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A NEW OUTLOOK OF TAYLORSVILLE	360 WOOD ROAD TAYLORSVILLE, NC 28681

(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
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 September 9, 2020 and a desk review survey on September 10, 2020 though September 11, 2020 and a telephone exit on September 11, 2020.	D 000		
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 the recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NCDHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to screening of staff, residents and outside providers, use of personal protective equipment (PPE) by staff and use of disinfectants to reduce the risk of transmission and infection. The findings are: Review of the Center for Disease Control (CDC) guidelines for the prevention and spread of the coronavirus in long term care (LTC) facilities revealed: -Personnel should always wear a face mask in	D 338		

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D 338	Continued From page 1 the facility. -Face masks should not be worn under the nose or mouth. -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. -Residents should be screened daily for fever and symptoms of COVID-19. -Personnel should be practicing social distancing (remain six feet apart) when in common areas. -Social distancing should be implemented among the residents. -If COVID-19 is 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 eye protection, gloves, gown, and a N95 respirator face mask. -A surgical mask can be used if a N95 mask is not available. -Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. -Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an Environmental Protection Agency (EPA) registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for coronavirus in healthcare settings. Review of the NCDHHS guidelines for prevention and spread of the coronavirus in LTC facilities revealed all facility staff should wear a face mask while in the facility.	D 338		

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D 338	Continued From page 2 Review of the facility's current infection control policy revealed the policy contained no COVID-19 infection prevention plan to address donning (application of putting on) and doffing (removal of) PPE, and appropriate cleaning and disinfection of high tough surfaces. 1. Observation upon entrance into the facility on 09/09/20 at 11:00am revealed: -There was a sign on the front door with the words NO VISITORS, masked DHSR (Department of Health Service Regulation), DSS (Department of Social Services) and medical professional only, door is locked for safety, please knock for assistance. -The door was locked. -Two female staff members opened the door with no mask on. -The staff who opened the door did not screen or take temperatures. -One of the staff identified herself as a Personal Care Aide (PCA) and explained she would need to go and get a mask as staff had been told to put a mask on when visitors come inside the facility. -The PCA went to the Administrator's office and informed the Administrator, who entered the hallway and spoke with staff and surveyors with no mask on. Interview with the PCA on 09/09/20 at 11:05am revealed: -She had been employed with the facility since June of 2020. -She took the NC Infection Control training in August 2020 and had received training on COVID-19 during this training. -If staff left the facility to assist with a resident's medical appointment then they were to wear a mask and gloves.	D 338		

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-She did not have a mask on as she had been inside the facility since she started her shift.
-PPE was kept in the PCA's office.
-She was supposed to wear gloves and a mask when providing resident care.

Interview with a second PCA on 09/09/20 at 11:27am revealed:
-Her first day working in the facility was 09/09/20 and she was training with the other PCA.
-She had not worn a mask thus far on her shift on 09/09/20.
-She was of the understanding staff wore mask and gloves if they left the facility with a resident for an appointment.

Observation on 09/09/20 at 11:17am of the PPE supplies in the PCA Office with a PCA revealed:
-There was a 2 drawer plastic cabinet where PPE supplies were kept.
-The drawers contained 14 gowns, one unopened package of 25 surgical face masks, 8 goggles, 4 face shields, 4 packages of sterile gloves, 1 bag of N95 face masks (unsure of number).

Further observation on 09/09/20 at 11:25am of the supply room revealed:
-20 boxes of unopened gloves.
-5 unopened boxes of surgical masks (unsure of count of each box).

Interview with the Administrator on 09/09/20 at 11:30am revealed:
-There were no residents or staff in the facility with confirmed COVID-19 cases.
-There were no residents in the facility with any type of respiratory illness.
-There were no residents in the building who were currently on hospice, or receiving any services from home health.

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D 338	Continued From page 4 -All medical visits were being done in the facility by the primary care provider. -All psychiatric visits were being done virtually. -There had not been any specific training for COVID-19, but the Licensed Health Professional Support (LHPS) Nurse did include COVID-19 training in the annual infection control training for all staff on 08/01/20 which was conducted by virtual training. -There had been no visitation except for one resident whose family member, was in poor health, drove to the parking lot and visited with their window up for a few minutes and then they left. -If residents had visitors they had to visit outside six feet apart and wear masks, but other than the one resident, there had been no visitation. -The staff should have been wearing their masks while they were working. -She did not know why they did not have their masks on. -She did not wear her mask while in her office and when she came out to see who was here she was in a hurry and forgot to put it on. -She had not been in contact with the local health department, just the adult home specialist regarding COVID-19. -She had not called the local health department, nor had she received any information from the health department. Observation of the Administrator on 09/09/20 at 11:40am revealed she had a face mask on below her nose. Observation of PCA and a PCA in training on 09/09/20 at 11:46am revealed: -They both entered the PCA office. -There was a 2 drawer plastic cabinet to the left of the office door where the two PCA's obtained a	D 338		

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face mask.
-Both PCAs applied the face mask at this time with both masks below their noses.

Interview with a PCA on 09/09/20 at 11:47am revealed she did not put the mask over her nose as the mask made it hard for her to breathe.

Interview on 09/09/20 at 11:50am with a resident revealed:
-He did not have a mask to wear if visitors were in the facility.
-The facility was not allowed to have visitors inside.
-The staff did not usually wear masks.

Interview with a second resident on 09/09/20 at 11:56am revealed:
-If residents needed a mask he thought he could ask the staff to have one.
-Staff did wear mask at times.

Interview with a third resident on 09/09/20 at 12:15pm revealed staff did not wear masks.

Interview with a fourth resident on 09/09/20 at 12:18 revealed staff wore masks "sometimes".

Observation on 09/09/20 at 12:25pm of two PCAs revealed:
-They were assisting residents into the dining room.
-Both PCAs had on face masks below there noses.

Interview with a MA on 09/09/20 at 1:40pm revealed:
-She usually worked night shift.
-She usually wore a face mask during her shift.
-She had attended an infection control in-service

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in August 2020.
-She was at the facility to attend an in-service on psychotropic medication.
-When she entered the facility the Administrator had told her to put on her face mask.
-The Administrator did not ask any screening questions nor did she take her temperature when she entered the facility this afternoon.
-Residents were allowed to go outside but they were not allowed to go off the property unless it was for a "very needed medical appointment".
-The residents did not have to wear a mask.

Interview with a second MA on 09/09/20 at 1:47pm revealed:
-She usually worked 6:00pm-6:00am.
-She would wear her face mask during her shift.
-She was also at the facility to attend an in-service on psychotropic medication.
-She attended an infection control in-service in August 2020.
-When she entered the facility the Administrator had told her to put on her face mask.
-The Administrator did not ask any screening questions nor did she take her temperature when she entered the facility this afternoon.
-The facility did not allow visitors to enter the facility.

Refer to Interview with the Local Health Departments (LHD) communicable Disease Nurse on 09/11/20 at 11:35am .

2. a. Review of Resident #1's FL2 revealed:
-The current FL2 dated 06/23/20.
-The diagnoses included low cognitive function, chronic obstructive pulmonary disorder, and asthma.
-An admission date of 06/23/20.

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D 338	Continued From page 7 Attempted interview with Resident #1 on 09/09/20 at 1:30pm was unsuccessful. b. Review of Resident #2's FL2 revealed: -The current FL2 dated 08/08/20. -The diagnoses included traumatic brain injury, hypertension and hearing impaired. -An admission date of 08/08/20. Interview with Resident #2 on 09/09/20 at 1:40pm revealed he had not been on quarantine while living at the facility. c. Review of Resident #3's FL2 revealed: -The current FL2 dated 08/17/20. -The diagnoses included diabetes, hypertension, and cardiovascular accident with right sided hemiparesis. -An admission date of 08/17/20. Interview with Resident #3 on 09/09/20 at 1:55pm revealed he had to stay in his room when he came to the facility for a little while, but could not remember how long. Interview with the Administrator on 09/09/20 at 1:50pm revealed: -The new admissions would be quarantined in their own / separate rooms. -She told the residents they would have to be quarantined upon admission, but the residents did not comply with the quarantine request. -The residents on quarantine would stay in their rooms for an hour or so then would come out. -She felt it was against the residents rights to make them stay in quarantine if they refused. -The staff would tell them they had to stay in quarantine, but the residents did not comply. -She did not have enough staff to increase supervision of the residents to make sure they	D 338		

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would stay in quarantine "it would not be possible".
-Residents #1, #2 and #3 were not quarantined because they refused to stay in their rooms.

Refer to Interview on 09/11/20 at 11:35am with the Local Health Departments (LHD) communicable Disease Nurse.

3. Observation upon entrance into the facility on 09/09/20 at 11:00am revealed:
-There was a sign on the front door with the words NO VISITORS, masked DHSR (Department of Health Service Regulation), DSS (Department of Social Services) and medical professional only, door is locked for safety, please knock for assistance.
-The door was locked.
-The staff who opened the door did not ask any screening questions or take temperatures of the visitors to the facility.

Observation on 09/09/20 at 1:02pm of two female visitors revealed:
-They walked up to the facility door with no masks on and knocked on the door.
-The Administrator opened the door and spoke to both visitors.
-The visitors placed surgical masks on and entered the facility.

Interview with the PCA on 09/09/20 at 11:05am revealed:
-The facility did not allow any visitors inside, except medical personal.
-If someone wanted to visit they would need to schedule an appointment beforehand, visit outside the facility staying 6 feet away from the resident and the visitor and resident were required to wear a mask.

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-Medical personnel who entered the facility were responsible to sanitize their hands and place there mask or gowns on prior to entering the facility.
-Medical personnel were responsible to take their own temperatures prior to entering the facility.
-The facility did not have any record of asking medical personal screening questions related to COVID-19.
-The facility had several wall hand sanitizers staff and residents were able to use, there was also hand sanitizer on the medication cart.
-The facility did not keep any visitor or staff logs with screening or temperature information.
-The Medication Aides took the resident temperatures and those were kept on the Medication Administration Record (MAR) for each resident.
-No one had taken her temperature or asked her any screening questions related to COVID at the beginning of her shift.

Interview with a second PCA on 09/09/20 at 11:27am revealed no one had taken her temperature or asked her any screening questions related to COVID at the beginning of her shift today.

Interview with the Administrator on 09/09/20 at 1:22pm revealed:
-The two visitors who had entered the facility were staff.
-The staff were here for an in-service on psychotropic medications.
-She was responsible for screening and taking the two staff members temperatures.
-She had not ask screening questions nor had she taken their temperatures.

Interview with a MA on 09/09/20 at 1:40pm

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revealed:
-When she entered the facility the Administrator had told her to put on her face mask.
-The Administrator did not ask any screening questions nor did she take her temperature when she entered the facility this afternoon.
-Residents were allowed to go outside but they were not allowed to go off the property unless it was for a "very needed medical appointment".

Interview with a second MA on 09/09/20 at 1:47pm revealed:
-When she entered the facility the Administrator had told her to put on her face mask.
-The Administrator did not ask any screening questions nor did she take her temperature when she entered the facility this afternoon.
-The facility did not allow visitors to enter the facility.

Interview with the Administrator on 09/09/20 at 2:00pm revealed:
-She had told the two medication aides who came in for training to put their mask on.
-She did not take their temperatures.
-She asked them "if they had been around anyone with COVID-19", but did not document it anywhere.

Refer to Interview on 09/11/20 at 11:35am with the Local Health Departments (LHD) communicable Disease Nurse.

4. Observation between 11:00am and 2:30pm on 09/09/20 revealed no use of any disinfectant cleaners or wipes by staff in the hallways, bathrooms or high trafficked areas.

Review of the manufacturers instructions for the named disinfectant revealed "For disinfectant, all

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surfaces must remain wet for 10 minutes before wiping off".

Interview on 09/09/20 at 1:30pm with the Administrator revealed:
-The main cleaning was done in the evening by the staff.
-The housekeeper had recently left her position at the facility, so their was no housekeeper employed now.
-The staff and herself were constantly cleaning in the facility.
-The named disinfectant was used to wipe down the medication cart, tables, and desks several times per day.
-The named disinfectant was used primarily for resident areas such as bathrooms, chairs, and handrails.
-The named disinfectant was sprayed on and wiped off.
-She was not aware of the 10 minute contact time for the solution before wiping off.

Interview with a MA on 09/09/20 at 1:40pm revealed:
-She usually worked night shift.
-The disinfectant/cleaning supplies were marked for what to use it on.
-She would spray the disinfectant/cleaning spray on and then wipe it off.

Interview with a second MA on 09/09/20 at 1:47pm revealed:
-She usually worked 6:00pm-6:00am.
-Night shift was responsible for cleaning and sanitizing for the next day shift.
-She could not recall the name of the cleaning/disinfectant supplies but stated the bottles were marked and premixed.
-She would spray the disinfectant on and then go

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back and wipe it off.
-She may have let it sit for a minute or two before wiping it off.

Interview with a resident on 09/09/20 at 11:56am revealed staff cleaned the facility at around 10:30pm nightly.

Refer to Interview on 09/11/20 at 11:35am with the Local Health Departments (LHD) communicable Disease Nurse.

_____

Telephone interview on 09/11/20 at 11:35am with the Local Health Departments (LHD) Communicable Disease Nurse revealed:
-The facility had not reached out to her for any guidance or clarification.
-She had not been at the facility since the COVID-19 pandemic.
-She would have expected the facility to follow the CDC and DHHS guidelines.
-The LHD had sent out local guidance/recommendations to the LTC facilities.
-The LHD Nurse said she could not locate the information that was sent to the facilities, but would get in touch with the facility and give them guidance on what they needed to do.

_____

The facility failed to maintain the guidelines and recommendations established by the CDC and NCDHHS for infection prevention and transmission during the COVID-19 pandemic related to the improper usage of disinfectants in order to effectively eliminate the coronavirus; not screening staff, outside visitors and residents for COVID exposure and symptoms and not obtaining the temperatures of visitors and staff; not quarantining newly admitted residents separate from residents residing in the facility; staff not wearing appropriate PPE, or wearing

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D 338	Continued From page 13 PPE incorrectly. The facility's failure placed the residents at substantial risk for serious physical harm and neglect which constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/09/20 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 9, 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: Based on observations, interviews, and record reviews, the facility failed to ensure residents were provided with the necessary care and services to maintain their physical health as related to Resident Rights. The findings are: Based on observations, record reviews and interviews, the facility failed to ensure the recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NCDHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to screening of staff,	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL002007	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A NEW OUTLOOK OF TAYLORSVILLE	360 WOOD ROAD TAYLORSVILLE, NC 28681

(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
D914	Continued From page 14 residents and outside providers, use of personal protective equipment (PPE) by staff, and use of disinfectants to reduce the risk of transmission and infection. [Refer to Tag D338, 10A NCAC 13F.0909 Resident Rights (Type A2 Violation)].	D914		