

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT HENDERSONVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP 200 HERITAGE CIRCLE HENDERSONVILLE, NC 28791	
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 observations, staff interviews, and review of the facility's Hand Hygiene policy the facility failed to implement their policy on hand hygiene when a housekeeper was observed cleaning three resident's rooms and not removing gloves and performing hand hygiene for 3 of 3 resident rooms observed for infection control practices. This failure occurred during a COVID-19 pandemic. The findings included: A review was completed of the facility's policy titled Hand Hygiene revised August 2015. The policy stated, HCP (healthcare personnel) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE (personal protective equipment), including gloves. The policy also stated in part, Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. HCP should perform hand hygiene by using alcohol-based hand rub (ABHR) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds after contact with objects and surfaces in the resident's environment and after removing personal protective equipment (e.g. gloves, gown, facemask). A continuous observation on 10/13/20 from 11:14 AM to 11:21 AM of Housekeeper #1 cleaning resident rooms revealed the following: On 10/13/20 at 11:14 AM Housekeeper #1 exited Resident #1's room with a mop and she was not wearing gloves. She then removed the dirty mop cloth from the mop, discarded the used mop cloth, placed the mop in the mop water, reentered Resident #1's room and swept up the trash from the room. At 11:15 AM Housekeeper #1 exited the room and did not perform hand hygiene. On 10/13/20 at 11:16 AM Housekeeper #1 was observed to put on a clean pair of gloves but did not perform hand hygiene prior to putting on the gloves. She entered Resident #3's room and emptied the trash can in the room. She exited the room with a bag of trash. Housekeeper #1 did not remove her gloves or perform hand hygiene prior to exiting the room. She placed the bag of trash on her cart that was in the hallway, walked down the hall, picked up a floor caution sign, brought it to her cart, obtained a cloth from her cart, sprayed cleaner on the cloth, and returned to Resident #3's room. Housekeeper #1 was still wearing the same gloves when she reentered Resident #3's room. While in the room she wiped down the sink, door knob, and over bed table. The housekeeper then opened the bathroom door, touched a stethoscope hanging on the bathroom door, closed the bathroom door, and the stethoscope fell in the floor. She picked up the stethoscope from the floor and placed it in a bath basin of Resident #3's supplies. Housekeeper #1 then wiped down the chest of drawers, call light, and window sill. At 11:18 AM Housekeeper #1 exited Resident #3's room without performing hand hygiene. She then placed the used cloth in a bag on her cart, pulled up her goggles, removed her gloves and discarded them in a trash bag on her cart. Housekeeper #1 did not perform hand hygiene after she removed her gloves. She removed her cell phone and keys from her pants pocket, opened her cart, got a bottle of cleaner, and a toilet brush, set the cleaner and toilet brush on her cart, and put on a clean pair of gloves. She did not perform hand hygiene prior to putting on the gloves. On 10/13/20 at 11:18 AM Housekeeper #1 entered Resident #4's room with the toilet brush and cleaner. Housekeeper #1 opened Resident #4's bathroom door, cleaned the toilet, removed the trash bag from the trash can, placed a clean trash bag in the trash can, gathered the trash bag, toilet brush, a roll of trash bags, and cleaner, and exited Resident #4's room. She did not perform hand hygiene or remove her gloves prior to exiting the room. She opened her housekeeping cart, got out a cloth, reentered Resident #4's room, wiped down the toilet, cleaned around the base of the toilet, exited the bathroom, and exited the room. She removed her gloves and discarded them in the trash on her cart. The housekeeper did not perform hand hygiene prior to leaving the resident's room or after she removed her gloves. Housekeeper #1 then opened her cart, removed 2 toilet paper rolls, reentered Resident #4's room, opened the bathroom door, placed the toilet paper in the bathroom, and exited the bathroom. At 11:21 AM Housekeeper #1 exited and closed the door to Resident #4's room. Housekeeper #1 did not perform hand hygiene prior to exiting this room. An interview with Housekeeper #1 on 10/13/20 at 11:21 AM revealed she should have washed her hands or used hand sanitizer after exiting resident rooms, not worn used gloves in the hall, and sanitized her hands after cleaning each resident room. She stated she just forgot to wash her hands and wear gloves and she should not have worn used gloves in the hall. Housekeeper #1 acknowledged she had received training on hand hygiene and PPE use. An interview with the Housekeeping Supervisor on 10/13/20 at 12:10 PM revealed housekeeping staff had received multiple in-services on hand hygiene and PPE use. She stated Housekeeper #1 should have washed her hands or used hand sanitizer after exiting Resident #1's room and before and after cleaning each room. She further stated used gloves should not be worn in the hall. An interview with the Administrator on 10/13/20 at 12:30 PM revealed staff had been in-serviced on hand hygiene and PPE use multiple times. She stated in addition to in-services from nursing staff the Housekeeping Supervisor also conducted in-services on hand hygiene and PPE use. The Administrator further stated spot checks were done to check compliance with hand hygiene and PPE and staff were compliant. She stated the housekeeper should have cleaned her hands after exiting Resident #1's room, before and after cleaning each room, and not worn used gloves in the hall.</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.