STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING _____ B. WING _____	08/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

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D 000	Initial Comments The Adult Care Licensure Section conducted a COVID-19 focused Infection Control survey with an onsite visit on 08/25/20 and a desk review survey on 08/25/20-08/26/20 and a telephone exit on 08/26/20.	D 000		9-22-2020
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 B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Caroline 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 as related to the use of personal protective equipment (PPE) by residents and practicing social distancing. The findings are: Review of the facility's current license effective 01/01/20 revealed the facility was licensed as a Special Care Unit for Alzheimer's/dementia residents. Review of the CDC Infection Prevention and Control Guidance for Memory Care Units	D 338	Response to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissie Mayer — TITLE: ED, Adt — (X6) DATE: 10-16-2020

POC reviewed/accepted TT 10/16/2020

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D 338	Continued From page 1 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 handwashing, social distancing, and use of 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 six feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. Observations of the facility on 08/25/20 at 10:26am revealed: -There were seven residents seated in the front hallway area. -The residents were not spaced at least six feet apart. -The residents were not wearing masks. -There were two chairs approximately eight inches apart located on the female hallway. -There was one resident sitting in each chair. -Both residents were not wearing face masks. -One resident placed a napkin in an empty plastic cup and gave it to the second resident. -The second resident took the cup. -The residents were not social distancing. -The residents were sitting across from the nurse's station. -There was one staff sitting at the nurse's station with direct observation of the residents not social distancing or wearing face masks. -There was a second staff who ambulated by the two residents with direct observation of the residents not social distancing or wearing face	D 338	Staff failure to communicate effectively with residents to social distance. For resident #1 # 2 #3 # 4 #,5 #6 and #7, staff will remove them by encouraging them to social distance at a means of six feet apart. Staff were to encourage residents to wear face coverings per CDC (Center for Disease Control) guidelines. On 8-28-2020 all staff were re-educated on 8-28-2020 by the LHPS Nurse on the need to encourage cognitive impaired residents social distance. On 8-27-2020 the facility ensured social distancing by the Maintenance Manager on 8-27-2020 by adding six foot social distance markers, per CDC (Center for Disease Control) throughout facility. Staff have been educated on social distance markers on 8-28-2020 by LHPS Nurse on 8-28-2020. We are ensuring that communal dinning and communal activities are not taking place. Executive Director along with the Maintenance Manager on 8-27-2020 have removed additional chairs from quiet room on 8-27-2020 to ensure social distancing. To ensure social distancing in the facility on 8-27-2020 we have put in place by the Maintenance Manager accurate social distancing markers per CDC (Center for Disease Control) guidelines. We have re-educated staff on 8-28-20 on encouraging cognitively impaired residents to social distance on 8-28-2020 by LHPS Nurse. Lastly, the removal of additional chairs from quiet room on 8-27-2020 by ED and Maintenance Manger on 8-27-2020 to ensure adequate social distancing per CDC (Center for Disease Control) guidelines. Facility education on completing audit tool on 8-27-2020 that is submitted to ED and reviewed at daily stand-up to ensure residents are social distancing on 8-27-2020 by ED. Facility ED will review social distance audit sheet daily in efforts to track and trend any identified areas of concern as we report to QA (Quality Assurance) committee for further follow up and recommendations.	9-22-2020

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D 338	Continued From page 2 masks. -The staff ambulating the hallway and sitting at the nurse's desk did not prompt the residents to social distance or wear face masks. -The Executive Director (ED) and the Assistant ED were standing in the foyer at the nurse's station with direct observation of staff not prompting the residents to social distance or wear face masks. -The ED and the Assistant ED did not prompt the residents to social distance or wear face masks. -The ED and the Assistant ED did not prompt the staff to prompt residents to social distance or wear face masks. Interview with a medication aide (MA) on 08/25/20 at 10:30am revealed the facility's COVID-19 policy mandated all residents were to be social distanced and eat in their rooms. Interview with the ED on 08/25/20 at 10:35am revealed staff were expected to prompt residents to wear face masks. Observation of the activities and dining hallway on 08/25/20 at 10:45am revealed: -Snacks were being served to the residents in the hallway. -There were 6 residents in the hallway without face masks. -One of the residents was self-propelling in a wheelchair. -A second resident was leaned toward the resident in the wheelchair holding the resident's right hand and arm. -Both residents were talking. -A third resident was walking past the two residents. -Three of the six residents were not social distancing.	D 338		

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D 338	Continued From page 3 -There were two staff at the nurses' station located at the end of the hallway. -There was one staff who walked by the three residents who were not wearing face masks and not social distancing. -The staff did not prompt the residents to social distance or wear face masks. Interview with a personal care aide (PCA) on 08/25/20 at 10:48am revealed: -She did not know if residents were required to wear face masks. -She thought the facility had face masks for the residents. -Residents who sat in the hallway were spaced six feet apart. -She redirected the residents daily. Interview with a second MA on 08/25/20 at 10:36am revealed the residents would not wear face masks or social distance because of their cognition level related to their dementia diagnosis. Observations of the female hallway on 08/25/20 at 10:59am revealed: -There were three residents sitting side by side. -The three residents were not wearing face masks. -There was a fourth resident ambulating in the hallway past the three residents. -The fourth resident was not wearing a face mask. -There was one staff ambulating in the hallway past the three residents sitting and the fourth resident walking who were not wearing face masks. -There was a fifth resident standing at the nurse's station. -The fifth resident was not wearing a face mask.	D 338		

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D 338	Continued From page 4 -There were two staff sitting at the nurse's station. -The staff did not prompt the four residents in the female hallway to social distance or wear face masks. -The staff did not prompt the resident standing at the nurse's station to social distance or wear a face mask. Interview with a third MA on 08/25/20 at 11:00am revealed: -Residents were supposed to social distance. -All staff were responsible to prompt residents to social distance. -Residents were to social distance when provided snacks. -The PCAs and the staff passing out snacks were responsible to prompt residents to social distance. -There were two chairs side by side on the female hallway when she started her shift this morning, 08/25/20. -She did not move the chairs to be six feet apart until approximately 10:50am. -The third resident self-propelled their wheelchair between the two chairs in the female hallway. -It was difficult to keep the residents six feet apart because of their cognition. Interview with the Activities Director (AD) on 08/25/20 at 11:10am revealed: -She served residents' snack this morning, 08/25/20. -She would serve residents' snacks where ever they were sitting. -She did not prompt the residents to social distance when she served their snacks this morning, 08/25/20. Telephone interview with the ED on 08/25/20 at 4:38pm revealed:	D 338		

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D 338	Continued From page 5 -Residents were expected to social distance of six feet apart. -Residents would not social distance because of their dementia diagnosis. -All staff were responsible to prompt the residents to social distance. -The chairs in the hallway were to be placed six feet apart. -The residents would move the chairs less than six feet apart. -Staff had been educated to prompt residents to social distance. -She did not know when social distancing education had been provided to staff. -There was not a system in place to be certain staff were prompting residents to social distance. -Residents were to be prompted to social distance when served snacks. -Whoever served snacks was responsible to prompt residents to social distance. -She did not remember seeing two residents sitting side by side in the female hallway this morning, 08/25/20. -It would have been her responsibility to prompt residents to social distance if she had observed the two residents sitting side by side. A second telephone interview with the ED on 08/26/20 at 10:00am revealed: -She had facilitated COVID-19 training for staff on 04/06/20 and 08/20/20. -The Resident Care Coordinator (RCC) and Licensed Health Professional Support (LHPS) Nurse had completed COVID-19 trainings on 03/23/20, 05/22/20, 06/17/20 and 08/19/20. -All of the COVID-19 infection control policies were available to staff. -She expected all staff to prompt residents to wear face masks. -Staff prompted residents to wear face masks.	D 338		

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D 338	Continued From page 6 -She, the RCC and the Assistant ED performed resident rounds every morning and throughout the day to prompt the residents to wear face masks. -Residents were offered face masks in the mornings when she arrived, every shift change, and throughout the day by staff. -On 08/25/20, she knew there were residents who were not wearing face masks, and staff did not prompt residents to wear face masks. -On 08/25/20, she did not prompt residents to wear face masks. -There was no reason she did not prompt residents to wear face masks on 08/25/20. -It was her responsibility to prompt residents to wear face masks when staff did not. -She should have prompted the residents to wear face masks on 08/25/20. -She tried to remind staff and residents the need for residents to wear face masks. -It was her responsibility to have discussed with staff the need to prompt residents to wear face masks. -It was also the Assistant ED's responsibility to remind staff to prompt residents to wear face masks. -It was also the Assistant ED's responsibility to prompt residents to wear face masks. -She knew the Assistant ED did not remind staff to prompt residents to wear face masks on 08/25/20. -She knew the Assistant ED did not prompt residents to wear face masks on 08/25/20. -On 05/22/20, she provided staff education regarding the need for residents to wear face masks. -It was the responsibility of the staff assigned to each hallway to prompt residents to social distance. -She, the Assistant ED, RCC and all staff rounded	D 338		

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D 338	Continued From page 7 each hall to ensure residents practiced social distancing. -There were not any residents who had medical conditions that would require they not wear face masks. -She expected staff to continue to space the chairs six feet apart even when residents moved the chairs beside each other. -Staff would prompt the residents to wear face masks. Telephone interview with the Assistant ED on 08/26/20 at 10:49am revealed: -It was her responsibility to educate staff to follow the COVID-19 policy to keep residents safe. -The COVID-19 policy included staff to prompt residents to wear face masks and perform social distancing. -She enforced the COVID-19 policy with the staff. -She was responsible for making sure the staff were prompting residents to wear their masks. -All care managers and staff rounded every two hours to prompt residents to wear face masks and social distance. -She followed the staff during her rounds to ensure they were prompting residents to wear masks. -She made sure the residents wore their masks. -She expected staff to prompt residents to wear face masks and social distance when a resident was observed not wearing a face mask or social distancing. -She knew staff prompted residents every day to wear face masks and social distance because it was expected of staff. -Staff prompted residents on 08/25/20 to wear face masks and social distance because it was expected of the staff. -There were two residents who could not wear a face mask because they did not understand.	D 338		

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D 338	Continued From page 8 -Those two residents would not be offered face masks because they would become agitated. Telephone interview with the AD on 08/26/20 at 1:04pm revealed: -She had been educated three weeks ago by watching a representative of DHHS on television to prompt residents to social distance of six feet apart. -She would prompt residents to social distance. -Residents did not understand the need to social distance. -She did not think to prompt residents to social distance on 08/25/20 when she served snacks. -She could have prompted the residents to their room when she served snacks on 08/25/20. -The LHPS nurse educated her on 08/19/20 about the need to prompt residents to wear face masks and to social distance. -All staff were responsible for enforcing the social distancing policy. Telephone interview with a fourth MA on 08/26/20 on at 1:22pm revealed: -She had never been trained or educated regarding the need for residents to wear face masks. -She was told today, 08/26/20, by the ED that residents were expected to wear face masks. -She was told today, 08/26/20, by the ED staff were expected to prompt residents to wear face masks. -She had never prompted residents to wear face masks prior to today, 08/26/20. A telephone interview with the third MA on 08/26/20 at 1:35pm revealed: -She had never been trained or educated regarding the need for residents to wear face masks.	D 338		

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D 338	Continued From page 9 -She was told today, 08/26/20, by the ED that residents were expected to wear face masks. -She was told today, 08/26/20, by the ED staff were expected to prompt residents to wear face masks. -She had never prompted residents to wear face masks prior to today, 08/26/20. Telephone interview with the LHPS nurse on 08/26/20 at 1:46pm revealed: -Staff were expected to prompt residents to wear face masks. -She had provided staff education regarding the need to prompt residents to wear face masks and social distance on 08/20/20. -She had provided infection control education to the staff. -She had provided training on how to prompt residents to wear masks. -She completed the trainings on 06/17/20 and 08/20/20 on social distancing but was not specific to residents. -If was difficult for the residents to wear masks because of their cognition level. The facility failed to maintain the guidelines and recommendations established by the CDC and NC DHHS for infection prevention and transmission during the COVID-19 pandemic in a memory care unit which residents needed prompts related to cognition, were not social distancing and did not wear facial masks. The facility failed to remind residents who were able to wear face masks to use them and failed to prompt residents to use social distancing of six feet or more. The facility's failure placed residents at an increased risk for transmission and infection from COVID-19 and was detrimental to the health, safety and welfare of the residents and constitute a Type B Violation.	D 338		

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D 338	Continued From page 10 The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/26/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 10, 2019.	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 provide the services necessary to maintain the health of the residents as related to resident rights. The findings are: Based on observations, interviews, and record reviews, 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 (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 as related to the use of personal protective equipment (PPE) by residents and practicing social distancing. [Refer to Tag 338 10A NCAC 13F .0909 Resident Rights (Type B Violation)].	D914		

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