

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL		STREET ADDRESS, CITY, STATE, ZIP 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514	
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, record review and staff interviews, the facility failed to perform hand hygiene after exiting 2 of 2 resident rooms (room [ROOM NUMBER] and room [ROOM NUMBER]). These failures occurred during a COVID-19 pandemic. The findings included: A review was conducted of the facility policy titled, Handwashing/Hand Hygiene, revised August 2015. The policy specified that an alcohol-based hand rub containing at least 62% alcohol; or, alternately, soap and water, should be used after contact with objects in the immediate vicinity of the resident. On 4/16/20 at 9:10 AM, an observation was made of Nurse Aide (NA) #1. NA #1 entered room [ROOM NUMBER] without gloves on and exited the room carrying a breakfast tray. NA #1 was observed to place the breakfast tray on the cart in the hallway and go back into room [ROOM NUMBER] without washing or sanitizing her hands. NA #1 exited room [ROOM NUMBER] carrying another breakfast tray and placed it onto the cart in the hallway. NA #1 was observed to then enter room [ROOM NUMBER] with ungloved hands and did not sanitize her hands before she entered the room. NA #1 was observed to use the bed controller to adjust the head of the resident's bed. She then exited room [ROOM NUMBER] carrying a breakfast tray and placed it on the cart located in the hallway. NA #1 did not wash or sanitize her hands after she placed the meal tray in the cart. On 4/16/20 at 9:12 AM, an interview was conducted with NA #1. She stated she sanitized her hands after coming out of resident's rooms and after removing gloves if she was providing care. When NA #1 was asked why she didn't sanitize her hands after coming out of Rooms #131 and room [ROOM NUMBER], she stated the hand-sanitizing dispenser outside of room [ROOM NUMBER] was empty and after observing her checking her pockets, she stated she didn't know where her personal hand sanitizer was, she must have left it somewhere. NA #1 then proceeded to a hand sanitizing station and sanitized her hands. On 4/16/20 at 9:14 AM, an observation was conducted in the hallway near room [ROOM NUMBER]. The hand-sanitizing station outside of room [ROOM NUMBER] was functional and supplied with hand-sanitizing solution. On 4/16/20 at 9:13 AM, an interview was conducted with NA #2. She stated she sanitizes her hands after coming out of residents rooms and washes them after removing her gloves when giving care. NA #2 stated the staff were having in-servicing on hand-washing. On 4/16/20 at 9:20 AM, an interview was conducted with the Corporate Nurse Consultant. She stated NA #1 should have sanitized her hands when exiting the resident's rooms and the staff have been trained many times on handwashing and the use of Personal Protective Equipment (PPE).</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.