Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 07/31/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

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D 000	Initial Comments The Adult Care Licensure Section conducted a complaint investigation and a COVID-19 focused Infection Control survey with an onsite visit on 07/22/20 and a desk review survey on 07/22/20 to 07/31/20 and a telephone exit on 07/31/20.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance by the law.	
D 201	10A NCAC 13F .0604 (e)(1)(A)(B)(C) Personal Care And Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staffing (e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply. (1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least: (A) First shift (morning) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)	D 201	10 NACA 13F .0604(e)(1)(A)(B)(C) Personal Care and Other Staffing (e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply. (1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least: (A) First shift (morning)-16 hours of aide duty for facilities with a census of capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (B) Second shift(afternoon)-16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census capacity of 40 or more residents. (C) Third shift (evening)-8.0 hours of aide duty per 30 or fewer residents (licensed capacity of resident census) Staffing has been reviewed and the staffing requirements will be met based on resident census for all three shifts. ED/RCC/MCM will monitor each schedule per shift prior to the next shift to ensure total required aide hours are met. RCC/MCM will monitor staffing every week for one month and then every two weeks as the schedule is prepared Additional care staff were hired August 28, 2020 to ensure total required aide hours are met. RCC & MCM will provide additional care staff back up when necessary. With census of 21 to 40 residents: Staffing (aide duty) for first shift (morning) will be 16 hours. Four additional aide hours will be staffed for every additional 10 or fewer residents with a census or capacity of 40 or more residents. Staffing (aide duty) for second shift (afternoon) will be 16 hours. Four additional aide hours will be staffed for every additional 10 or fewer residents with a census or capacity of 40 or more residents. Staffing (aide duty) for third shift (evening) will be 16 hours.	8/1/2020 & ongoing 8/1/2020 & ongoing 8/1/2020 & ongoing 8/28/2020 & ongoing 8/1/2020 & ongoing 8/28/2020 & ongoing 8/28/2020 & ongoing 8/28/2020 & ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Bates TITLE: Executive Director (X6) DATE: 9-10-2020

STATE FORM 8899 Received 09/10/2020 + Reviewed + Accepted 09/14/2020 2ZMG11 Lina B Nicks-RNSN If continuation sheet 1 of 22

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D 201	Continued From page 1	D 201		

This Rule is not met as evidenced by:
Based on interviews and record review, the facility failed to ensure aide hours met the minimum requirements for the Assisted Living (AL) section on 07/04/20, 07/08/20, 07/14/20, 07/15/20, and 07/19/20 for 7 of 15 shifts sampled.

The findings are:

Review of the facility's 2020 license revealed:
-The facility was licensed for a capacity of 76 residents.
-There were 48 approved for the special care unit (SCU).
-The assisted living (AL) section was approved for 28 residents.

Based on a resident census of 21-30 residents in an assisted living facility, a minimum of 16 hours of aide duty on first shift, 16 hours of aide duty on second shift and 8 hours of aide duty for third shift were required.

Review of the staff time sheets, and census report dated 07/04/20 revealed:
-The census was 22 residents on the assisted living unit (AL).
-The required staff hours were 16 hours for first shift.
-There were 14.62 hours staff hours provided on

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D 201	Continued From page 2 first shift leaving the shift short 1.38 staff hours. Review of the staff time sheets, and census report dated 07/08/20 revealed: -The census was 22 residents on the assisted living unit (AL). -The required staff hours were 16 hours for first and second shifts. -There were 14.22 hours staff hours provided on first shift leaving the shift short 1.78 staff hours. -There were 14.57 hours staff hours provided on second shift leaving the shift short 1.43 hours staff hours. Review of the staff time sheets, and census report dated 07/14/20 revealed: -The census was 21 residents on the assisted living unit (AL). -The required staff hours were 16 hours for first and second shifts. -There were 14.88 hours staff hours provided on first shift leaving the shift short 1.12 staff hours. -There were 12.82 hours staff hours provided on second shift leaving the shift short 3.18 hours staff hours. Review of the staff time sheets, and census report dated 07/15/20 revealed: -The census was 21 residents on the assisted living unit (AL). -The required staff hours were 16 hours for first shift. -There were 15.12 hours staff hours provided on first shift leaving the shift short 0.88 staff hours. Review of the staff time sheets, and census report dated 07/19/20 revealed: -The census was 21 residents on the assisted living unit (AL). -The required staff hours were 16 hours for	D 201		

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D 201	Continued From page 3 second shift. -There were 15.10 hours staff hours provided on second shift leaving the shift short 0.90 staff hours. Confidential telephone interview with a staff revealed: -She was the only personal care aide (PCA) who worked on assisted living with a Medication Aide (MA) on first shift. -If she needed help with resident care, she had to get theone medication aide (MA) or Resident Care Manager (RCM) to help. -There were times when there were not enough staff working. -There was only one PCA on the AL section of the facility on each shift. -There was usually one MA working on the AL section for the 7:00am - 3:00pm shift and was responsible for managing the medication cart. -Staff had worked alone on the AL unit with 22 residents. -The MA did not do much to help with personal care for the residents, usually answer the call lights to see what the residents needed. Confidential telephone interview with a second staff revealed: -She worked on the AL and worked with one PCA. -They staggered their breaks so there was always someone on the floor. -They did that so not to interfere with the medication administration. -When she went on break, the PCA would remain on the hall. -She notified the MA on the special care unit (SCU) to listen out for her hall. -There had been a couple of times that she had two carts of medications until 7:00pm when	D 201		

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D 201	Continued From page 4 another MA comes on. -She did not say if she had to administer medications during the times she had to manage two carts. -This was due to COVID-19 and short staffing. Telephone interview with the Resident Care Manager (RCM) on 07/31/20 at 1:22pm revealed: -The Memory Care Manager (MCM) was responsible for completing the staff work schedule. -They staffed 1 PCA and 1 MA on the AL side for all 3 shifts. -They had a chart with calculations for staffing based on in-house census that corporate sent that they follow for staffing. -When the MA clocked out to go to break, she remained in the building and if needed would clock back in. -She counted off her medication cart with another MA from the SCU and gave her the keys when she went on break. -The staff ratio of 1 to 22 residents should be 16 hours by corporate chart for 1st and 2nd shift and 8 hours for 3rd shift.	D 201		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure	D 338	10NCAC 13F .9090 Resident Rights An Adult care home shall assure that the rights of all residents guaranteed under G.S. 131-21 Declaration of Residents' Rights are maintained and may be exercised without hindrance.	

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D 338	Continued From page 5 recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS), and local county health department were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic for reducing the risk of transmission and infection of COVID-19 as related to the use of personal protective equipment (PPE) by staff and residents and practicing social distancing on the assisted living and special care unit. The findings are: Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of the coronavirus disease in long term care (LTC) facilities revealed: -Implement social distancing of at least six feet apart among residents. -If COVID-19 was identified in the facility, restrict all residents to their rooms. -Residents with known or suspected COVID-19 should be cared for using recommended personal protective equipment (PPE) including use of eye protection, gloves, gown, and N95 respirator face mask or face mask if a N-95 mask is not available. -Facilities should be in communication with local health, state, and federal public health partners and emergency preparedness partners to identify PPE needs and additional PPE supplies. -Facilities along with their health care coalitions, local and state health departments, and local and state partners should work together to develop strategies that identify and extend PPE supplies, so that recommended PPE will be available when needed most. -CDC recommends limiting the number of	D 338	All recommendations from Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) and local county health department have all been implemented in the community to include use of PPE by staff and ensuring residents practice social distancing when they have to come outside their rooms, on both assisted living and special care units. Community remains updated on all CDC changes with staff and all new hires All residents are quarantined to their rooms with no communal dining or activities. The residents are served their meals in their rooms and activities are conducted in their rooms. This will be monitored 24 hours/day by care staff until all negative results are achieved. Social distancing of at least six feet apart for all residents is implemented when they have to come outside of their rooms and is monitored by care staff. All residents with known or suspected COVID-19 are being cared for by staff using recommended PPE including eye protection, gloves, gown and face masks. PPE is readily available to all staff in work areas. All COVID positive asymptomatic staff are caring for all COVID positive residents and will continue until all negative results are achieved. All COVID negative staff are caring for all COVID negative residents and will continue until all negative results are achieved. RCC/MCM will monitor daily. Screening of staff and vendors is completed by an electronic tablet upon entry. Between the hours of 8am – 5pm (M-F) management will be responsible for all screenings. Between the hours of 8am-5pm (S-S) SIC on duty will be responsible for all screenings. Between the hours of 5pm and 8am (M-S) SIC on duty will be responsible for all screenings.All screenings will be monitored by the BOM with daily report Executive Director conducted Resident Rights training for all staff on August 26 & 27, 2020. Resident Rights training has been scheduled by the Ombudsman for all staff on September 8, 2020 via Zoom. Infection Control/COVID 19 inservice was provided to all staff by the LHPS Nurse on 4/30/2020, 7/28/2020 and will be provided annually and for all new hires All disposable PPE will be disposed of after each use. This will be monitored by the ED/MCM/RCC and SIC each day/shift Spraying of gowns was discontinued on 7/23/2020. Community owned vital signs equipment is available for use on positive residents only. Community owned vital signs equipment is available for use on negative residents only. Personal vital signs equipment is prohibited from being brought into the community or used in the community. ED/MCM/RCC will monitor all equipment weekly. ED/BOM will complete Residents' Rights training for all new hires during orientation.	7/22/2020 & ongoing 7/22/2020 & ongoing 5/26/2020 & ongoing 5/26/2020 & ongoing 7/22/2020 & ongoing 8/1/2020 & ongoing 6/11/2020 & ongoing 7/22/2020 & ongoing 7/22/2020 & ongoing 7/22/2020 & ongoing 8/26/2020 & 8/27/2020 To be completed 9/8/2020 and annually thereafter 4/30/20, 7/28/20 annually & ongoing for new hires 7/23/2020 & ongoing 7/30/2020 and ongoing 8/26/2020 & ongoing

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D 338	Continued From page 6 donnings for an N95 Filtering Facepiece Respirator (FFR) to no more than five per device. -It may be possible to don some models of FFRs more than five times. -One study reported that fit performance decreased over multiple, consecutive donnings and fit varied among the different models of FFRs examined. Review of the CDC Considerations for Memory Care Units in Long-term Care Facilities revealed: -Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated). -Cloth face coverings should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. -Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are near other residents or personnel. Review of an email dated 07/11/20 with documented findings and recommendations from the local health department revealed the following findings: -COVID-19 positive residents and asymptomatic COVID-19 positive staff were residing/working on the same area with COVID-19 negative residents and staff and the inability to separate positive and negative residents due to layout of the facility. -PPE was not available to staff in work areas: only available to staff in the medication room. -Monitoring of staff and visitors was completed by electronic tablet.	D 338		

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D 338	Continued From page 7 -Residents and staff were tested 07/03/20 in which there were multiple positive residents and staff identified. -Tissues were not available in all residents' rooms. -Staff were entering their own information on the electronic tablet. Review of an email dated 07/11/20 with documented findings and recommendations from the local health department included the following recommendations: -Dedicated health care personnel were assigned to work with COVID positive patients and do not interact with other staff or residents. -If COVID-19 was identified in the facility, restrict all residents to their room and have health care personnel (HCP) wear all recommended PPE for all resident care, regardless of the presence of symptoms. -The facility was to refer to strategies for optimizing PPE when shortages exist. -Cohort COVID-19 positive residents with dedicated staff in one area and COVID-19 negative residents with dedicated staff in a separate area. -It was recommended that asymptomatic positive staff were not to work until they have met their 10-day isolation period. -Asymptomatic COVID-19 positive workers can work if they are on a designated COVID-19 unit and there is no interaction with other staff or residents but due to the layout of the facility this was not possible. -A recommendation was made to utilize the facemask and gown optimization plan from NC SPICE for which a link was provided for the LTC setting toolkit and infection prevention toolkit for LTC settings. -The link provided did not recommend disposable	D 338		

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D 338	Continued From page 8 PPE to be sanitized and reused. -Strategies to optimize personal protective equipment recommended these practices could be temporarily used or considered during periods when there was suspected or known shortage of isolation gowns. -Gown use should be shifted towards cloth isolation gowns and should be made of polyester or polyester-cotton fabrics that could be safely laundered according to routine procedures and reused. -The re-use of cloth isolation gowns was recommended as they could be untied and re-tied and can be considered for re-use without laundering between uses, whereas disposable gowns typically cannot be re-used because the ties and fasteners often break during doffing. -The goal of this strategy was to minimize exposures to staff and not necessarily to prevent transmission between patients. -There were no recommendations for disposable gowns to be sanitized by being sprayed with alcohol and reused. Observation on 07/22/20 at 10:15am on the assisted living hall revealed: -There was a table covered with a sheet, which covered a personal protective equipment (PPE) station with hand sanitizer, gloves, yellow fabric type gowns, blue plastic gowns, and a box of face masks. -A staff member was observed coming up the hall wearing goggles, gown, cloth mask, and gloves (identified as a housekeeper). -Two other staff members were observed on the assisted living (AL) side, one at the nurses station identified as the medication aide (MA) and the second going into a residents room identified as a personal care aide (PCA). -There were no yellow gowns observed in the	D 338		

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D 338	Continued From page 9 storage area for PPE. -There were several packages of blue gowns observed in the PPE storage area. -There were 5 large cases of face shields observed in the PPE storage area. -There were 50 N95 masks observed in the PPE storage area. -There were no reusable cloth gowns (as recommended by NC SPICE) observed in the PPE storage area. -Staff were observed wearing blue and yellow gowns throughout the facility. -There were yellow and blue gowns observed hung up in pairs in the weight room. -Unable to observe medication aide (MA) providing medications to residents. -Unable to observe personal care aides (PCAs) providing meals, ice, water or snacks to the residents. Telephone interview with the Director of Nursing from the local health department (LHD) on 07/23/20 at 11:30am revealed: -There was a total of 45 COVID-19 positive cases from the facility. -This included 26 staff and 19 residents (16 AL and 3 SCU). -There had been 2 residents from the facility who had died who had tested COVID-19 positive. -There was a resident who was currently in the local hospital who had tested positive for COVID-19. Telephone interview with Resident Care Manager (RCM) on 07/24/20 at 9:46am revealed: -On 05/23/20, there had been a staff member who tested positive for COVID-19 and had since resigned. -The facility was tested for COVID-19 initially by the health department on 05/26/20 and the staff	D 338		

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D 338	Continued From page 10 and residents were all negative. -Around the end of June beginning of July, two staff tested positive for COVID-19. -Then all residents and all staff were tested for COVID-19 on 07/03/20 that was ordered by their company and was completed by the Licensed Health Professional Support (LHPS) nurse. -The next time they were tested for COVID-19 by the local health department was on 07/14/20. -They were currently awaiting results from that testing. -The COVID-19 positive 12 residents on the AL side had been asymptomatic for over 20 days now. -From the COVID-19 testing done on 07/03/20, there were approximately 12 residents on the AL side and 6 residents on the SCU side as well as 15 staff whose results were positive. -The medication aide (MA) on the AL side was COVID-19 negative and would give medications to both the COVID-19 positive and COVID-19 negative residents -The personal care aide (PCA) was COVID-19 positive and worked with both the COVID-19 negative and COVID-19 positive residents. -They communicated COVID-19 positive and negatives to staff at shift change meetings and the MAs had a list on their carts. - If the staff had questions regarding who was positive or negative, they could go to her and ask. -The staff disinfected their personal protective equipment (PPE) by spraying alcohol on their gowns and masks. -She did not state where she received the guidance to disinfect disposable PPE with alcohol. -They wore gowns, gloves, and masks for interactions with residents. -The meals, snacks, water, and ice were served to the COVID-19 positive residents first and then	D 338		

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D 338	Continued From page 11	D 338		

to the COVID-19 negative residents; the aides would switch out gowns after serving the COVID-19 positive residents before serving the COVID-19 negative residents.
-The only reason for serving COVID-19 positive residents first were there were more COVID-19 positive residents than COVID-19 negative residents.
-She did not offer any other reason or where she received the guidance to serve the COVID-19 positive residents before serving the COVID-19 negative residents.
-She was not aware of the dietary staff test results for COVID-19.

Interview with a MA on 07/22/20 at 11:00am revealed:
-For positive residents, they used a blue gown, gloves, N95 mask, face shield or goggles.
-The N95 mask was replaced if it was soiled, it broke, or was worn for 5 shifts.
-They had blue gowns they used for COVID-19 positive rooms only and other yellow gowns they used for COVID-19 negative rooms only.
-The blue and the yellow gowns were sprayed with alcohol between each use.
-The gowns were stored in the weight room when not in use and were stored with other staffs' gowns

Interview with a Personal Care Aide (PCA) on 07/22/20 at 11:05am revealed:
-She returned to work at the facility 2 weeks ago.
-She cared for both for COVID-19 positive and for COVID-19 negative residents.
-For positive rooms, she used a blue gown, gloves, N95 mask, face shield or goggles (she preferred goggles).
-For negative rooms, she used a yellow gown.
-She wore the gown to the weight room, where

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D 338	Continued From page 12 she removed the PPE, cleaned the goggles, sprayed gown with alcohol and allowed it to air dry. -These blue and yellow gowns were stored in the weight room when not in use alongside other staff blue and yellow gowns. Telephone interview with the PCA on 7/23/20 at 2:30pm revealed: -The COVID-19 residents required more care since they were positive. -Some residents had to be redirected to their rooms. -Only COVID-19 positive residents were roomed with COVID-19 positive residents and COVID-19 negative residents were roomed with COVID-19 negative rooms on the assisted living section. -They could not keep the COVID-19 residents in a separate area the way that the facility was designed. -Yellow gowns were worn for COVID-19 negative residents. -Blue gowns were worn for COVID-19 positive residents. -If she needed help with resident care, she had to get the MA or RCM to help. -The PCAs served meals, snacks, water, and ice to the COVID-19 positive residents first since there were more of them. -She was the only PCA who worked on the assisted living with a MA on first shift. Telephone interview with a second Personal Care Aide (PCA) on 07/24/20 at 9:19am revealed: -She only worked on the Assisted Living (AL) side. -There was only one PCA on the AL hallway on each shift. -There were both COVID-19 positive and negative residents on the AL side.	D 338		

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D 338	Continued From page 13 -Her job responsibilities included toileting, dressing, activities of daily living (ADLs), and feeding assistance for all the residents. -She also passed snacks, meal trays, and ice and water. -They used blue gowns for COVID-19 positive residents and yellow gowns for negative residents. -The process was they sanitized between residents. -They sprayed the gowns, masks, and goggles with alcohol. -Anytime they changed rooms, they changed their Personal Protective Equipment (PPE). -They disposed of their gloves but sanitized their masks by spraying them with alcohol. -They kept their gowns in the weight room (where the weight scales were located) on the unit. -The gowns had their (staff) names on them but did not belong to a specific room. -She had 1 gown of each color (yellow and blue) and were stored in the weight room with other staffs' gowns when not in use. -They served meals, snacks, water, and ice to the COVID-19 positive residents first, then changed gowns and served the COVID-19 negative residents. -They were verbally told by the RCM each shift who was positive. -They had one ice cooler they used to serve from on the AL side and served positive residents first then the negative residents were served. -They had in-service training on changing gowns and gloves last Wednesday (07/22/20) but did not say who had done the training. Telephone interview with a second medication aide (MA) on 07/28/20 at 3:20 pm revealed: -Positive staff members worked with positive residents and negative staff members worked	D 338		

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D 338	Continued From page 14 with negative residents. -She worked on the special care unit (SCU) side only. -Management let staff know which residents were positive and which residents were negative during their daily stand-up report. -If staff had symptoms, they were allowed to work with positive residents until test results came in. -They all used the same door and break room as everyone else. -Positive staff used the break room at different times than the negative staff. -The break room was cleaned by the staff when they finished using it and then followed up by housekeeping. -A negative staff gave medications to all residents. -If a resident was positive, a gown, face shield, face mask, goggles and gloves were worn into their room to give them their medications. -She gave medications to the positive residents first, then to the negative residents. -For positive residents, she put on her gown and gloves, and reused her mask, and face shield. -She reused her gown on the negative residents. Telephone interview with a third medication aide (MA) on 07/29/20 at 4:10pm revealed: -She worked on the special care unit (SCU). -There were times she had two halls to cover on the SCU as the MA until 7:00pm until another MA came in. -They were short staffed especially with COVID-19 and a lot of staff being out. -She treated all residents as if they were positive when she was administering medications. -She used full personal protective equipment (PPE), mask, gown, and gloves. -She went into the medication room after each resident and sprayed her gown and mask with	D 338		

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alcohol solution.
-She did not change her mask between residents since she only had one.
-The PPE supplies and sanitizer were on the end of the hall on the table.
-She cleaned equipment with alcohol swabs after each use.
-She brought in her own blood pressure cuff, stethoscope, and pulse oximeter to work as it was easier for her to use.
-The facility did not request for her to bring her own equipment.
-She used her own equipment on all the residents on her hall on the SCU.

Interview with the Activity Director on 07/22/20 at 10:22am revealed:
-She received PPE from the RCM or the MCM as needed.
-The facility provided gowns, face shields, gloves, N95 masks or disposable masks.
-The gowns were sanitized and reused, and the gloves were disposed of after every resident contact.

Interview with the Memory Care Manager (MCM) on 07/22/20 at 10:35am revealed:
-The screening process was originally done on paper, but then switched to the electronic tablet at the beginning of June.
-The PPE was stored in the RCM's office.
-The surgical masks were provided and used first.
-Later when the facility had positive cases, they used the N95 masks.
-The N95 mask was worn for 5 days but can be replaced sooner if it was soiled or damaged.
-Residents have worn surgical masks since March 2020, and only wore the mask if they are outside of their room in the hallway.

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D 338	Continued From page 16 Telephone interview with the MCM on 07/30/20 at 10:15am revealed: -She managed the Special Care Unit (SCU). -The procedure used was COVID-19 positive staff took care of COVID-19 positive residents and COVID-19 negative staff took care of COVID-19 negative residents. -They did not have any COVID-19 positive MAs so the COVID-19 negative MA gave medication to both COVID-19 positive and COVID-19 negative residents. -She had instructed the MAs to pass the medications to the COVID-19 negative residents first. -The staff "disrobed" (doffed) and sanitized their gowns between residents. -The LHPS nurse taught infection control, donning and doffing of personal protective equipment (PPE), handwashing, and blood-borne pathogens. -Video training was assigned in April 2020. -They did more training on 07/28/20. -The video training was given to all new employees and it was COVID-19 specific. -The MCM had not done any return demonstrations. -They had done infection control training for the state at least six times since January 2020 but nothing additional was done after the April 2020 training. -Employees screened themselves with the Supervisor watching and monitoring the staff. -They ensured the oncoming staff answered the questions on the electronic tablet. -If the staff had any symptoms or any abnormal results, the RCM or MCM were contacted. -They cleaned equipment (thermometer, tablet) with alcohol after each use. -There was a blood pressure cuff on each cart	D 338		

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D 338	Continued From page 17 and a pulse oximeter in the MCM's office. -Temporal thermometers were used. -She was not aware that staff brought in equipment of their own into the facility. -They preferred that the staff used the equipment that the facility provided. -Negative staff (PCA) passed ice to the negative residents first. -The ice came from the kitchen for the AL side and prior to the desk survey they only had two ice chests but now they had five ice chests. -They were still pending results for the 07/14/20 testing that was done by the local health department. -The supervisor just ensured that the staff does the screening process (just watched them do their screening and enter their information). -Staff "knew" who the positive and negative residents were. -The MCM had a list with the room number on the board in the medication room. -We did not do blue and yellow gowns on SCU (only used blue gowns for all residents). Telephone interview with RCM on 07/30/20 at 10:51am revealed: -The LHPS nurse did training on 07/28/20 for infection control, donning and doffing of gowns and personal protective equipment. -They had educational video training on COVID-19 back in April 2020. -The return demonstration from staff to LHPS was done. -They were reassigned again in July and assigned by the business office manager (BOM). -The BOM had the records of COVID-19 training. -She was active in care and watched the staff. -The RCM did a return demonstration to the LHPS nurse. -As far as the screening process, the Supervisor	D 338		

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D 338	Continued From page 18 monitored to make sure screening was being done but did not actually do the screening. -On the AL side, there were 19 residents, one MA and one PCA were assigned to the AL side. -They were tested on 07/03/20 for COVID-19 by corporate and on 07/14/20 by the LHD. -They were still waiting for results from the 07/14/20 testing. -They were still being treated as positive. -The LHD sent Emergency Medical Services (EMS) to test staff and residents on 07/14/20. -They had two temporal thermometers, one pulse oximeter, four blood pressure cuffs. -They had equipment being sanitized after each use with alcohol. -She was not aware of any staff who brought in their own equipment to the facility. Interview with the Memory Care Manager (MCM) and the Administrator on 07/22/20 at 11:30am revealed: -Asymptomatic positive employees worked with positive residents only (she did not say where she received guidance for this). -Staff "knew" which residents were COVID-19 positive and which residents were COVID-19 negative. -Housekeeping treated every resident like they were COVID-19 positive. -Personal Protective Equipment (PPE) was available on a table in every hallway (mask, gloves, gowns, and sanitizer). -She did not explain why gowns were being reused. -The PPE was always available at the nurses' stations, but the Health Department thought it would be easier for the staff if it were available in the hallways. -The Supervisor from the off going shift screened the employees for the on-coming shift.	D 338		

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D 338	Continued From page 19 -The corporate nurse had provided PPE demonstration and hand washing on 04/30/20. -Infection Control had been re-done via COVID-19 video on 07/11/20, included donning, doffing, and handwashing. -There was no way to have a COVID-19 positive hall and a COVID-19 negative hall due to the layout of the building. -They monitored our care staff multiple times daily with infection control, PPE use, and cross contamination. Telephone interview with the Administrator on 07/30/20 at 2:52pm revealed: -The employees wore masks when they entered the building. -Then the Administrator or the BOM checked the incoming staffs' temperature. -The staff entered the information into the tablet. -The tablet was cleaned with alcohol pads in between each staff member. -There was usually two or three at a time coming in and using the buddy system to screen each other. -The BOM and the Administrator were usually in the building by 8:00am. -They checked the oncoming second shift staff to ensure they enter their information. -There was personal protective equipment (PPE) on the table in each hallway with sanitizer. -Equipment was cleaned in between uses. -She was not aware of any staff bringing in their own equipment and does not expect them to do so. -They only had blue gowns now. -Those were all they could get now. -They used standard precautions using gowns, gloves, and masks were N95. -They sprayed PPE with alcohol to disinfect them. -The staff entered their answers into the tablet for	D 338		

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D 338	Continued From page 20 the questions for screening. -They were treating all residents as if they were COVID-19 positive. -The return demonstration of donning and doffing PPE was done with their LHPS nurse. -They were only running one kitchen and the PCAs from each unit come over to get their own trays for their halls. Telephone interview with the Administrator on 07/24/20 at 11:06am revealed the positive staff members worked with positive residents and the negative staff members worked with negative residents but did not explain any further. The facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), local health department (LHD), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic for reducing the risk of transmission and infection of COVID-19 in which 19 residents residing in the facility were diagnosed with COVID-19. The facility failed to ensure staff were following infection control guidelines during a viral pandemic related to appropriate use of personal protective equipment, appropriate staffing to care for residents and infection control procedures including practicing proper cleaning of reusable medical equipment and safety precautions to reduce the risk of transmission and infection which placed the residents at risk of contracting a serious viral illness constitutes a Type A2 Violation. The facility was given a directed plan of protection on 07/24/20 in accordance with G.S. 131D-21 for	D 338		

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D 338	Continued From page 21 this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 30, 2020.	D 338		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: The findings are: Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS), and local county health department were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic for reducing the risk of transmission and infection of COVID-19 as related to the use of personal protective equipment (PPE) by staff and residents and practicing social distancing on the assisted living and special care unit. [Refer to Tag D338, 10A NCAC 13F .0909 Residents' Right (Type A2 Violation)].	D914	G.S. 131D-214 (4) Declaration of Residents' Rights Every resident shall have the following rights: (4) To be free of mental and physical abused, neglect and exploitation. The facility has implemented all recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS), and the local county health department in order to provide protection to the residents during the global coronavirus (COVID-19) pandemic. Community remains updated on all CDC changes with staff and each new hire. Social distancing of at least six feet for all residents is implemented when it is necesary to come out of their rooms and will be monitored by care staff. Residents are being cared for by staff using recommended PPE equipment which is readily available to all staff. Individual activities are being conducted in the residents rooms. All residents are being served meals in their rooms. Closed window visits are encouraged for the families, along with utilizing a cell phone/Facetime/Zoom calls for residents to be able to communicate with family. Executive Diretor conducted Residents' Rights training for all staff on August 26 & 27, 2020. Resident Rights training has been scheduled for all staff for completion on September 8, 2020 by the Ombudsman via Zoom. Infection control/COVID-19 training was/is provided to all staff by the LHPS nurse on 4/30/2020, 7/28/2020, annually and for all new hires All disposable PPE will be disposed of after each use. This will be monitored by ED/MCM/RCC & SIC each day/shift. Spraying of gowns was discontinued 7/23/2020 ED/BOM will complete Residents' Rights training for all new hires during orientation.	7/22/2020 & ongoing 7/22/2020 & ongoing 5/26/2020 & ongoing 7/22/2020 & ongoing 5/26/2020 & ongoing 7/22/2020 & ongoing 8/26/2020 & 8/27/2020 To be completed 9/8/2020 and annually thereafter 4/30/20, 7/28/20 annually & ongoing for new hires 7/23/2020 & ongoing 8/26/2020 & ongoing