

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER THE OAKS-BREVARD		STREET ADDRESS, CITY, STATE, ZIP 300 MORRIS ROAD BREVARD, NC 28712	
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 observations, staff interviews, and review of the facility's Infection Prevention - Hand Hygiene policy, the facility failed to perform hand hygiene before or after delivering clothing items to 4 of 4 resident rooms (Rooms #405, #406, #407, #408). These failures occurred during a COVID-19 pandemic. The findings included: A review was completed of a facility policy titled, Infection Prevention - Hand Hygiene, revised March 2019. The policy specified when hands were not visibly soiled or contaminated with blood or body fluids, an alcohol-based hand sanitizer could be used after contact with objects in the immediate vicinity of the resident. An observation was conducted on 05/21/20 at 10:50 AM of Housekeeping Aide (HA) #1 delivering clothing items to resident rooms located on the 400 Hall. HA#1 retrieved clothing items from the linen cart positioned in the middle of the resident hall, entered room [ROOM NUMBER], opened the closet door, hung the items inside the closet, shut the closet door, and then exited the room without sanitizing her hands. HA#1 returned to the linen cart, retrieved more clothing items, entered room [ROOM NUMBER] and completed the same process without performing hand hygiene. Residents were present in the room during the observations and hand sanitizer dispensers were observed mounted on the inside wall by the door of each resident room. An observation was conducted on 05/21/20 at 10:55 AM of HA#2 delivering clothing items to resident rooms located on the 400 Hall. HA#2 retrieved clothing items from the linen cart positioned in the middle of the resident hall, entered room [ROOM NUMBER], opened the closet door, hung the items inside the closet, shut the closet door, and then exited the room without sanitizing her hands. HA#2 returned to the linen cart, retrieved more clothing items, entered room [ROOM NUMBER] and completed the same process without performing hand hygiene. Residents were present in the room during the observations and hand sanitizer dispensers were observed mounted on the inside wall by the door of each resident room. During an interview on 05/21/20 at 11:10 AM, HA#1 stated she did not normally perform hand hygiene in-between entering the resident rooms when delivering clean laundry and had not been instructed to perform hand hygiene when entering or exiting a resident's room. HA#1 confirmed she did not perform hand hygiene in-between entering the resident rooms on 400 Hall or after she placed the clean clothing in their closets and exited the resident room. During an interview on 05/21/20 at 11:15 AM, HA#2 shared she had received recent training due to the COVID-19 pandemic and was instructed to sanitize her hands when entering and exiting each resident's room. HA#2 confirmed she did not perform hand hygiene before or after entering the resident rooms on 400 Hall to place clean clothing items in their closets and added, to be honest, I just forgot. The Housekeeping Supervisor was no longer employed and unable to be interviewed. During an interview on 05/21/20 at 1:00 PM, the Director of Nursing stated all facility staff were instructed and expected to perform hand hygiene each time they entered and exited a resident's room. During an interview on 05/21/20 at 1:20 PM, the Administrator shared all facility staff had received education on hand hygiene and knew what they needed to do. The Administrator confirmed all facility staff were expected to perform hand hygiene every time they entered and exited a resident's room.</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.