said it was her fault that she did not don gloves or eye protection. She said, while she was in Resident #2's room, she was wearing a mask and gown and should have also put on gloves and eye protection and did not. During an interview with Nurse #1 on 07/15/20 at 3:17 PM she stated NA#1 should have worn full PPE on 07/15/20 at 12:30 PM when entering Resident #2's enhanced observation precautions room as required in the facility's enhanced precautions policies, which would have included mask, gown, gloves, eye protection, and she did not. She also reported she always wore a full and complete set of PPE when she entered Resident #2's room. During an interview with the Administrator on 07/15/20 at 3:45 PM she stated NA #1 should have worn complete PPE required in the facility's COVID policies to help reduce chances of cross-contamination just in case the resident or her roommate were indeed positive or began exhibiting signs and symptoms of respiratory illness. She also reported NA #1 should not have handled Resident #2's fall mat and foot tray without washing hands or donning gloves and eye protection first.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.