

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT SALISBURY		STREET ADDRESS, CITY, STATE, ZIP 635 STATESVILLE BOULEVARD SALISBURY, NC 28144	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interviews and review of facility policies the facility failed to implement their policy on Handwashing/Hand Hygiene when staff failed to perform hand hygiene when delivering meal trays to resident rooms for 5 of 5 residents observed for infection control (Resident Rooms #202, #209, #214, #215 and #216). This failure occurred during a COVID-19 pandemic. Findings included: A review of the facility's policy titled Handwashing/Hand Hygiene revised August 2015 read in part; 2. All personnel shall follow the handwashing /hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: b. Before and after direct contact with residents; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; o. Before and after eating or handling food; p. Before and after assisting a resident with meals. A continuous observation on August 26, 2020 from 12:45 PM to 1:05 PM revealed staff #1 was delivering meal trays to resident rooms. At 12:50 PM staff #1 removed a lunch tray from the meal delivery cart and delivered the tray to a resident in room [ROOM NUMBER], staff #1 did not perform hand hygiene when she entered or exited room [ROOM NUMBER]. Staff #1 delivered a meal tray to a resident in room [ROOM NUMBER], set up the tray for the resident and did not sanitize her hands when she entered the room, but when staff #1 exited room [ROOM NUMBER] she walked down the hallway and sanitized her hands by using hand sanitizer she obtained from the wall mounted dispenser. Staff #1 did not sanitize her hands when she exited room [ROOM NUMBER] and then was observed to remove a meal tray from the meal delivery cart and deliver the meal tray to a resident in room [ROOM NUMBER]. Staff #1 did not perform hand hygiene when she entered or exited room [ROOM NUMBER]. Staff #1 was observed to remove a meal tray from the meal delivery cart, delivered it to a resident in room [ROOM NUMBER], set up the tray for the resident and exited the room. Staff #1 did not sanitize her hands when she entered room [ROOM NUMBER]. When staff #1 exited room [ROOM NUMBER] she walked down the hallway and asked a nurse to unlock the medication cart to obtain hand sanitizer and then she sanitized her hands. On August 27, 2020 at 1:19 PM an interview was conducted with staff #1 who stated, before entering a room I will wash my hands or use hand sanitizer. Staff #1 stated that sometimes we just don't have time, because of being understaffed, I try the best I can. Staff #1 stated that she does not go into the resident's rooms to wash her hands as some rooms don't have paper towels. Staff #1 stated that she had to go to the medication cart and get a nurse to unlock the cart to get some hand sanitizer. Staff #1 stated that there was only one wall mounted hand sanitizer dispensers on each unit. Staff #1 explained that it would help if there were more wall mounted dispensers. An interview was completed with the Director of Nursing (DON) on August 28, 2020 at 10:44 AM who stated staff are to wash their hands or sanitize their hands before entering or exiting a resident's rooms this includes when passing of meal trays. The DON stated a handwashing In-service was provided to staff and we keep reiterating hand hygiene; however, people learn in different ways. An interview was completed with the administrator on August 28, 2020 at 2:05 PM who stated it is her expectation that staff wash their hands or utilize hand sanitizer anytime they go into 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.