Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL015002	A. BUILDING: _____ B. WING _____ DEC 10 2020 ADULT CARE LICENSURE SECTION RALEIGH	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEEDHAM ADULT CARE HOME	916A S SANDY HOOK ROAD SHILOH, NC 27974

(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 COVID-19 focused Infection Control survey with an onsite visit on 10/27/20 and a desk review survey from 10/27/20 to 10/28/20 and a telephone exit on 10/28/20.	D 000	10-29-20: Screening table restocked at back intran with signage posted to "STOP staff will be with yo in a moment" and the table contents upgraded to include : 1) Questionaire as per CDC recommenda containing 4 screening questions- fever, exposure, and flu-like symptoms. 2) Hand sanitizer available with encouraged use. 3) thermometer and pulse o are taken and recorded on questionaire sheet that is signed by visitor. 4) Instructed to adhere to 6ft rule and to not remove mask while in facility. This applies to ALL visitors and staff when enterin building. Front door locked at all times with signag to enter at rear. Staff checks this after each shift. Checked nightly by Administrator for compliance . This is to remain in effect indefinitly. All above measures are checked for follow through daily by SIC and/or administrator.	
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: TYPE B VIOLATION Based on observations 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	D 601		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda White, RN — TITLE: Administrator — (X6) DATE: 12/10/20

Reviewed + Accepted
(DBN) 12-10-2020

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D 601	Continued From page 1 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 staff not wearing personal protective equipment (PPE), facility not conducting screening for staff, residents and visitors, and residents not practicing social distancing of six feet during communal dining. The findings are: Review of the CDC guidelines for the prevention and spread of the coronavirus (COVID-19) disease revealed: -Personnel should always wear a face mask when in the facility. -All essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building. -The facility must conduct daily screening of all residents and staff for temperature check, presence of symptoms, and known exposure to COVID-19. -The facility should encourage social distancing and remind residents to remain at least six feet apart from others when they are outside their room. Review of the NC DHHS Guidance on Communal Dining for Adult Care Homes dated 07/06/20 revealed the facility must ensure appropriate social distancing of at least six feet between residents for any type of activities including communal dining. Review of the facility's 'Disaster Plan' notebook including the Pandemic Policy which revealed: -The policy addressed education of residents, family and staff regarding COVID-19 to include	D 601	10-29-20: Contacted by CCHD Supervisor offering their assistance and any needed supplies at this facility, supplied contact number to call if needed. They will continue to follow-up periodically to check for any needed information or supplies. Contact number available in Main office to be used by SIC and Administrator. 10-30-20: Re-education provided and reinforced per staff member by Administrator and SIC in proper and appropriate use of PPEs. Box of 50 disposible mask given to each employee with instructions to ask for more when needed as well a reinforcing use when in facility. Re-educated in proper handwashing and 6ft distancing when able . Temperature and Sa02 taken of each, employee upon entering building and recorded daily. Screening done by SIC and/or MT on shift. This will continued as long as mandatory. Checked daily for compliance by Administrator or SIC	

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D 601	Continued From page 2 importance of social distancing, good handwashing, and source control. -The policy had guidelines to enforce social distancing, communal dining, and wearing of masks. -They had a questionnaire for screening staff, visitors, and residents. -They had a protocol for Personal Protective Equipment (PPE) supplies and usage. Review of the facility's COVID-19 training documentation revealed: -The facility had all staff complete the Center for Disease Control (CDC) Webinar Series "COVID-19 Prevention Messages for Frontline Long-Term Care Staff". -The documentation revealed the training had been completed in July 2020. -The CDC series offered the up to date information for the COVID-19 pandemic. Review of the Center for Disease Control (CDC) Webinar Series "COVID-19 Prevention Messages for Frontline Long-Term Care Staff"revealed: -It discussed masks to be worn at all times for staff and masks for residents as tolerated when out of room. -Social distancing for staff and residents should be done. -Screening for essential visitors including temperature should be done. -Monitoring residents daily should be done and include temperature as well the questions to be asked regarding any symptoms. 1. Observation of the front entrance door of the facility on 10/27/20 at 10:37 am revealed there was a sign that stated "Face Mask Required". Observation of the staff member greeting the	D 601	11-08-20: Dining room tables and chairs rearranged to place each resident 6 ft apart(radius). Correct placement of chairs have been marked on floor to insure correct placement continues. Residents educate on reasoning for this change and all are agreeable and understand. All staff are responsible for correct place of residents at all meals daily. This will remain in indefinitly. 12-01-20 :The safety of our residents have always been important to Needham's, these requirements will be maintained as long as needed to be in compliance with safe-guards in place due to this pandemic. Continuous education and reinforced guidelines will be followed and up-dated by Administration until informed otherwise.	

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D 601	Continued From page 3 survey team at the facility front entrance on 10/27/20 at 10:37 am revealed the staff member was not wearing a mask. Observation of the Administrator and Supervisor in the office on 10/27/20 at 10:39 am revealed they were not wearing a mask. Observation of a second staff member in the hallway on 10/27/20 at 11:22 am revealed she was not wearing a mask. Interview with a second resident on 10/27/20 at 12:55 pm revealed she did not remember seeing staff wear a mask inside the facility. Interview with a dietary aide (DA) on 10/27/20 at 12:45 pm revealed: -She did not wear a mask while in the facility. -She was not told that she had to wear a mask by the Supervisor or the Administrator. -She had completed the online training from the CDC but was not aware that masks were required while in the facility. Interview with a medication aide (MA) on 10/28/20 at 9:43 am revealed she always wore a mask while in the building. Interview with the Supervisor on 10/27/20 at 11:23 am revealed: -She wore a mask when she was at the store or around other people. -She did not think that she had to wear a mask when in the facility because none of the residents or staff were exhibiting symptoms of COVID-19. -She had completed the online CDC Webinar Series "COVID-19 Prevention Messages for Frontline Long-Term Care Staff".	D 601		

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D 601	Continued From page 4 Interview with the Administrator on 10/27/20 at 1:00 pm revelaed: -The facility had stopped wearing masks in June 2020. -The reason given for the stopping was "no one had been anywhere so we just stopped". Refer to the telephone interview with the Local Health Department (LHD) nurse on 10/27/20 at 12:35 pm. Refer to the telephone interview with the LHD Clinical Nurse Supervisor on 10/27/20 at 2:50 pm. 2. Observation on 10/27/20 at 10:37 am revealed the staff member invited the surveyors into the facility through the front entrance without performing any COVID-19 screening. Interview with a resident on 10/27/20 at 12:35 pm revealed: -Staff did not check her temperature daily but they used to check it every day. -She was not sure when they stopped checking her temperature daily. -The staff did not ask her about COVID-19 signs or symptoms. Interview with a second resident on 10/27/20 at 12:55 pm revealed: -The staff took her blood pressure and temperature once a week. -The staff did not ask her about COVID-19 signs or symptoms. Telephone interview with a resident's family member on 10/28/20 at 8:55 am revealed she was not screened for the presence of fever and symptoms of COVID-19 at the start of any porch visits.	D 601		

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D 601	Continued From page 5 Interview with a medication aide (MA) on 10/28/20 at 9:43 am revealed: -She took her temperature every day before she went to work but did not document it anywhere. -The residents were having their temperatures checked daily by the MA starting in March of 2020, but they stopped about a month ago. -She was unsure why they stopped checking temperatures on the residents. Interview with the Supervisor on 10/27/20 at 11:30 am revealed: -The staff were taking the residents' temperatures and oxygen saturations daily from early March 2020 until mid-June 2020. -The residents did not show any signs or symptoms of COVID-19 and they were not leaving the facility, so they stopped doing daily screening. -They did not conduct staff screening with temperature checks because none of the staff exhibited any signs of COVID-19. Interview with the Administrator on 10/27/20 at 11:45 am revealed: -The surveyors were not screened since they entered through the front door. -If the surveyors had come through the back door, the screening would have been done. -The back door was where the screening was set up to be done. -The facility had stopped doing staff and resident screening in June of 2020. Observation of the table at the facility's back door designated by the Administrator as "the screening area" on 10/27/20 at 11:45 am revealed: -A small table with a 3 ring binder notebook, a box of surgical masks and bottle of clear	D 601		

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D 601	Continued From page 6 substance labeled as hand sanitizer were located to the right of the back door of the facility. -The Administrator identified the back door as the door staff and visitors used. -The 3 ring binder revealed divider tabs with residents names and pages for visitors to "sign out" the resident. -None of the residents had any documented sign outs since dated after March 2020. -There were no sheets noted for any screening process for COVID-19. -There were no questionnaire sheets. -There were no visitor logs. -There was not a thermometer located on the table. -There was not a pulse oximeter located on the table. Refer to the telephone interview with the LHD nurse on 10/27/20 at 12:35 pm. Refer to the telephone interview with the LHD Clinical Nurse Supervisor on 10/27/20 at 2:50 pm. 3. Observation of the dining room on 10/27/20 at 11:45 am revealed three of the five residents seated at the dining room tables were not seated 6 feet apart in distance from each other. Interview with a resident on 10/27/20 at 12:35 pm revealed: -She ate her meals in the dining room with the other residents. -There was no change the seating arrangement in the dining room since COVID-19 started in March 2020. Interview with a second resident on 10/27/20 at 12:55 pm revealed: -The meals were served in the dining room.	D 601		

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D 601	Continued From page 7 -The residents sat at the table together in their "usual" spots. Interview with the Supervisor on 10/27/20 at 11:30 am revealed: -The residents were being served meals in the dining room. -They were doing communal dining. -They were not seated six feet apart in distance from each other at the table because there had been no COVID-19 exposure in the facility. -In March of 2020, the residents stayed in their room for 14 days and since no one exhibited signs of COVID-19 they did not change communal dining. Refer to the telephone interview with the LHD nurse on 10/27/20 at 12:35 pm. Refer to the telephone interview with the LHD Clinical Nurse Supervisor on 10/27/20 at 2:50 pm. Refer to the telephone interview with the Local Health Department (LHD) nurse on 10/27/20 at 12:35 pm revealed: -The facility had not contacted the LHD regarding guidance for COVID-19. -The LHD had not offered a guidance to the facility during the pandemic. -The LHD had an educator hotline the facility could contact if they had questions or needed guidance for COVID-19. Telephone interview with the LHD Clinical Nurse Supervisor on 10/27/20 at 2:50 pm revealed: -The LHD did not reach out to the facility to offer guidance. -The LHD had not offered guidance to the facility during the pandemic. -The facility should follow the CDC guidelines for	D 601		

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D 601	Continued From page 8 wearing masks, screenings and social distancing. -The CDC guidelines stated personnel should always wear a face mask when in the facility. -The CDC guidelines stated residents should always wear a face mask or face covering (if tolerated) when not in their rooms. -The CDC guidelines stated all essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building. -The CDC guidelines stated the facility must conduct daily screening of all residets and staff for temperature check, presence of symptoms, and known exposure to COVID-19. -The CDC guidelines stated the facility should encourage social distancing and remind residents to remain at least six feet apart from others when they are outside their room. -The LHD had an educator hotline the facility could contact if they had questions or needed guidance for COVID-19. _____ The facility's failure to follow recommendations and guidance by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (DHHS) and directives from the local health department (LHD) were implemented and maintained when caring for 9 residents during the global Coronavirus (COVID-19) pandemic as related to screening of visitors, staff, and residents; use of personal protective equipment (PPE) by staff; practicing social distancing, and safety precautions to reduce the risk of transmission and infection was detrimental to the health, safety and welfare of the residents and constitutes a TYPE B VIOLATION. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/27/20 for	D 601		

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D 601	Continued From page 9 this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 12, 2020.	D 601		
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 and interviews, the facility failed to ensure residents were free from neglect as related to residents' rights pertaining to COVID-19 infection control. The findings are: Based on observations 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 staff not wearing personal protective equipment (PPE), facility not conducting screening for staff, residents and visitors, and residents not practicing social distancing of six feet during communal dining. [Refer to Tag 0601, 10A NCAC 13F .1801 Infection Prevention and Control Program (Type	D914		

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D914	Continued From page 10 B Violation)].	D914		