STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045112	A. BUILDING: _____ B. WING _____	R 12/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW ASSISTED LIVING	260 CENTERWAY DRIVE HENDERSONVILLE, NC 28792

(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 follow-up survey on 12/02/20.	{D 000}		
D 601	10A NCAC 13F .1801 (a) (b) Infection Prevention and Control Program 10A NCAC 13F .1801 Infection Prevention and Control Program (a) In accordance with Rule 13F .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines on infection prevention and control. (b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human Services. This Rule is not met as evidenced by: 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) regarding staff and visitor screening were implemented and maintained to provide protection and reduce the risk of transmission and infection of COVID-19 to residents during the global pandemic of COVID-19.	D 601		

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D 601	Continued From page 1 The findings are: Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of the coronavirus disease in long term care (LTC) facilities revealed: -Personnel should be screened for fever and symptoms of COVID-19 before starting each shift. -Post signage at all entrances and leave notices for contract service providers at all residences that provide information about current visitation policies or restrictions; and remind visitors and personnel not to enter the building if they have fever or symptoms consistent with COVID-19. -All essential visitors should be screened for signs and symptoms of COVID-19 before entering the building. -Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms consistent with COVID-19 before starting each shift/when they enter the building. Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of the coronavirus in LTC facilities revealed: -Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms. -Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and	D 601		

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routes to designated areas, hand hygiene.
-Facility must conduct daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff.

Review of the facility's COVID-19 Infection Control Preparedness Plan not dated revealed:
-A plan is in place for protecting residents, healthcare personnel, and visitors from respiratory infections, including COVID-19 that includes all visitors to the facility will be prescreened prior to entering the facility. This prescreening will include but not limited to temperature check, check of symptoms such as cough, trouble breathing, faint in color or any other abnormal signs.
-The facility has a system to monitor for, and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention measures.
-Facility has material developed and posted signs at the entrances to the facility instructing visitors are restricted and self-assess for symptoms of COVID-19 before entering the facility.
-Regarding visitor protocol: We are restricting visitors to the facility except for end-of-life situations or pursuant to the guidance of public health officials. In those cases, visitors will continue to need to be screened prior to entry and restricted to their loved one's room or another designated area within the community. We are conducting health screenings on anyone coming into the facility.
-Staff: Implemented daily health screenings of staff as they report to work daily.

Observation upon arrival to the facility on

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D 601	Continued From page 3 12/02/20 at 10:30am revealed: -There were no signs posted at the entrance regarding visitor restriction. -There were no signs posted regarding COVID-19 or screening for signs and symptoms of COVID-19. -The survey team was allowed entrance into the facility without a temperature taken or screening questionnaire asked. Interview with the Director on 12/2/20 at 10:57am revealed: -There were no COVID-19 positive residents at the facility. -There were no COVID-19 positive staff at the facility. -She did not know why the survey team was not screened or temperature checked for COVID-19 upon entrance. -It was the facility's policy to screen all staff and visitors entering the building by checking temperatures and ask screening questions for COVID-19 and record them in a notebook. -Staff had been educated on signs and symptoms of respiratory illness, including COVID-19. -Staff had been educated on proper infection control practices to keep residents, visitors and other co-workers safe. -Staff had been educated to stay home if any symptoms of respiratory infection become present, or any illness arose. -Staff had been educated on self-screening and quarantining if an unprotected exposure had occurred. -All staff's temperatures would be checked upon arrival for shift by the current on-duty Medication Aide (MA) before entering the facility. Additionally, they would be asked a questionnaire regarding any respiratory symptoms and record the information in a notebook.	D 601		

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-Staff would screen themselves and call a supervisor prior to shift if showing any signs of respiratory illness.
-If a staff member became sick during shift, the staff would be responsible to notify the Special Care Coordinator (SCC) or Director and immediately leave the facility.

Review of a Temperature Log for visitors and staff dated 04/22/20 through 06/12/20 revealed:
-There were 6 documented entries of visitors with the date, time, and temperatures recorded.
-There were 34 documented entries of staff with the date, time, and temperatures recorded.
-There were no COVID-19 screening questions accompanying the temperature log.

An interview with the Hospice Registered Nurse (RN) on 12/02/20 at 11:16am revealed:
-On the morning of 12/02/20, she came to the facility, rang the doorbell and was let in by the Special Care Coordinator (SCC).
-The SCC took her temperature but did not ask her any COVID-19 screening questions.
-Sometimes staff asked her the COVID-19 questions, sometimes they did not.
-The last time she visited the facility was 12/01/20 and staff took her temperature, but she could not remember if she was asked any COVID-19 screening questions.
-She did not sign any forms regarding her temperature or related to the COVID-19 screening questions.

Interview with a personal care aide (PCA) on 12/02/20 at 11:19am revealed:
-The MA was responsible for screening staff by checking temperatures and asking questions such as "Do you have a cold?, fever? Basics like that" and records them into a temperature log

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upon arrival for the shift.
-The facility was screening all persons entering the building.
-The MA was responsible for screening all visitors because the thermometer was locked inside the medication cart.

An interview with a second PCA on 12/02/20 at 1:25pm revealed:
-She had allowed the surveyors into the building at on 12/02/20 at 10:30am without taking their temperature or asking them COVID-19 screening questions.
-When she let a visitor in the building, she was supposed to take their temperature, ask them if they have been "out of the state" or running a fever.
-She stated she did not take the temperature or ask the COVID-19 screening questions because she was "nervous."
-She normally wrote down the visitor's name and their temperature in a logbook, but she "just didn't think about it."
-She went straight to the office after allowing the 2 visitors in the facility and told the SCC there were visitors from in the building.
-She had training on infection control related to COVID-19.

An interview with the SCC on 12/02/20 at 1:52pm revealed:
-When a visitor came to the facility and rang the doorbell, a staff member not providing resident care would answer the door, take the temperature of the visitor and ask the COVID-19 screening questions.
-The questions asked include "have you been to a facility with COVID" and "have you had a temperature in the last forty-eight hours."
-She took the temperature of the Hospice RN

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when she came into the building this morning but forgot to ask the Hospice RN the COVID-19 questions.
-They had documented temperatures on the residents three times daily for several months.
-She had training on infection control related to COVID-19.

Observation of the re-entrance to the facility on 12/02/20 at 3:45pm revealed:
-There was a sign posted on the front door that had "stop, pre-screening required" printed on it.
-The second shift MA was carrying a thermometer and a notebook with a paper printed with "staff/visitor screening forms: MA on duty must meet person outside front door take person temp/ fill out form before letting person in building. If they answer yes to any questions or have a temperature greater than 99.0° Fahrenheit "do not let them in. Call the Director or SCC."
-The second shift MA checked the survey teams' temperatures and documented both on a single page, asked COVID-19 screening questions, and requested surveyors to sign next to their documented temperatures.

Interview with the second shift MA on 12/02/20 at 3:45pm revealed the notebook for the COVID-19 screening questions had just been implemented on 12/02/20 by the Director.

Interview with the Director on 12/02/20 at 3:47pm revealed she had a "quick" meeting with staff to go over the COVID-19 questionnaire screening form and the new procedures for checking temperatures and asking COVID-19 screening questions and documenting them into a designated notebook today (12/02/20).

Interview with the Director on 12/02/20 at 4:10pm

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D 601	Continued From page 7 revealed: -The COVID-19 screening questions were asked to staff and visitors but were not documented. -Only temperatures of staff and visitors had been documented on a Temperature Log. -She was missing about 3 months of Temperature Logs and could not find them.	D 601		