

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405	
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, record review, staff interviews and review of the facility's Hand Washing policy, and Contact Precautions policy, the facility failed to ensure that staff performed hand hygiene after exiting 1 of 1 resident rooms (Resident #1) who was on droplet precautions for a recent hospitalization and was on contact precautions for [MEDICAL CONDITION] (MRSA) in a stage IV pressure wound. These failures occurred during a COVID-19 pandemic. Findings included: A review was conducted of the facility policy titled, Hand Washing Procedure, revised 3/10/20. The policy specified that you should wash your hands before and after contact with residents. A review was conducted of the facility policy titled, Contact Precautions, revised 3/10/20. The policy specified to remove gloves and perform hand hygiene with soap and water before leaving resident area (i.e. it is recommended to utilize hand sanitizer or soap and water after leaving resident rooms as well). Resident #1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 6/2/20 at approximately 10:20 AM, an observation was conducted of Nurse Aide (NA) #1. She was observed doffing her personal protective equipment (PPE) which included; a gown, and gloves before exiting Resident #1's room (room [ROOM NUMBER]) and discarding the PPE in the biohazard bag inside of the resident's room. She exited the room holding nothing in her hands and proceeded down the hallway, walked past rooms #408, #410, #413 and #415, and went into the nourishment room without sanitizing or washing her hands. On 6/2/20 at approximately 10:20 AM, an interview was conducted with NA #1. She acknowledged that Resident #1 was on contact and droplet precautions. She stated she just forgot to use hand sanitizer when she left the resident's room because she was looking for the tray cart. She stated she always used hand sanitizer after leaving a resident's room, or removing her gloves, but forgot to do so that time. On 6/2/20 at approximately 10:30 AM, and observation was conducted of the 400 hall between rooms 404 through 413 which was utilized for residents on transmission-based precautions. Each of the alcohol-based hand sanitizer wall units tested contained hand sanitizer. On 6/2/20 at 5:00 PM an interview was conducted with the Administrator along with the Corporate nurse consultant. The Corporate nurse consultant acknowledged that hand hygiene should be conducted after exiting a resident's room who was on transmission-based precautions.</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.