STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060101	A. BUILDING: _____ B. WING _____	08/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH CHARLOTTE	5515 REA ROAD CHARLOTTE, NC 28226

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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for a period of at least 14 days since the most recent positive result.
-This follow-up viral testing can assist in the clinical management of infected residents and in the implementation of infection control interventions to prevent SARS-CoV-2 transmission.
-If viral test capacity is limited, CDC suggests directing repeat rounds of testing to residents who leave and return to the facility (e.g., for outpatient dialysis) or have known exposure to a case (e.g., roommates of cases or those cared for by a HCP with confirmed SARS-CoV-2 infection). For large facilities with limited viral test capacity, testing only residents on affected units could be considered, especially if facility-wide repeat viral testing demonstrates no transmission beyond a limited number of units.

Review of the COVID-19 Outbreak/Cluster Worksheet-Initial Notification form dated 07/17/20 at 10:00am revealed:
-The form was faxed to the NC Department of Health and Human Services (NCDHHS) on 07/17/20 at 10:00am.
-The form was from the Health and Wellness Director (HWD) notifying the NCDHHS out of 37 staff tested, 4 staff tested positive for COVID-19 and out of 61 residents tested, 0 tested positive for COVID-19.
-The first date of symptom onset was 06/28/20 and the most recent date of symptom onset was 07/07/20.
-The symptoms included cough, fatigue and loss of smell.
-The control measures noted on the form shared with the facility, were as follows; guidance shared with the facility, isolation/quarantine of all residents, cohorting residents/staff, staff wearing Personal Protective Equipment (PPE), signage