

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MACGREGOR DOWNS HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2910 MACGREGOR DOWNS ROAD GREENVILLE, NC 27834</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff interviews, and record review the facility failed to place signage on the doors and wear gowns while providing care to residents on the 14 day quarantine hall for new admissions and readmissions for 2 of 2 quarantine halls observed (Quarantine Hall #1, Quarantine Hall #2), failed to have a staff member cover her nose with a face mask while interacting with a visitor and a resident within 6 feet during a discharge for 1 of 1 staff members observed assisting with discharge (the Business Office Manager), and failed to have a staff member wear a face mask while at the staff entrance of the facility with other staff present within 6 feet of each other for 1 of 3 staff members observed at the staff entrance (the Account Manager for Housekeeping and Laundry). Findings included: 1. The Centers for Disease Control and Prevention (CDC) guideline entitled Responding to Coronavirus (COVID-19) in Nursing Homes last reviewed on 04/30/2020 contained the following statements: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. o All recommended COVID-19 PPE (Personal Protective Equipment) should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. o Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. A review of the facility's corporate guidance for Personal Protective Equipment (PPE) dated 9/17/2020 revealed as of 5/14/2020, full personal protective equipment was recommended in admission units. During the entrance conference on 9/29/2020 at 9:45 AM the Administrator indicated rooms 14 through 28 were Quarantine Hall #1 for newly admitted and readmitted residents and there were no positive COVID-19 residents in the facility. During observation on 9/29/2020 at 3:41 PM Resident #6 was observed to receive a bath by Nurse Aide #1 and Nurse Aide #2. The staff members were wearing N95 masks, eye protection and gloves with hand hygiene before and between glove changes, however, no gowns were worn. Staff stated they were only assigned to Quarantine Hall #1 and no other facility areas but do not wear gowns when caring for residents who are new admissions. Both staff stated the resident receiving a bath had been in the facility before but had been gone about a month. They stated residents remained on the new admission unit for 14 days, but gowns were not required when providing care to these residents. Both staff said if enhanced contact precautions were required or other specific precautions such as when residents have [MEDICAL CONDITION] the sign is posted in the doorway. No enhanced droplet contact precaution signage was noted at entrance to the room and no gowns were observed available at the entrance to the room or on the hall. During an interview on 9/29/2020 at 4:00 PM the Director of Nursing stated residents who were new admissions or readmissions reside on the observation unit and are cared for using N95 mask, eye protection, and gloves but they are not on enhanced droplet contact precautions as these residents are restricted to their rooms and have had at least one negative COVID-19 test prior to admission to the facility from the hospital. Therefore, they were not suspected positive by the facility. During observation on 9/29/2020 at 4:20 PM Quarantine Hall #1 was observed to have 17 newly admitted and readmitted residents residing on the hall. There was a sign at the entry to the hall which read, stop, N95 mask and eye protection must be in place beyond this point. No signage to include enhanced droplet contact precautions was posted on any of the resident doors. No gowns were observed available on the hall. During an interview on 9/29/2020 at 4:06 PM the Infection Control Nurse stated she had contacted Pitt County Health Department and spoken with the Pitt County Communicable Disease Communicator who was comfortable with the practice in the facility regarding new admissions. She stated because the residents had at least one if not more negative COVID-19 tests prior to coming to the facility from the hospital, the facility did not consider them to be suspected COVID-19 residents and therefore did not require enhanced droplet contact precautions. During an interview on 9/29/2020 at 4:25 PM Nurse #1 stated she worked on Quarantine Hall #1 and the hall was for new admission and readmitted residents. She concluded the residents stayed on the unit for 14 days and the staff did not post enhanced droplet contact precaution signage or use gowns during care on this hall. During an interview on 9/29/2020 at 5:09 PM the Administrator stated the facility is not placing enhanced droplet contact precaution signage on doors or donning gowns during care of newly admitted and readmitted residents. He stated because the corporation was going through some bad areas outside the state the corporation implemented a blanket policy to wear gowns for all facilities in the country. He stated they made a regional Quality Assurance &amp; Performance Improvement plan to not have to have gowns as they were not in the same situation as other facilities in different states. The facility had over 2,000 gowns in their possession. He continued to state the facility did not admit any residents who had tested positive for COVID-19 while in their hospital stay so only individuals who had not had COVID-19 were allowed in the facility. He concluded they require all new admissions to have no positive COVID-19 results and the only positive resident from the facility was now in a different facility, so all readmissions had also never had COVID-19. During an interview on 9/30/2020 at 9:13 AM the Administrator stated when he looked at the focused survey for infection control which spoke to personal protective equipment on page 4 it indicated an isolation gown is used for residents with uncontained secretions or excretions and on the next page it indicated for a resident with undiagnosed respiratory infections staff follow standard contact and droplet precautions. He stated there were no undiagnosed respiratory conditions in the facility. He further stated the CDC guidance indicated if COVID-19 infection is not suspected in a patient presenting for care, based on symptoms and exposure history health care providers should follow standard precautions and transition-based precautions if required based on a suspected diagnosis. He stated the facility did not consider new admission and readmission residents to be suspected for COVID-19 as they had a negative COVID-19 test and the facility did not admit any residents who had a positive COVID-19 test. During an interview on 9/30/2020 at 3:30 PM the Pitt County Communicable Disease Communicator stated she was in communication with the Infection Control Nurse at the facility and she worked at the Pitt County Health Department. She further stated when they spoke on the phone, she believed the Infection Control Nurse had spoken of wearing full personal protective equipment on the observation units, however, their email communication indicated they informed the health department they were utilizing N95 masks, gloves, and face shields. She stated she referred all facility infection control nurses to go to the CDC website if they had further questions. She concluded she did identify during the interview, on the CDC website, where it indicated staff should wear an N95 mask, eye protection, gown, and gloves and these recommendations were where they told facilities to go for further guidance. 2. The Centers for Disease Control and Prevention (CDC) guideline entitled Responding to Coronavirus (COVID-19) in Nursing Homes last reviewed on 04/30/2020 contained the following statements: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. o All recommended COVID-19 PPE should be worn</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. o Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. A review of the facilities' corporate guidance for personal protective equipment dated 9/17/2020 revealed as of May 14, full personal protective equipment was recommended in admission units. During the entrance conference on 9/29/2020 at 9:45 AM the Administrator indicated rooms 39 through 43 were Quarantine Hall #2 for newly admitted and readmitted residents and there were no positive COVID-19 residents in the facility. During an interview on 9/29/2020 at 4:00 PM the Director of Nursing stated residents who were new admissions or readmissions reside on the observation unit and are cared for using N95 mask, eye protection, and gloves but they are not on enhanced droplet contact precautions as these residents are restricted to their rooms and have had at least one negative COVID-19 test prior to admission to the facility from the hospital. Therefore, they were not suspected positive by the facility. During an interview on 9/29/2020 at 4:06 PM the Infection Control Nurse stated she had contacted Pitt County Health Department and spoken with the Pitt County Communicable Disease Communicator who was comfortable with the practice in the facility regarding new admissions. She stated because the residents had at least one if not more negative COVID-19 tests prior to coming to the facility from the hospital, the facility did not consider them to be suspected COVID-19 residents and therefore did not require enhanced droplet contact precautions. During an interview on 9/29/2020 at 4:40 PM Nurse #2 stated residents on Quarantine Hall #2 were newly admitted residents or readmitted residents. She stated staff did not wear gowns during care or post enhanced droplet contact precaution signage on the door to these residents. During observation on 9/29/2020 at 4:42 PM Quarantine Hall #2 was observed to have 6 newly admitted and readmitted residents residing on the hall. There was a sign at the entry to the hall which stated stop, N95 mask and eye protection must be in place beyond this point. No signage to included enhanced droplet contact precautions signage was posted on any of the doors. No gowns were observed available on the hall. During an interview on 9/29/2020 at 5:09 PM the Administrator stated the facility is not placing enhanced droplet contact precaution signage on doors or donning gowns during care of newly admitted and readmitted residents. He stated because the corporation was going through some bad areas outside the state the corporation implemented a blanket policy to wear gowns for all facilities in the country. He stated they made a regional Quality Assurance &amp; Performance Improvement plan to not have to have gowns as they were not in the same situation as other facilities in different states. The facility had over 2,000 gowns in their possession. He continued to state the facility did not admit any residents who had tested positive for COVID-19 while in their hospital stay so only individuals who had not had COVID-19 were allowed in the facility. He concluded they require all new admissions to have no positive COVID-19 results and the only positive resident from the facility was now in a different facility, so all readmissions had also never had COVID-19. During an interview on 9/30/2020 at 9:13 AM the Administrator stated when he looked at the focused survey for infection control which spoke to personal protective equipment on page 4 it indicated an isolation gown is used for residents with uncontained secretions or excretions and on the next page it indicated for a resident with undiagnosed respiratory infections staff follow standard contact and droplet precautions. He stated there were no undiagnosed respiratory conditions in the facility. He further stated the CDC guidance indicated if COVID-19 infection is not suspected in a patient presenting for care, based on symptoms and exposure history health care providers should follow standard precautions and transition-based precautions if required based on a suspected diagnosis. He stated the facility did not consider new admission and readmission residents to be suspected for COVID-19 as they had a negative COVID-19 test and the facility did not admit any residents who had a positive COVID-19 test. During an interview on 9/30/2020 at 3:30 PM the Pitt County Communicable Disease Communicator stated she was in communication with the Infection Control Nurse at the facility and she worked at the Pitt County Health Department. She further stated when they spoke on the phone, she believed the Infection Control Nurse had spoken of wearing full personal protective equipment however their email communication indicated they informed the health department they were utilizing N95 masks, gloves, and face shields. She stated she referred all facility infection control nurses to go to the CDC website if they had further questions. She concluded she did identify during the interview, on the CDC website, where it indicated staff should wear an N95 mask, eye protection, gown, and gloves and these recommendations were where they told facilities to go for further guidance. 3. A review of the mask donning education provided to staff on 9/21/2020 revealed all staff were educated to secure ties or elastic bands at middle of the head and neck, fit flexible band to the bridge of the nose, and fit snug to face and below chin. The Business Office Manager received this training. During observation on 9/29/2020 at 10:05 AM the Business Office Manager was observed standing approximately three feet away from a family member and resident who was being discharged at the front door. There was no barrier between them. The business office manager had her mask under her nose where it was not covering her nose while speaking with the family. During an interview on 9/29/2020 at 10:07 AM the Business Office Manager stated she was supposed to have her mask cover her face to include her nose when within 6 feet of others. She concluded she did not realize she did not have her mask covering her nose while helping the resident and family discharge. During an interview on 9/29/2020 at 12:29 PM the Infection Control Nurse stated masks had to cover the nose while within six feet of other individuals and the Business Office Manager should have had the mask fully on while around the visitor and resident. During an interview on 9/29/2020 at 1:12 PM the Director of Nursing stated staff should have their mask fully covering their nose when around others in the facility. 4. A review of the mask donning education provided to staff on 9/21/2020 revealed all staff were educated to secure ties or elastic bands at middle of the head and neck, fit flexible band to the bridge of the nose, and fit snug to face and below chin. The Account Manager for Housekeeping and Laundry received this training. During observation on 9/29/2020 at 9:33 AM the Account Manager for Housekeeping and Laundry was observed at the staff entrance of the facility with two other staff members. The Account Manager for Housekeeping and Laundry was observed to have his mask pulled under his chin not covering his mouth and nose as he spoke with other staff. He was observed to be standing approximately three feet away from one staff member and four feet away from the other staff member. During an interview on 9/29/2020 at 10:37 AM the Account Manager for Housekeeping and Laundry stated he should have a mask on when around others outside the building. He further stated most staff when they are outside the facility did not wear a mask when within six feet of each other. During an interview on 9/29/2020 at 12:29 PM the Infection Control Nurse stated the Account Manager for House Keeping and Laundry should have had a face mask fully covering his mouth and nose while on the premise even outside since he was within six feet of other individuals. She concluded it was very difficult to control once staff were outside, but she would reeducate the staff. During an interview on 9/29/2020 at 1:12 PM the Director of Nursing stated staff are expected to always wear a mask inside the facility. She stated they do educate staff to be smart when out in the community and wear masks and encouraged it outside of the facility.</p>		