

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER EMERALD HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 54 RED MULBERRY WAY LILLINGTON, NC 27546	
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	Provide and implement an infection prevention and control program. Based on observation, staff interviews and review of facility guidelines titled Recommended use of personal protective equipment (PPE) for health care settings, the facility failed to implement infection control measures when three of three dietary workers were observed wearing face masks that did not cover their noses while they were in the kitchen. This failure occurred during the COVID-19 pandemic. The findings included: The facility guideline, received from the corporate office, titled Recommended use of personal protective equipment (PPE) for health care settings with an effective date of 04/06/20 specified; All employees should wear face protection/mask while at work for their entire shift. On a tour of the facility on 5/26/2020 at 8:35 AM, an observation was made of Dietary aide #1 at the door to the kitchen wearing a face mask that was not covering her nose. Upon closer observation, two other dietary workers (Cook #1 and Dietary Aide #2) were observed in the kitchen wearing face masks that did not cover their noses. Upon entrance to the kitchen on 5/26/2020 at 8:40 AM, Cook #1 was observed wearing a face mask that was positioned below her nose. Cook #1 stated she had watched a video on wearing masks and knew she was supposed to wear a mask that covered her mouth and nose. Cook stated, I get so hot, sometimes I feel like I can't breathe. During an interview with Dietary Aide #1 on 5/26/2020 at 8:50 AM she stated she had watched the video about wearing masks and knew she was supposed to wear her mask over her mouth and nose. Dietary Aide #1 said that it bothered her to wear it over her nose because it was so hot in the kitchen. On 5/26/2020 at 9:15 AM, Dietary Aide #2 was interviewed and stated she had watched the video about wearing masks and knew she was supposed to have the mask covering her mouth and nose. Dietary Aide #2 explained that it was hot and steamy in the kitchen, so she pulled it down below her nose. In an interview at 2:50 PM on 5/26/2020, the Director of Nursing (DON) indicated the facility used a system of education that included staff viewing videos. The DON stated the kitchen staff had watched a video for wearing an N-95 face mask, but that all the facility's trainings on how to properly wear a face mask showed the face mask covering the person's mouth and nose. The DON noted infection control rounds were done daily and staff were monitored for wearing PPE correctly.		
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.