

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HIGHLAND HOUSE REHABILITATION AND HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, staff interviews and review of the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) COVID screening guidelines, and the facility's educational screening information the facility failed to implement their screening policy when staff entered the facility without being screened and were not wearing a mask for 2 of 2 staff members (Employee #1 and Employee #2) observed entering the facility. These failures occurred during the COVID-19 pandemic. Findings included: The CMS and CDC guidelines screening form, to be completed before entry, dated 06/01/2020 read: All individuals entering the building MUST be asked the following questions: 1. Has the individual washed their hands or used alcohol-based hand rub on entry? 2. Ask the individual if they have any of the following symptoms? fever, cough, sore throat, new shortness of breath, loss of smell/taste and diarrhea . Allow entry to building and remind the individual to: Wash their hands or use ABHR throughout their time in the building and not shake hands with, touch or hug individual during their visits . When there are cases in this facility or sustained transmission in the community: Implement universal use of facemask for all health care personnel (HCP) while in the facility . The education form dated 05/09/2020 read: Attention Staff: We must all do the screening and temp check upon entering the building. Please do the screening accurately All employees must wear a facemask while in the building. The attendance record for receiving the information in the in-service dated 05/09/2020 was signed by Employee #1 and Employee #2. On 09/02/2020 at 11:45 AM, a surveyor was in the facility's front lobby being screened by the facility's Screener for the COVID-19 virus. Two people were observed to enter the facility's front entrance and walked past the front lobby's COVID screening station. These individuals walked through the lobby and walked down the hall carrying food. They did not stop to be screened and they were not wearing masks. This Surveyor asked the Screener who the two people were and was told they were employees. The Receptionist got their attention and the employees came back to the screening area to be screened. During an interview with Employee#1 on 09/02/2020 at 11:50 PM, Employee #1 stated they were picking up lunch for the facility and wasn't thinking. There was no excuse for not stopping and getting screened or for not wearing her mask. Employee #1 also stated she was aware of the policy and procedures to be screened before entering the facility and wearing masks in the facility. During an interview with Employee#2 on 09/02/2020 at 11:50 PM, Employee#2 stated she was rushing to get the food into the facility because the iced tea had spilled in her car and she wanted to come back and clean it up. Employee#2 also stated she usually stopped to get screened and wear a mask but failed to do so at that time. Employee #2 further stated she was aware of the policy and procedure for stopping and being screened at the door and wearing a mask while in the facility and she should have done so. During an interview with the Screener on 09/02/2020 at 12:57 PM, the Screener stated he has been screening at the facility since May 2020. He was screening this Surveyor and looked up and the two employees were coming in the facility and walked by without being screened. The Receptionist put the code in to let the employees in the front door. The two employees were screened earlier today but not screened at that time. He explained that all visitors and staff stop and wait to be screened but these two employees did not do that on this day and time. During an interview with the Receptionist on 09/02/2020 at 1:15PM, the Receptionist stated the screening policy is for anyone entering the facility. All of the employees know this and usually follow this procedure. The Receptionist stated she put the code in when the two employees came to the door and they were supposed to be screened but walked by screening area and down the hall, came back and then were screened. During an interview with the Administrator on 09/02/2020 at 1:34 PM, the Administrator stated she was made aware that two staff members did not stop to be screened and were not wearing their masks. The Administrator specified, all of the staff were educated for mask wear and proper entry screening procedures and they are supposed to wear their masks and stop to be screened at the door before entering the facility.</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.