

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER TWIN LAKES COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 3801 WADE COBLE DRIVE BURLINGTON, NC 27215	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and review of the facility infection control policy information the facility failed to implement their policies regarding when staff must wear facemasks and perform hand hygiene. Four (4) of fourteen (14) staff members were observed in resident care areas with a face mask that did not cover their nose and/or mouth, and one (1) of four (4) staff observed did not perform hand hygiene between residents while passing and setting up resident meal trays. This failure was observed during the COVID-19 survey. Findings included: Record review of an undated document provided by the facility titled, Infection Prevent & Control Policy, revealed in part, Standard and transmission-based precautions to be followed to prevent the spread of infections. a. Hand Hygiene to be followed by staff with direct care, handling resident care equipment and the environment. Record review of an undated document provided by the titled, Infection Prevent & Control Methods of Compliance revealed in part, Hand washing facilities including warm water, soap and disposable drying towels are readily accessible to employees throughout the campus. Hand sanitizers are also placed throughout the campus for ease of accessibility to employees. Record review of a facility provided human resources email dated 04/09/2020 to staff revealed in part, Twin Lakes Community Employees must wear a mask when in the presence of Twin Lake Residents. On 06/09/20 at 12:20PM Nurse Aide (NA) #1 was observed not wearing a mask over her nose, NA #1 went to the tray cart on the hallway and retrieved a lunch tray. She took the meal tray to Resident #4, who was in her room, and completed the tray set up (coverings removed from the food and the straw place into the beverage carton) with her mask not covering her nose. Further observations revealed Resident #4's room had a sink and hand sanitizer station. NA #1 did not complete hand hygiene prior to exiting Resident #4's room and returned to the tray cart and retrieved a meal tray, for Resident #2. NA #1 took the meal tray into Resident #2's room and provided the resident with set up assistance with the meal tray without performing any hand hygiene. An interview was conducted with NA #1 on 06/09/2020 at 12:30PM. When asked when does hand hygiene occur NA #1 indicated before passing meal trays, she washed her hands and after she set up a resident tray, she was supposed to use hand sanitizer or wash hands. When asked why she didn't complete hand hygiene between setting up meal trays for Residents #2 and #4 she indicated that it took too long when passing trays. When asked about her mask being worn below her nose, she indicated the mask slipped a lot. On 06/09/20 at 1:35 PM an observation revealed NA #3 was wearing a mask which did not cover her nostrils while picking up meal trays. During an interview on 09/09/2020 at 1:35PM NA #3 indicated that the facility trained staff to wear a mask over both the nose and the mouth, no exceptions. When asked about her mask not staying above her nostrils. She indicated she had trouble keeping the mask over her nose while she was working because she sweat. She was asked if the nose clip helped to keep the mask over her nose. She pulled the mask over her nose and pinched the clip over bridge of her nose. On 06/09/20 at 3:05 PM NA #2 was observed not wearing a mask while transferring Resident #3 to bed with NA #7. While transferring the resident NA #2's mouth and nose were not covered. During interview on 06/09/2020 at 3:05PM NA #2 stated she was not wearing the mask. Aide #2 indicated she was trained how to wear the mask. On 06/09/20 at 4:20PM NA #2 was observed at the nursing station speaking to a resident. NA #2's face mask was below her chin and was not covering her nose or mouth. On 06/10/20 at 11:20 AM observation revealed NA #4's mask was below her nostrils. During an interview NA #4 indicated that she had difficulty keeping the mask over her nose while caring for residents. On 06/10/2020 at 2:00 PM the Director of Nursing (DON) indicated staff wearing a face mask in the facility was mandatory at this time. The DON also specified that hand washing was expected between resident contact, while passing meal trays.</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.