STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	09/02/2020

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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 08/26/20 and 09/01/20 and a desk review survey on 08/27/20 to 09/02/20 and telephone exit on 09/02/20.	D 000		
D 077	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to maintain a North Carolina Division of Environmental Health sanitation score of 85 or above at all times. The findings are: Observations on 08/26/20 at 11:40am upon entering the facility revealed: -The facility had a sanitation grade of 84 dated 01/07/20 posted on the wall. -There was a census of 44 residents residing in the facility.	D 077	In accordance to 10A NCAC 13 F .0306(a) Section All housekeeping and furnishings are in good working condition and fully repaired and replaced. All staff are fully trained on how to operate the laundry washing machine. The sanitation inspector came to the building and inspected the kitchen and a grade of 93.5 was given. However, the inspector should return to inspect the entire building. The Administrator will tour the building daily in accordance to 10 A NCAC 13F .0306	Anticipated Completion 10/31/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Blondzella Harris
TITLE: Administrator
(X6) DATE: 10/12/2020

Reviewed and accepted 10/23/20 KHH

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D 077	Continued From page 1 Review of the environmental health inspection for the facility dated 01/07/20 revealed: -The facility score was 84 with 16 demerits. -There was two demerit for floors, walls and ceilings clean and in good repair with a comments walls and some floor titles needed to be repaired and all needed cleaning. -There was one demerit lighting, ventilation, moisture control with comments many light shields were damaged or missing, several lights were inoperable. -There were four demerits for toileting, handwashing, laundry and bathing facilities with comments all hand sinks must have soap and towels and be used for handing washing only, and the utility cabinet was wet with standing water. -There were two demerits for "miscellaneous" with comments related to all storage areas must be clean, all items off the floor and the outside storage must be cleaned and organized, and employee beverages and items must not be on the medication cart and all cups on the medication cart used for medication administration must have lips protected. -There were three demerits for furnishings and patient contact items with comments all furniture must be clean and in good repair, a written procedure is needed as well as training for staff how to use laundry machines, laundry machines must be clean, all stained/damaged linen need replacing, and shower chairs and several other items needed cleaning and disinfecting. -There were four demerits for food service utensils and equipment and food supplies and protection with comments the dish machine was not holding water and running properly and was not sanitizing the utensil due to the leak and low volume water. There was no sanitizer in sink or in wiping bucket, there were items sitting on the	D 077		

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D 077	Continued From page 2 floor and eggs must be pasteurized. Review of the environmental health inspection for the facility dated 04/04/19 revealed: -The facility score was 84 with 16 demerits. -There was one demerit for floors, walls and ceilings clean and in good repair with a comments walls and some floor title need repair and all need cleaning (vents, base, corners, and behind items). -There was one demerit for lighting, ventilation, moisture control with comments several lights were not working. -There was three and one-half demerits for toileting, handwashing, laundry and bathing facilities with comments all hand sinks must have soap and towels and be used for hand washing only, and disinfectant was not available in bathing rooms. -There were three and one-half demerits for "miscellaneous" with comments all maintenance items and chemicals must be away from residents and food items, the can wash sink was dirty, the dumpster was dirty and must be replaced, all cups on the medication carts used for medication administration must have the lips protected, the bins on the medication cart must be cleaner, and yogurt in the cup on the medication cart must be dated and disposed after use, not sitting on the medication cart with a spoon. -There were four demerits for furnishings and patient contact items with comments furniture was dirty with debris under cushions, all furniture must be clean and in good repair, a bed was broken, laundry did not have signs of disinfection, a written procedure was needed as well as staff training, laundry machines must be clean, all stained/damaged linen needed replacing, there were baskets of clean clothes sitting on the floor,	D 077		

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D 077	Continued From page 3 the shower chairs and several other items needed cleaning and disinfection, and resident care items must stored, labeled and used in a manner to prevent cross contamination. -There were three demerits for food service utensils and equipment and food supplies and protections with comments the dish machine was not filling and running properly and was not sanitizing the utensils, there was no sanitizer in sink, not in the wiping bucket, there must be sanitizer available and used (none was in the kitchen), food handlers/staff must wear clean outer clothing/aprons, wash hands and have hair restraints and aprons if handling any food, the kitchen door was propped open, the hood was not turned on, the grease trays were upside down and missing the grease pan, the kitchen was at 86, the veggie in the hot hold were at 119-121, food were reheated, foods must be properly cooked/heated before placing on the hot hold unit, and if foods are cooked and cooled, then records are needed, and tuna and boiled eggs were sitting out at 73-110 degrees. Review of the environmental health inspection for the facility dated 01/23/19 revealed: -The facility score was 81.5 with 18.5 total demerits. -There was one demerit for floors, walls and ceilings clean, and in good repair with a comments walls and some floor title need repair and all need cleaning. -There was one demerit for lighting, ventilation, moisture control with a comment several lights were in operable. -There were six demerits for toilet, handwashing, laundry and bathing facilities related to lavatories have mixing faucet for tempered water, soap, hand towel or hand drying device, hot water temperatures between 100 and 116, and	D 077		

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D 077	Continued From page 4 disinfectant accessible and properly used. -There was one demerit for drinking water facilities, ice handling related to ice protected, dispensed, equipment clean, in good repair with comments the ice machine is dirty and must dispensed after washing hands putting on fresh gloves and using hair restraints. -There was one demerit for vermin control, premises related to premises clean, no breeding places or rodent harborage with comments there were mice droppings and two mice holes and not records of pest control. -There were two and one-half demerits for "miscellaneous" related to adequate storage area being clean, items properly stored, mop sink provided and used, and medication carts clean, sharps containers affixed, food and utensils handled properly with comments the mop sink and can wash, mop buckets and trash cans must be clean and properly stored, and all cups on the medication cart used for medication administration must have the lips protected. -There were three demerits for furnishings and patient contact items related linen changed when soiled and handled properly, laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately, and patient contact items in good repair, properly stored, cleaned and disinfected with comments linen on beds were dirty, laundry did not have signs of disinfection, a written procedure was needed as well as staff training, laundry machines must be cleaned, the shower chairs and several other items needed to be cleaned and disinfected, and all resident contact items must be cleaned and disinfected. -There were three demerits for food service utensils and equipment and food supplies and protection related to approved utensils and equipment cleaned and sanitized and food	D 077		

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D 077	Continued From page 5 protected with comments there must sanitizer available and used (none was in the kitchen), food handler/staff serving must wear clean outer clothing/aprons, wash hand and have hair restraints and aprons if handling any food, hot foods for lunch were sitting with no temperature control at 110-127, need hot holding or cook to order within 10 minutes of serve and/or written procedures and recorded times. Observation during the tour of the facility on 09/01/20 from 10:40am to 12:10pm revealed: -Room #102 at 11:18am, the last drawer on the four-drawer chest was hanging down on one sided because the track was stripped. -The handle on the nightstand was broken and hanging down. -Room #103 at 11:13am, there was a four-drawer located near the window with the second drawer missing from the chest and lying on the floor. -The corner of the wall by bed #2 nearest the door had small particles of a substance that appeared to be trash and lent. -Room #104 at 11:10am, the headboard of the bed was leaning forward. -When touched the headboard wobbled and was easily moved. -There was no string on the wall mounted light above the bed to turn the light on. -The light was not accessible by a switch and the only way to turn the light on and off was by using a hand to turn the light bulb. -Room #105 at 11:03am, the bathroom contained a silver toilet paper roll recessed dispenser with two arms. -The dispenser was missing the metal extension piece that fit into each arm of the dispenser and kept the toilet paper from falling to the floor. -The toilet paper was propped on one of the arms of the dispenser.	D 077		

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D 077	Continued From page 6 -The paper towel dispenser was not operable, and the roll of paper towels was sitting on the back of the toilet. -The call button did not work when the string was pulled. -Room #301 at 11:50am, the second drawer on the chest was hanging down into the drawer underneath. -The track of the drawer was worn and could not hold the drawer in place. -Rooms #304 at 11:40am, the resident was bed bound and unable to ambulate and transfer herself. -The light mounted on the wall above the bed did not have a string to turn the light on and off. -Without the string the only way to access the light was to use hands to turn the light bulb. -The first drawer on the four-drawer chest was off tract and hanging down on one side because the track was stripped and did not hold the drawer in place. -The lower part of the wall by the bathroom and door to the room was missing chalk and plaster in various spots and the metal frame was visible. -Room #306 at 11:42am, there was no string on the light mounted to the wall. -Without a string the only way to turn the light on was to use your hand and turn the light. -In room 206, one of the wall lamps did not have a string and could not be turned on for use. -In room 202, the night stand table had a broken drawer handle. -In room 212, the toilet tank did not have a lid, the resident chair had 2 cracks in the vinyl upholstery, approximately 7 inches long each, the night stand table top drawer did not have a handle, the second drawer handle on the night stand table was broken and one of the closet doors had 2 holes in it, approximately 2 inches in diameter. -In room 407, one of the wall lamps did not have	D 077		

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D 077	Continued From page 7 a string for use, the only way to turn the light on or off was to pull a 2 inch metal chain. Observation of the activity room at 11:53am revealed: -There was a burgundy cloth chair with wooden arms. -A resident was sitting in the chair, after the resident got up, a black shiny matter (unable to tell if dirt or oil) was on the seat and across the top back portion of the chair. -There was a green cloth chair with silver arms that had bright yellow spots and long black marks throughout the chair. -There was a green leather chair with cracks in the seat and back and the inner material of the chair was visible. Interview with the resident in room #103 on 09/01/20 at 11:16am revealed: -The drawer had been missing off the chest for at least one year. -He was sure facility staff knew the drawer was broken because they came to the room and saw it on the floor. Interview on 09/01/20 with resident in room #105 at 09/01/20 at 11:06am revealed: -The toilet paper dispenser was missing the extended arm that held the toilet paper roll, so it did not fall on the floor. -She propped the toilet paper on top of the dispenser. -The toilet paper sometimes fell to the floor. -The paper towel dispenser was also broken. -The housekeeper gave her paper towels and she propped them on the back of the toilet. -The call light in her room did not work. -She pulled the call light cord when she needed staff to help her.	D 077		

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D 077	Continued From page 8 -She was unable to recall exactly how long the toilet dispenser, paper towel dispenser and call light had been broken. -She was sure they were broken and not operable for at least two months. Interview with resident of room #202 on 09/02/20 at 11:10am revealed: -She did not know how long the drawer handle had been broken on the night stand table. -She said the drawer would be easier to open if the handle was not broken. -She had not reported the broken drawer handle to facilty staff. Interview with resident of room #206 on 09/02/20 at 11:20am revealed: -The wall lamp had been broken for about a month. -The on/off switch was broken and the light could not be used. Interview with resident of room #212 on 09/02/20 at 11:25am revealed: -The toilet tank lid was broken, he did not know how long it had been broken. -Facility staff removed the broken toilet tank lid. -He did not know how long the the toilet tank lid had been missing. -He did not know how long the 7 inch cracks had been in the resident chair. -The second drawer handle on the night stand table had been broken for a long time. -The night stand table would be easier to use if the handle was not broken. -He did not know how long the holes had been in the closet door. -He had not reported the missing toilet tank lid, the cracks in the upholstery in the resident chair. the broken night stand table handle or the holes	D 077		

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D 077	Continued From page 9 in the closet door to any facility staff. Attempted interview with resident of room #407 on 09/01/20 at 11:05am revealed the resident was unavailable for interview. Based on record reviews, observation and attempted interviews on 09/01/20 at 11:10am it was determined the resident in room #104 was not interviewable. Based on record reviews, observation and attempted interviews on 09/01/20 at 11:40am it was determined the residents in room #304 were not interviewable. Telephone interview with a personal care aide on 08/28/20 at 3:36pm revealed: -In March 2020 she was told when she observed needed repairs she had to report to the medication aide in charge, Resident Care Coordinator, or Administrator. -Some lights were missing strings to turn the light on. -Without a string the only way to turn the light on was using your hand. -Room 304 did not have a string to turn the light on. -The resident was physically unable to get out of bed, so she turned the light on for the resident. -When turning the light on she had to use her hands to turn the bulb because the string was gone. -At least three months ago she reported the light fixture needed a string to the medication aide. -The light fixture in room #104 was also missing a string. -The resident in room #104 was deaf, but she was aware she needed to use her hand to turn the light on.	D 077		

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D 077	Continued From page 10 -She made several reports regarding needed repairs but nothing had been done. -The facility had been through several administrators and she thought that was why repairs had not been completed. Interview with the Housekeeper on 09/01/20 at 11:20am revealed: -She had worked at the facility since November 2019. -She was responsible for reporting when she observed things that needed repaired. -If she was unable to complete the repair herself, she then completed a work order and verbally reported it management on duty (medication aide, Resident Care Coordinator, Administrator's Assistant, Administrator). -She was aware the chest in room #103 was broken off since December 2019. -If she was able to fix the chest drawer she would, but she did not have the knowledge to fix the chest drawer. -She had reported the chest drawer in room #103 was broken to at least four different Administrators. -Last week she reported the broken drawer to the current Administrator. Second interview with the Housekeeper on 09/01/20 at 12:20pm revealed: -She was aware the paper towel dispenser and toilet paper dispenser in room #105 needed to be repaired. -She was sure that she had reported the broken dispensers to management. -She did not know the call system in room #105 did not work. Telephone interview with the Housekeeper on 09/02/20 at 10:22am revealed:	D 077		

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D 077	Continued From page 11 -When cleaning rooms if she observed needed repairs, she completed a work order form. -The form was put in the book by the nurse station and she verbally told management. -The Administrator's assistant had her do a walk through in April or May 2020 and create a list of items needing to be repaired. -She gave the list to the Administrator's assistant. Interview with the Activity Director on 09/01/20 at 11:56am revealed: -When residents were in the activity room, they used all the chairs in the room. -She was concerned the chair with the cracked leather would scratch residents' legs. -Once the resident got up out of the chair, she was going to take the chair out of the activity room. Telephone interview with the Environmental health inspector on 08/28/20 at 2:25pm revealed: -In February 2020, he received an email asking for a follow-up visit to the facility. -He visited the facility in February 2020 for a reinspection as requested by the Administrator. -Before completing the reinspection he informed the Administrator that the facility's sanitation score was going to drop by four points because some areas were still out of compliance. -At the request of the Administrator he did not finish the inspection, but prior to leaving the facility he walked through the facility with the Administrator and pointed out areas that were out of compliance. -The Administrator stated that she would notify him when she was ready for a reinspection. -As of today's, date (08/28/20) no one at the facility had contacted him for a follow-up visit. -At the request of survey staff he visited the facility on 08/31/20 to complete a food service	D 077		

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D 077	Continued From page 12 inspection. -He did a not do a reinspection of the physical building but he did observe some areas were still out of compliance, like the medication cart still needed to be cleaned and the lips of cups used for medication administration were not protected, light fixtures and other areas needed repairs. Telephone interview with the Resident Care Coordinator on 09/02/20 at 10:01am revealed: -The Administrator was responsible for ensuring repairs were completed. -When the facility did not have a designated Administrator, the owner put a person from the regional office in charge. -The facility did not have a designated maintenance person to make repairs. -If something needed to be repaired the person that observed the needed repair had to complete a worker. -The work order was sent to the owner to get approval to hire someone to complete the repair. -If the owner approved contacting an outside vendor, then her, the Administrator or the Administrator's assistant called vendors and got quotes on the jobs that need to be completed. -The owner had to give the final approval to get the repairs completed. -In 2018-2019 the owner required Administrators to do "rounds" to observe furniture that needed to be repaired. -When doing rounds the Administrator walked through the facility and made a list of items that needed to be repaired. -In January 2020 and some furniture was replaced based on the list created by the Administrator. -The housekeeper also had a form to report when repairs were needed. After completing the form it was sent to the owner.	D 077		

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(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 077	Continued From page 13 -The drawers on the chests were damaged because when putting away residents' clothes staff stuffed the drawers. -On Monday, August 31, 2020, the Administrator's assistant completed a walk through to observe furniture and light fixtures that needed to be repaired. -New chests were ordered and some light fixtures were replaced. Telephone interview with the Administrator's assistant on 09/02/20 at 10:37am revealed: -He had worked at the facility for one year, first as a medication aide, and then in April 2020 he was placed in the position of Administrator's assistant. -When the housekeeper cleaned rooms, daily she was responsible for letting management know when repairs were needed. -The housekeeper informed management of needed repairs by completing a "maintenance sheet." -He looked at the sheet prepared by the housekeeper, if he was unable to make the repairs, then he notified the owner. -When repairs were needed he called Administrator's friend to make the repairs. -If a chest or nightstand needed to be replaced, he called the owner. -On Monday, 08/31/20 he notified the owner regarding chests that needed to be repaired. Interview with the Administrator on 09/01/20 at 12:21pm revealed: -The facility did not have a regular maintenance person. -When repairs were needed, if she could complete the repairs herself, she had a friend to complete the repairs. -Last Friday (08/28/20), she talked with the owner about getting new chests for residents rooms.	D 077		

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	HAL041082	A. BUILDING: _____ B. WING _____	09/02/2020

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D 077	Continued From page 14 -She did not ask about nightstands, but she will ask about getting new nightstands. Telephone interview with the owner on 09/02/20 at 11:31am revealed: -She was aware the facility's sanitation score was under 85 since January 2019. -She tried to make corrections listed on each of the sanitation reports given. -In 2019, she had a big expense and needed to replace hot water system. -She spent money on the hot water system because she felt residents' safety was more important. -The over past year she had purchased furniture for the facility. -At one point she had required the Administrator's to walk through the facility at least once a month to observe repairs needed. -She felt the facility had made all the corrections on the 01/07/20 environmental health inspection report prior to COVID-19. -She did not call the environmental health inspector to do a reinspection, she left that responsibility to the Administrator. -She had no documentation to verify the health inspector was contacted regarding a reinspection, other than the one email from February 2020. -Going forward she will require the housekeeper to walk through the facility at least three times per week to identify needed repairs. The facility failed to ensure the building environmental health score was a minimum of 85 following an inspection completed on 01/23/19 with multiple violations resulting in a score of 81.5, an inspection completed on 04/04/19 with violations resulting in a score of 84, and an inspection completed on 01/07/20 with multiple violations resulting in a score of 84, each of which	D 077		

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D 077	Continued From page 15 was detrimental to the safety and welfare of residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/26/20 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 18, 2020.	D 077		
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, record reviews, and interviews, the facility failed to ensure recommendations and guidance established 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 of the residents during the global coronavirus (COVID-19) pandemic and practicing recommended infection prevention and control practices to reduce the risk of transmission and infection as related to use personal protective equipment (PPE) appropriately by staff. The findings are: Review of the Center for Disease Control (CDC)	D 338	In accordance to 10 NCAC 13F .0909 section All employees have received the CDC guidelines for use if facemask, PPE, and Covid-19. All residents and staff are given disposable facemask daily. according to CDC fuidelines. The Administrator and RCC will ensure this will be done daily.	8/26/20

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D 338	Continued From page 16 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 personnel should practice social distancing (remain at least 6 feet apart) when in common areas. Review of the CDC guidelines for use of facemasks PPE, COVID-19 is transmitted through droplet, therefore the month and nose are to be completely covered when wearing a facemask to prevent contamination and transmission of COVID-19. Observation during the tour of the facility on 08/26/20 from 11:20am to 3:30pm revealed: -Six staff, including the Resident Care Director (RCD) and the Administrator were observed wearing cloth face coverings. -Each of the four of the six staff face covering were observed below the staff nose and only covered the staff mouth. -At 1:10pm the Resident Care Director (RCD) was observed giving the staff surgical facemasks. -At 1:15pm a medication aide (MA) was observed in hallway wearing a surgical facemask. -The surgical facemask covered the MA's mouth only and her nose was not covered. Interview with a Medication Aide (MA) on 08/26/20 at 11:55am revealed: -The Resident Care Coordinator (RCC) verbally gave her and other staff information related to COVID-19. -She was told by the previous Administrator that she had to wear a face covering. -She was aware the face covering did not cover her nose.	D 338		

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D 338	Continued From page 17 -Throughout the day the face covering slid down. -She tried not to touch the face covering but left it down past her nose. -No one at the facility had told her that she needed to wear a surgical facemask. -The facility had surgical facemasks that were only given to residents that left the facility. Interview with the Resident Care Coordinator (RCC) on 08/26/20 at 12:00pm revealed: -Staff wore face coverings inside the facility at all times. -She had observed that sometimes the face covering did not cover the staff nose. -In June 2020 she had talked with staff about face covering not covering their nose. -She was unaware staff should wear surgical facemasks. Interview with the Administrator on 08/26/20 at 11:26am revealed: -She had not provided COVID-19 training to facility staff because she started working at the facility June 20, 2020. -All staff at the facility were required to wear face coverings. -She was not aware that facility staff should wear surgical facemask. -She had observed that sometimes the face coverings did not cover the staff nose. -She had not said anything to staff about the face covering not covering their nose because she was aware the face covering frequently slid down. -She had surgical facemasks, but she only gave them to residents when they left the facility. The facility failed to adhere to the Centers for Disease Control (CDC) and North Carolina Division of Health and Human Services (NC DHHS) guidelines for COVID-19 to include	D 338		

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D 338	Continued From page 18 recommendations for use of personal protective equipment (PPE) for staff and residents. The facility's failure to ensure staff wear face masks correctly during the global pandemic of COVID-19 was detrimental to the health and safety of residents which constitutes a Type B Violation. A plan of protection was provided by the facility in accordance with G.S. 131D-37 on August 26, 2020 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 18, 2020.	D 338		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings. The findings are: Based on observations, interviews and record reviews, the facility failed to maintain a North	D912	In accordance with G.S. 131D-21 / D912 All housekeeping and furnishingrepairs are fully completed. The Administrator and RCC will complete daily tours of the building to ensure compliance of tne building.	Anticipated Completion 10/31/2020

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D912	Continued From page 19 Carolina Division of Environmental Health sanitation score of 85 or above at all times. [Refer to Tag 0077, NCAC 13F .0306(a)(4) Housekeeping and Furnishings(Type B Violation).].	D912		
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 free of neglect as related to residents' rights regarding the facility adhering to infection control guidelines during the Coronavirus pandemic. 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) and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic and practicing recommended infection prevention and control practices to reduce the risk of transmission and infection as related to use personal protective equipment (PPE) appropriately by staff. [Refer to Tag 0338 10A NCAC 13F .0909 Resident Rights (Type B Violation).].	D914	In accordance to G.S. 131D-21 all staff and residents are given disposable facemask daily according to the CDC guidelines. The Administrator and RCC will ensure that this is done daily	8/26/2020