

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OR SUPPLIER MCCLAIN'S FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 5963 THE PLAZA ROAD CHARLOTTE, NC 28215		
(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
C 000	Initial Comments The Adult Care Licensure Section conducted a COVID-19 focused Infection Control survey with onsite visits on September 1, 2020 and September 3, 2020 and a telephone exit on September 4, 2020.	C 000	RECEIVED OCT 13 2020 ADULT CARE LICENSURE SECTION RALEIGH	
C 185	10A NCAC 13G .0601(a) Management and Other Staff 10A NCAC 13G .0601Mangement and Other Staff (a) A family care home administrator shall be responsible for the total operation of a family care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews and record reviews, the Administrator failed to ensure the overall management, operations and policies and procedures of the facility were developed and implemented to maintain substantial compliance with the rules and statutes governing family care homes as related to resident rights. The findings are:	C 185		

The Administrator immediately put a team together and a plan of action was immediately developed for Residents Safety. Action I - The Administrator immediately purchased the thermometer on the same day, Sept. 5th and screens of residents

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

UNQT11

If continuation sheet 1 of 15

Reviewed and acknowledged

10/19/20

Jeanne S Robinson RN

Patrick Meclain

Administrator 10/21/20

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C 185	Continued From page 1 Interview with the Administrator on 09/01/20 at 11:20am revealed: -He was responsible for the operations of the facility. -He was responsible for providing all required training to facility staff and for maintaining documentation of staff training. -There was no Covid-19 training conducted for himself or staff. Interview with a Supervisor in Charge (SIC) on 09/01/20 at 11:10am and on 09/03/20 at 9:42am revealed: -She was the only staff at the facility on Monday through Thursday. -Weekly the Administrator stopped by the facility to bring groceries. -She had not completed COVID-19 training. -The Administrator never told her to complete COVID-19 training. -She relied on the Administrator to schedule any training or education on COVID-19. -The Administrator never told her to purchase a thermometer for the facility. -She was never informed by the Administrator to quarantine a resident after an admission to the hospital. -The facility did not have a COVID-19 plan or an isolation room to quarantine residents. Review of the SIC personnel record revealed there was no documentation she completed COVID-19 training from March 2020 through September 1, 2020. Non-compliance was identified at violation level in the following rule area: Based on observations and interviews the facility	C 185	Staff and visitors started immediately the same day, Sept 5th too. - Sept. 5, 2020 9/5/ The Administrator immediately took action by providing all trainings relating to COVID-19. The CDC guidelines regarding the COVID-19 prevention messages for fronting long term care staff. "Modules", such as the speaking surfaces, to stop COVID-19 spread, to keep COVID-19 out, cleaning of hands, closely monitor residents for COVID-19 and PPE lessons, the use of PPE correctly for COVID-19. All COVID training to keep our residents safe at the facility was completed on Sept. 5th. 9/5/ The Administrator immediately purchased a thermometer for the facility to screen residents, staff and visitors on Sept. 5th. The same day staff started to screen residents, staff and visitors. Administrator also provided in service training for both staff and residents the importance of wearing mask, washing hands and social distancing and others. Residents were monitored on a daily basis to follow know your WS - wearing mask, social distancing and washing hands. 9/9/	

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C 185	Continued From page 2 failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (DHHS) were implemented when caring for 4 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors, the use of personal protective equipment (PPE), and practicing social distancing. [Refer to Tag 0311 10A NCAC 13G .0909 Resident Rights (Type A2 Violation)]. The Administrator failed to ensure the overall management, operations and policies and procedures of the facility to maintain substantial compliance related to ensuring resident rights were maintained for 5 residents as related to resident rights. The failure of the Administrator to oversee the overall management of the facility resulted in substantial risk that death or serious harm, abuse or neglect will occur, which constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/04/20 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 5, 2020.	C 185	The Administrator immediately contact Mecklenburg County Health Department for more information regarding the Covid-19. And also, the DSS supervisor, who supervises the facility was contacted for additional guidance. 9/9/20 The Administrator took action immediately by protecting Residents' rights - by providing thermometer, providing training to staff and Residents - Also, in-service training. The importance of wearing mask, social distancing and hand washing. Staff monitored Residents on a daily basis that they use their PPE's when going to the store and program. Administrator and Staff will ensure that rules are followed for the Covid-19 to avoid violation. Administrator will always check emails, the website of Mecklenburg Health Department to get latest update on the Covid-19. The Administrator has already developed a plan of action - which includes how to quarantine Covid-19 Residents - New Residents or current Residents from the hospital for up to 12-14 days. Staff have been trained how to handle quarantine Residents. Staff will ensure that Residents right are protected. Staff on a monthly basis go over with Residents rights, etc. 9/19/20	
C 311	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family 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.	C 311		

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C 311	Continued From page 3 This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (DHHS) were implemented when caring for 5 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors, the use of personal protective equipment (PPE) and practicing social distancing. The findings are: Review of the Center for Disease Control (CDC) guideline for the prevention and spread of the Coronavirus (COVID-19) disease in long term care facilities revealed: -Personnel should always wear a face mask while in the facility. -All essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building. -Personnel should be screened for fever and symptoms of COVID-19 before starting each shift. -Screen residents daily for fever and symptoms of COVID-19. -All personnel should practice social distancing (remain at least 6 feet apart) when in common areas. -Implement social distancing among residents. Observation on 09/01/20 at 10:45am revealed: -The facility staff and the Administrator were not wearing face masks. -There was no screening process performed on the survey team by the facility staff upon entrance	C 311	The Administrator immediately followed CDC recommendations and all information from the Department of Health and Human Services for the COVID-19 training which has been completed by staff. And also an in-service training was done by residents, to ensure that they understand the danger of the COVID-19. ADM stressed the importance of wearing mask at all times, social distancing and washing hands. ADM ensure that screening of staff, residents and visitors on a daily basis. The use of personal protective equipment (PPE) and practicing social distancing every day at the facility. The Administrator and staff review the CDC guideline to prevent the spread of COVID-19 disease in long term facility by making sure that face mask is worn while in the facility, social distancing is observed. All essential visitors are screened for the various COVID-19 symptoms before entering the facility. Staff has been screened before starting shift. And Residents are screened on a daily basis for fever or symptoms of COVID-19. Social distancing has been observed amongst residents/staff (6 feet apart) when at the dining table. Now Administrator/staff know the danger of not wearing mask so staff/Administrator wear	

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C 311	Continued From page 4 to the facility. -The facility staff did not screen survey staff for COVID-19 symptoms prior to entrance of facility. -The facility staff did not perform a temperature check on survey staff prior to entrance of facility. Observation on 09/01/20 at 10:49am revealed: -Two residents in the facility were not wearing a mask. -One resident in the facility wore a mask. Observation on 09/01/20 at 11:00am revealed: -The Administrator was unable to locate the facility's COVID-19 policy; only the infection control policy. -The COVID-19 policy was not available for review. Interview with the Supervisor in Charge (SIC) on 09/01/20 at 11:00am revealed: -She did not wear a face mask on 09/01/20 because there were not any residents around her. -She worked in the facility as a living staff Monday through Thursday. -When she administered medication, she wore a face mask. -She was not screening staff or visitors for COVID-19. -She did not know she was to check temperatures on staff, residents or visitors prior to entering the facility. -The facility did not have a touch free thermometer. -One resident's family visited, but they always wore a face mask and were 6 feet apart. -One resident walked to the store two or three times daily but "he wears a mask." -When the resident returned, "he washed his hands." -The facility did not have a quarantine plan if an	C 311	Mask everyday at work and Resident too wearing face mask and observing social distancing to prevent COVID-19 and to keep everyone safe in the facility. Now anyone entering the facility are screened and temperature check to prevent COVID disease. Administrators/Staff ensure that all residents at all times wear their face mask. The Administrator developed a COVID-19 policy to keep COVID-19 out of the facility. Administrator/Staff ensure that face mask is worn all the time in the facility despite Residents are not around. Residents, Staff and Visitors are screened on a day to day basis and temperature was taken too. Administrator/Staff continued to observe CDC guidelines to prevent COVID-19 out of the facility in order, especially safety for our Residents.	

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C 311	Continued From page 5 outbreak did occur or if a resident tested positive for COVID-19. - "We would not take them back from the hospital if they were positive." - A behavioral health nurse came weekly to give one resident an injection, she did not come into the facility, she used the outside closed in porch area to administer the injection. - The Administrator had not informed her of any training or classes she was to complete for COVID-19 training. - There was no training on COVID-19 because the Administrator did not want any outside agency in the facility because of the possibility of spreading COVID-19. - She was unaware of any online training classes for COVID-19. - She had not completed any training on COVID-19. Telephone interview with the Behavioral Health nurse on 09/01/20 at 3:09pm revealed: - When she administered the injection to the resident at the facility, she wore the proper PPE. - She never entered the facility, she used the closed in porch area and the resident came out to her. - The resident wore a face mask each visit. - She administered an injection to a resident on 08/18/20. - She was never screened by the facility staff. - She never saw the facility staff or the Administrator during her visit. Attempted telephone interview with the family of a resident on 09/01/20 at 2:10pm was unsuccessful. Interview with the Administrator on 09/01/20 at 11:07am revealed:	C 311	The Administrator/Staff developed a plan of action - which includes how to quarantine COVID-19 Residents - New Residents or current Residents from the hospital for Fourteen (14) days. There is a room set side for quarantine. That is, if they are negative from the hospital. But if he/she is positive - the facility will not be able to take he/she back right away. But if they are COVID free the facility will take he/she back. The reason why the facility not taking COVID-19 patient back cause the facility does not have enough room, and do not want to risk the other Residents. Also, the facility is not really equipped to handle positive COVID-19 patient. If she/he is negative the facility will quarantine for fourteen (14) days. The Administrator ensure that staff completed their training on line and also in-service training at the facility along with Residents. The Administrator gathered call resources from CDC guidelines and from Mecklenburg Health Department. At the facility, visual aids are posted on the front doors, back doors and inside the facility to always remind Residents.	9/11

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C 311	Continued From page 6 -He did not wear a face mask at the facility on 09/01/20 because he "had forgot" to put one on. -Staff did not screen visitors or providers because no visitors came into the facility. -The facility continued to practice communal dining for the 5 residents who resided at the facility. -The residents ate at different times and some ate in the kitchen at the small table. -He came to the facility weekly to purchase groceries. -He knew the staff were not checking temperatures of the residents daily or the staff before starting each shift. -The facility did not have a touch free thermometer. -The facility did not have residents who had COVID-19 so he did not think they needed to check residents daily or staff for signs or symptoms of COVID. -He knew the facility staff were not documenting the screening for symptoms of residents or staff per the recommended CDC guidelines. -He checked his email often but had not reviewed any information from DHHS for additional COVID-19 training. -If any resident developed symptoms of COVID-19, the Administrator would notify the resident's primary care provider and follow the advice of the provider. -The facility did not have a plan if an outbreak of COVID-19 occurred. -The residents share a room and two bathrooms, "We could not take a resident back from the hospital if they tested positive for COVID-19." -The facility did not have a COVID-19 policy nor had the facility staff have any training on COVID-19. Telephone interview with a Registered Nurse	C 311	The Administrator/Staff know the importance of wearing facemask when entering the facility. Administrator always wear his face mask whenever he is at the facility. It was an oversight that day. From now on, face mask will be worn to protect myself and Residents. Administrators/Staff make sure that Residents follow COVID-19 rules when having breakfast, lunch and dinner. Residents now know the importance of social distancing to avoid the spread of COVID-19. Face mask and washing of hands. The Administrator/Staff know whether Residents have COVID-19 or not, they are checked on a day to day basis ie, taking temperature and watching Residents for COVID symptoms such as: Fever, difficulty breathing, body aches, Vomiting/diarrhea or loss of taste. Along with Staff. Now, Staff is documenting the screening for symptoms of Residents/Staff per the recommendation of CDC guidelines and Mettlenburg Health Department. If any of the Residents developed symptom of COVID-19, immediate action will be taken by calling 911 and then call the primary doctor for advise.	9/11

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C 311	Continued From page 7 (RN) from the local health department (LHD) on 09/03/20 at 3:28pm revealed: -She expected the family care home to quarantine any resident that visited the emergency room (ER) or was admitted to a hospital. -If a resident was in a hospital or ER for any amount of time, she expected them to be quarantined for 14 days upon return to the home. - "Just being in a hospital puts you at a higher risk." -Family care homes were expected to keep residents that were at risk of exposure to COVID-19 (in hospital or ER) away from other residents and staff. -If space was available, they should put any resident in a private room and should use a separate bathroom, if they test positive or negative for COVID-19. -If space is unavailable, the facility should treat COVID-19 like any other contagious illness by washing hands, wearing face coverings, and keeping 6 feet apart. -Facilities should properly use PPE and to follow appropriate infection prevention guidelines and to use EPA approved cleaning supplies. -If the resident has a roommate, the roommate should be moved to a different room for 14 days, whether they are positive or negative for COVID-19. Observation on 09/03/20 at 9:30am revealed: -The SIC was wearing a mask. -She did not conduct COVID-19 screenings on the survey team. -There was no thermometer in the facility to conduct the screenings. Interview with the SIC on 09/03/20 at 9:42am revealed:	C 311	The Administrator has already developed a plan, if an outbreak of Covid-19 occurred The Administrator/Staff now developed a Covid-19 plan how important it is to quarantine Resident from the emergency room (ER) for fourteen (14) days in order to watch for the various symptoms of Covid-19. A room as been designated for quarantine. The facility will treat Covid-19 like any other contagious illness by wearing face mask, washing hands and keeping 6 feet apart. Administrator/Staff ensure that PPE's are use properly by follow appropriate infection prevention guidelines and using EPA approved cleaning supplies. The Administrator/Staff know that a roommate will be moved to a different room for 14 days, whether they are positive or negative for Covid-19 in order to keep the other Resident safe. The Staff in charge now know the importance of wearing face mask when at work to avoid the spread of Covid-19. The SIC did not conduct Covid-19 screening on the survey team - cause there was no thermometer. Now, we are screening any visitor that visits the facility.	9/2	

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C 311	Continued From page 8 -Resident #5 was currently in the hospital since 08/29/20. -Resident #5 was admitted to the hospital last month also. -She had not quarantined Resident #5 because his COVID-19 test was negative from the hospital. -The facility did not have a plan or a place to quarantine a resident. -They had not purchased a thermometer as of 09/03/20. -They had not initiated a screening process for the residents, staff, or visitors as of 09/03/20. -"When [Resident #5] returned from the hospital the last time, I told him to wash his hands and change his clothes." -She cleaned the bathrooms every day using the approved cleaner. -She would leave the spray cleaner on the bathroom for 5-10 minutes before wiping and rinsing the surface off. Observation on 09/03/20 at 11:15am revealed: -The SIC gave Resident #4 a mask because he did not have a mask in his room. -Resident #4 did not apply the mask to his face during the interview, he held the mask in his hand. -There were two beds in the room approximately 8 to 10 foot apart. -There was a common bathroom in the hall for the male residents to use. Interview with Resident #4 on 09/03/20 at 11:15am revealed: -"I always wear a mask." -He could not locate his face mask in his room. -He wore a face mask when he walked to the store every day, and some days he walked to the store two or three times.	C 311	The Administrator/Staff had developed a plan how to quarantine our Resident that will returned from the hospital. Residents will be quarantine for 12-14 days to observed that he/she does not have the various symptoms of Covid-19, such as taking temperature on a day to day basis. And observed for the various symptoms of Covid-19. The Administrator ensure that Staff started to screen Residents, Staff and visitors on 9/5/20. The Staff ensure on a daily basis that Residents always have the mask on in their rooms, and around the facility. Staff always make sure that Resident keep their face mask on, washing hands and social distancing. Also, new face mask is given after every other day to Residents.	9/12

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C 311	Continued From page 9 -His family would pick him up on weekends to take him out to eat. -He wore a face mask during those outings, and so did his family. -He shared a room with Resident #5 who was currently in the hospital. -Resident #5 had been in the hospital two times in the last month. -Resident #5 did not wear a mask in the room after he returned from the hospital. -Resident #5 did not wear a mask when he walked around inside the facility. -Resident #5 was never quarantined to a private room for 14 days after returning from the hospital admission. -The SIC cleaned the bathroom 2 or 3 times weekly. -He was not sure what she used to clean the bathrooms or how long it took her to clean the bathrooms. Interview with Resident #1 on 09/01/20 at 10:55am revealed: -No one in the facility had been sick and had not had COVID-19. -The staff and all residents wear masks when they go outside of the facility. -The Administrator wears his mask all the time. -The SIC usually does not wear hers all the time. -The residents eat in the dining room at the table together at the same time. -She had a surgical face mask, alcohol-based hand sanitizer (ABHS), shoe covers and a face shield. Interview with Resident #3 on 09/01/20 at 11:10am and 11:50am revealed: -He wore a mask all the time and had ABHS in the room. -The Administrator and the SIC wore masks when we all go out and when they are in close contact	C 311	The Administrator and Staff in charge is very straight on Residents that going out with their parents should always wear their face mask during their outing to prevent COVID-19 pandemic. And when Resident and Parent come back, they are screened by staff to safe other Residents and the facility. Any Resident from the ER will be quarantine for 14 days to ensure that he/she is free from the already disease. And protect other Residents and the facility. The Administrator had developed a plan to quarantine residents, who returns from the hospital. A private room is set aside to quarantine Resident for 12-14 days, despite if they bring document back from the hospital that he/she is COVID-19 free. Note - He/she will still be quarantine for 14 days. The SIC usually wearing mask at all time now to keep safe and to protect Resident to avoid the spreading of COVID-19. The Administrator/Staff have developed a plan how Resident can sit at the dining table to avoid closeness. The Administrator and Staff in charge are follow CDC guidelines and Maryland Health Department preventive measure for the COVID-19 to keep our facility and Residents safe - wearing mask, social distancing and hand washing.	9/21

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C 311	Continued From page 10 with us. -He never had his temperature checked in the facility or when he returned to the facility from the store or the physician's office. -He washed his hands, used ABHS, and received a new face mask upon return to the facility. Interview with the SIC on 09/01/20 at 11:20am revealed: -The residents washed their hands before and after they eat meals. -They did not have a thermometer to perform temperature screenings for residents, staff, or visitors. Interview with Resident #2 on 09/01/20 at 10:50am and 12:05pm revealed: -She had a surgical face mask and hand sanitizer available to use. -She went out 3 to 4 days a week to a day program. -When she returned from group each day she was not screened for signs and symptoms of COVID-19 and her temperature was not checked. -The staff had not been performing daily screenings or temperature checks for residents, outside providers, and staff since the pandemic started. Interview with the SIC on 09/03/20 at 10:00am revealed: -Resident #2 went to a day program 4 days per week. -The van picked her up at the home and she always wore a mask. -She was very strict with infection control measures. -When she returned each day, "I made her wash her hands." -She received a clean face mask every 1 to 2	C 311	The Administrator ensure that staff temperature when Resident come from his/her physician's office/ day program, And also enforce of wearing face mask, social distancing and washing of hands. The Administrator immediately purchased thermometer and Residents are being screened along with staff and visitor. A chart has been developed where temperature has been recorded on a daily basis. The Administrator ensure that staff check any Residents from group for the sign and symptoms of Covid-19. Question are also asked Resident such as cough, shortness of breath fever, body aches, diarrhea and loss of taste or smell. The Administrator/Staff in charge ensure that Resident that attends day program is screened and the WS - wearing mask, social distancing (6 feet) and washing hands to keep other Residents safe from Covid-19.		9/2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OR SUPPLIER MCCLAIN'S FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 5963 THE PLAZA ROAD CHARLOTTE, NC 28215		
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C 311	Continued From page 11 days. Observation in the facility on 09/01/20 at 11:00am revealed: -There were no residents in the common living room, -All residents were in their rooms and had televisions in each of their rooms. -The only time they came out of their rooms was to go to the restroom, to get lunch, go outside, or go to the smoking area. Another interview with Resident #1 on 09/03/20 at 9:45am revealed: -When Resident #5 returned from the hospital on 8/26/20 there was no special isolation measures or precautions taken related to COVID-19. -He returned to his room with his roommate. Interview with the SIC on 09/03/20 at 10:33am revealed: -Only one resident had gone to the hospital or emergency room since COVID-19 started. -When he returned, we were not concerned because COVID-19 negative. -The hospital usually called us with a report before a resident returned to the facility. Another interview with Resident #3 on 09/03/20 at 10:40am revealed: -When [Resident #5] returned from the hospital on 08/26/20 he was not on any type of isolation. -There is one male resident [Resident #4] that went to the store that never wore a mask. -"I always wear a mask when I go out of the facility." Observation on 09/03/20 at 11:46am revealed: -Resident #4 left the facility walking. -He carried a N95 mask in his hand.	C 311	The Administrator/Staff in charge ensure that Residents wear their mask especially those that have roommate. All Staff ensure that they wear mask when they go out to smoke. And also, they were reminded about social distancing (6 feet). Staff make sure to sanitize bathroom, kitchen, dining room and living room. The Administrator immediately developed a plan for Residents that will returned from the hospital. A room was set aside to quarantine any Residents from the hospital for 14 days to observe symptoms of COVID-19. The Administrator is now concerned that despite the hospital says the Resident is negative, he/she will be quarantine for 14 days to keep the other Residents and staff safe from COVID-19. The Administrator ensure that staff enforce Resident that leave the facility to go to the store should always wear their face mask and observe social distancing (6 feet) when at the store.	9/2 9/22

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C 311	Continued From page 12 Observation on 09/03/20 at 11:51am revealed: -Resident #4 returned to the facility with a small bag from the store. -He washed his hands upon return to the facility. -He stated, "I went to the store on the left side of the street." Interview with the store clerk at the convenient store located near the facility on 09/03/20 at 12:50pm revealed: -The resident [Resident #4] was not wearing a mask when he came into the store on 09/03/20. -Customers were required to wear a face mask in the store, but she could not make them wear a face mask. -Resident #4 was in the store daily. -Resident #4 and his family came into the store together sometimes. -She could not recall if the family wore a face mask, "I see a lot of customers every day". -She stood behind a plexiglas partition to prevent the spread of COVID-19. Interview with the Administrator on 09/03/20 at 12:30pm revealed: -He did not know a resident needed quarantined for 14 days after returning from a hospital admission. -He thought if the hospital completed a COVID-19 test and it was negative, the resident was cleared. -He did not have a plan or a place to quarantine a resident when they returned from the hospital. -He knew residents were walking to the store daily. -He thought the residents wore a face mask every time they went into the store. The facility failed to adhere to the Centers for Disease Control (CDC) and North Carolina	C 311	The Administrator/Staff in charge continued to follow CDC guidelines for the COVID-19 to keep our Residents safe. And they are monitored closely when they come from the store, reminding us. Wearing mask, 6 feet distancing and hand washing. The Administrator emphasized how important it is that any Resident going out of the facility should wear his/her mask to avoid spreading of Covid. Staff keep reminding Resident the importance of them wearing his/her face mask when going out of the facility - Store/Day program. The Administrator now know according to CDC preventive guidelines, that Resident should be quarantined for 14 days returning from a hospital admission. Despite, if the hospital declared his/her negative from COVID-19.	9/2

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C 311	Continued From page 13 Division of Health and Human Services (NC DHHS) guidelines for COVID-19 to include recommendations for use of personal protective equipment (PPE) for staff and residents, screening of staff and visitors, and residents for fever and signs and symptoms of COVID-19; and failed to provide training to staff on CDC guidelines for COVID-19. The facility's failure placed the residents at substantial risk of harm and neglect of infection and transmission of COVID-19 which constitutes a Type A2 Violation. A plan of protection was provided by the facility in accordance with G.S. 131D-37 on September 3, 2020 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 5, 2020.	C 311	The Administrator immediately gathered all resources from CDC COVID-19 and also preventive measure from Mecklenburg Health Department regarding the COVID-19 training. Prevention messages for frontline long term care staff, "modules" such as the Sparking Surfaces, to stop COVID-19's spread, to keep COVID-19 out, cleaning of hands, closely monitor residents for COVID-19 and PPE lessons, the use of PPE correctly for COVID-19, and other visual aids about COVID-19 to help to keep our residents safe from the deadly pandemic.	9/2
C 914	G.S 131D-21(4) Declaration Of Resident's 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: Based on observations, interviews, and record reviews, the facility failed to ensure residents were free from neglect related to residents' rights and management of other staff. The findings are: 1. Based on observations and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (DHHS) were	C 914	The Administrator ensure that staff and residents follow recommendations and guidelines by CDC and Mecklenburg Health Department to prevent spreading of the pandemic, ie, by practicing social distancing, washing hands and wearing cloth mask all the times at home. And also, anyone that visiting the facility follow the CDC preventive measure. The Administrator purchased a thermometer immediately on 9/8/20 and staff start to screen residents every morning staff coming in to work and any visitors visiting the home. The Administrator then developed a plan of action which includes how to quarantine COVID-19 residents - New Residents or current residents from the hospital for	9/2

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C 914	Continued From page 14 implemented when caring for 4 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors, the use of personal protective equipment (PPE), and practicing social distancing. [Refer to Tag 0311 10A NCAC 13 G .0909 Residents' Rights (Type A2 Violation)]. 2. Based on interviews and record reviews, the Administrator failed to ensure the overall management, operations and policies and procedures of the facility were developed and implemented to maintain substantial compliance with the rules and statutes governing family care homes as related to resident rights. [Refer to Tag 185 10A NCAC 13 G .0601(a) Management and other Staff (Type A2 Violation)].	C 914	fourteen (14) days. Also, staff will communicate communicate with the Administrator, the PCP and guardian when Resident return from the hospital. The Administrator ensure that staff document all findings with screening, quarantine returning from the hospital or when the Resident leave the facility. The Administrator has been reviewing all covid-19 documents every week such as; ensuring that Residents thermometer is taken everyday, staff coming in to work and any visitors visiting the facility in order to keep Residents safe from the pandemic. The Administrator and staff had in service training with Residents regarding covid-19. Such as follow the preventive measure to prevent covid-19 - Know your WS - wearing a cloth mask, social distancing (6 feet) and washing hands. Also, knowing the various symptoms of the pandemic. Such as - cough - shortness of breath, fever, body aches, vomiting/diarrhea and New loss of taste or smell.	9/2