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
	HAL060149	A. BUILDING: _____ B. WING _____	R 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST TOWNE	4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205

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D 000	Initial Comments	D 000		
D 338	The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a COVID-19 focused infection control survey and a follow-up survey with an onsite visit on 10/26/20 and a desk review survey on 10/27/20 to 10/30/20, with an exit conference via telephone on 10/30/20. 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: FOLLOW-UP TO TYPE A1 VIOLATION. The Type A1 Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and directives from the local health department (LHD) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to practicing infection control procedures to reduce the risk of transmission by not retesting residents and staff who initially tested negative for COVID-19, not resting 3 of 5 sampled residents who presented with signs and symptoms consistent with COVID-19 (Resident #1, #2 and #5), not disposing of gowns properly and using hand	D 338	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions set forth in statement of deficiencies. The plan of correction is prepared solely as a matter of compliance of law. 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. DRC/RCC immediately assessed residents residing in the building on 10/26/20 to assure symptoms were reported to PCP for further recommendations. PCP performed Covid test on each resident on 10/26/20. Followed guidelines of local Health Dept for retesting residents and staff. DRC/RCC and/or Designee will continue to assess residents for Covid symptoms daily. PCP will be immediately notified of any symptoms associated with Covid	

Wayne Maske Executive Director
12/11/20
Karen M. Polce

Recieved and acknowledged 12/21/20

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D 338	Continued From page 1 sanitizer before and after obtaining fasting blood sugars. The findings are: Review of the CDC guidelines to prevent the spread of COVID-19, Assisted Living facilities (ALFs) revealed: -Identify a point of contact at the local health department to facilitate prompt notification as follows: -Immediately notify the health department about any of the following: -If COVID-19 was suspected or confirmed among residents or facility personnel. -If a resident developed severe respiratory infection resulting in hospitalization. -If 3 or more residents or facility personnel developed new-onset respiratory symptoms within 72 hours of each other. -Prompt notification of the health department about residents and personnel with suspected or confirmed COVID-19 was critical. The health department could help ensure all recommended infection prevention and control measures were in place. Often, when a new-onset infection was identified, there were others in the facility who were also infected but who do not yet have symptoms. Rapid action to identify, isolate, and test others who might be infected was critical to prevent further spread. Review of the LHD guidelines and recommendations for COVID-19 testing in long term care facilities revealed: -Immediately perform COVID-19 viral testing of any residents who developed signs or symptoms consistent with COVID-19. -Contact the LHD for any suspected or confirmed cases of COVID-19.	D 338		

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D 338	Continued From page 2 -Perform viral testing of all previously negative residents and staff if there were one or more cases of COVID-19 identified in the Long Term Care Facility (LTCF). -Continue repeat viral testing of all previously negative residents and staff as follows: -Immediately perform viral testing of any resident or staff who subsequently developed signs or symptoms consistent with COVID-19. -Perform viral testing of all previously negative residents and staff if there are one or more cases of COVID-19 identified. -Perform repeat testing for all asymptomatic previously negative residents and staff approximately every 3-7 days for a period of at least 14 days since the most positive results. Review of North Carolina Department of Heath and Human Services (NC DHHS) "What to Expect: Response to New COVID-19 Cases or Outbreaks in Long Term Care Settings" dated 09/04/20 revealed: -Follow NC DHHS and CDC guidance. -The local health department would provide guidance on patient placement, cohorting of residents and staff, and environmental cleaning. -Check CDC guidance for the most up-to-date infection prevention recommendations for long-term care settings. Review of the facility's Infection Prevention and Control Program dated 10/23/20 revealed: -COVID-19 was reviewed on 10/21/20. -The community will be prepared and take steps to minimize a COVID-19 outbreak. -COVID-19 was defined as a sudden increase in acute respiratory illness. -If there was one laboratory confirmed COVID-19 positive case along with other cases of respiratory infection, a COVID-19 outbreak might	D 338		

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be occurring.
-Prior to outbreak staff will be trained on recognizing signs and symptoms of COVID-19, how to report suspected COVID-19, COVID-19 complications, and risk factors for complications.
-Training would be provided at least annually and when COVID-19-like respiratory infections are identified in the facility.
-The difference between influenza and other acute respiratory infections cannot be determined on the basis of symptoms alone and laboratory testing was necessary.

Interview during the entrance screening into the facility with the Maintenance Director and Business Office Manager (BOM) on 10/26/2020 at 8:34am revealed:
-There was one resident in the facility that was experiencing shortness of breath and difficulty breathing and a cough.
-The resident had pneumonia.
-The resident had a negative COVID-19 test at the end of September 2020.
-They were not aware if the resident was retested for COVID-19 with the onset of the recent symptoms of shortness of breath, difficulty breathing, and coughing.

Review of the facility census dated 10/26/20 revealed there were 48 residents in the facility.

1. Interview on with the Director of Resident Care (DRC) and the Administrator on 10/26/20 at 9:08am revealed:
-The corporate office wanted all staff and residents in the facility tested for COVID-19.
-The residents and staff were tested for COVID-19 on 09/22/20 by an outside agency.
-On 09/23/20, there was one resident who tested positive for COVID-19.

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D 338	Continued From page 4 -The resident who tested positive was retested on 09/23/20 and tested positive again on 09/25/20. -The resident was retested because the Administrator thought the initial tested was not accurate. -The facility isolated and quarantined the resident for 14 days. -There were only certain staff assigned to provide care for the COVID-19 positive resident. -After 21 days the resident was tested again and tested negative for COVID-19. -There were no other residents or staff retested for COVID-19 in the facility after 09/22/20. -The DRC, who was the Administrator until 2 weeks ago, reached out to the LHD to report the COVID-19 positive resident and for guidance on 09/25/20. Telephone interview with the Local Health Department (LHD) communicable disease Registered Nurse on 10/27/20 at 9:00am and on 10/28/20 at 9:32am revealed: -The facility contacted her on 09/25/20 regarding a positive COVID-19 case in the facility. -There was one resident who tested positive for COVID-19 on 09/22/20. -"If residents had cough and congestion and a diagnostic test ordered that would be reason enough to retest for COVID-19 in the facility." -She sent the facility Administrator a resource guidelines for testing and retesting COVID-19 per the Center for Disease Control (CDC) recommendations via email on 09/25/20. -The Administrator had not contacted the LHD for the 3 residents who had symptoms consistent with COVID-19. -The facility should retest the negative residents and staff to ensure the safety and the potential of exposure of the COVID virus of all the residents in the facility.	D 338		

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D 338	Continued From page 5 -It was very important to get staff retested due to the possibility of spreading the virus to other residents. -The facility should follow the guidelines and recommendations mandated by the CDC for retesting the negative COVID-19 residents and staff until the facility had no positive COVID-19 results for 14 days. Telephone interview with the Administrator and the DRC on 10/30/20 at 1:35pm revealed: -The DRC, who was the Administrator at that time, received an email with the recommendations from the Health Department following the confirmed case of a COVID-19 resident at the facility. -The email was dated 09/25/20. -The DRC "skimmed through the email" because she thought the facility was following the CDC recommendations. -The DRC was responsible for the Infection Control regulations, including COVID-19 recommendations. -The DRC was not aware of the recommendations for retesting residents and staff that were negative every 3-7 days for 14 days until there were no positive in the facility. -The current Administrator was not in that role at the time the facility received the LHD recommendations. -He did not know the LHD recommendation, when a resident or staff tested positive for COVID-19, the facility was to retest all residents and staff within 3-7 days for 14 days until there were no additional positive results. Review of the facility COVID-19 monitoring records revealed there were no residents or staff retested after the initial COVID-19 test on 09/22/20.	D 338		

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2. a. Review of Resident #2's current FL2 dated 08/24/20 revealed diagnoses included hypertension, diabetes, pulmonary vascular disease and gout.

Review of the facility census on 10/26/20 revealed Resident #2 was not in the facility, he was in the hospital.

Review of Resident #2's progress notes revealed:
-Resident #2 was tested for COVID-19 on 09/22/20 and was negative.
-There were no other COVID-19 tests for review for Resident #2.

Review of Resident #2's Primary Care Provider (PCP) note dated 09/30/20 revealed:
-Resident #2 complained of a cough, congestion and a runny nose.
-Resident denied any fever, chest pain or shortness of breath.
-Cetirizine (used to treat allergy symptoms) 10mg daily was ordered for Resident #2 .

Review of Resident #2's PCP note dated 10/21/20 revealed:
-Resident #2 complained of a cough, congestion and shortness of breath (SOB) on exertion.
-Cough was dry and irritating and started bothering Resident #2 on 10/20/20.
-A chest X-ray was ordered to rule-out active disease.
-The facility was advised to send Resident #2 out to the hospital if symptoms continued or there was no improvement.

Telephone interview with the Primary Care Provider on 10/26/20 at 4:20pm revealed:
-He was in the facility every week to see residents

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in the facility.
-He had seen Resident #2 in the facility within the last month.
-He ordered chest X-rays for Resident #2 due to cough and congestion.
-He knew the facility had one positive case of COVID-19 in September 2020.
-He was aware of the signs and symptoms of COVID-19 which included cough and congestion and shortness of breath.
-He did not think the Resident #2 had COVID-19 when he ordered the chest X-rays.
-He thought Resident #2 symptoms were not related to COVID-19, but because of their medical history.
-He had not ordered or administered a COVID-19 test for Resident #2.
-He knew the LHD recommendations and guidelines for retesting residents for any signs or symptoms of COVID-19.
-He had not ordered COVID-19 retesting of the facility staff or the residents in the facility since the initial testing on 09/22/20.

Review of Resident #2's orders revealed an physician order for a chest X-ray dated 09/21/20 for cough and congestion.

Review of Resident #2's facility progress note dated 10/22/20 revealed:
-Resident #2 was in his room lying on the bed and was sweaty and clammy.
-Resident #2 was "having trouble breathing."
-Resident #2 said he was having a hard time breathing.
-The facility staff were unable to obtain vital signs on Resident #2.
-Emergency Medical Services were called for transport to the local hospital.

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D 338	Continued From page 8 Review of Resident #2's hospital discharge summary dated 10/29/20 revealed: -Resident #2 was diagnosed with pulmonary edema and pneumonia. -Resident #2 was short of breath with a productive cough of blood-tinged yellow sputum. -Resident #2 demonstrated a clinical presentation that was consistent with a viral upper respiratory infection such as COVID-19. -Resident #2 was examined by the hospital team through a window due to the risk of COVID-19 infection. -Resident was swabbed for COVID-19 and tested negative. Interview with the Administrator and the Director of Resident Care (DRC) on 10/26/20 at 1:39pm revealed: -The DRC contacted the PCP on 10/20/20 because Resident #2 was congested and coughing. -The PCP saw Resident #2 and ordered a chest x-ray on 10/21/20 but did not order a COVID-19 test for Resident #2. -The DRC did not request the PCP to obtain a COVID-19 test. -They were not aware the health department recommendations were to test residents for COVID-19 if they exhibited any of the symptoms: a fever, cough, shortness of breath, loss of taste or smell, lethargy, vomiting or diarrhea. Refer to interview with a Medication Aide (MA) on 10/26/20 at 9:53am. Refer to interview with a second MA on 10/26/20 at 10:20am and a telephone interview on 10/28/20 at 2:27pm. b. Review of Resident #1's current FL2 dated 08/24/20 revealed:	D 338		

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D 338	Continued From page 9 -Diagnoses included diabetes mellitus type 2 (DM2), coronary artery disease (CAD), a history of cerebral vascular disease, hypertension and diabetic neuropathy. -Resident #1 was ambulatory with a cane, alert and oriented. Interview with the staff during the tour on 10/26/20 at 10:20am revealed Resident #1 had recently been diagnosed with pneumonia. Interview with the Administrator and the Director of Resident Care (DRC) on 10/26/20 at 1:39pm revealed: -Resident #1 had symptoms of a respiratory infection, a cough and shortness of breath, the first week of October 2020. -At the time, they did not consider Resident #1 symptomatic for COVID-19. -The DRC contacted the Primary Care Physician (PCP) and he ordered a chest X-Ray for Resident #1 on 10/07/20. -The PCP did not order a COVID-19 test for Resident #1. -They did not request the PCP to obtain a COVID-19 test. -Resident #1 did not have a fever, so they did not think it was necessary to request a COVID-19 test. -In retrospect, they should have requested a COVID-19 test for Resident #1, at the same time as the X-Ray. -They did not know they should have retested Resident #1 given his initial negative results on 09/22/20 and the presence of a resident who tested positive for COVID-19 in the facility. -They were not aware the health department recommendations were to test residents for COVID-19 if they exhibited any of the symptoms: a fever, cough, shortness of breath, loss of taste	D 338		

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D 338	Continued From page 10 or smell, lethargy, vomiting or diarrhea. Interview with Resident #1 on 10/26/20 at 2:38pm revealed: -A few weeks ago, he was coughing, short of breath and wheezing. -He reported these symptoms to the medication aide (MA) on first shift and she informed the DRC. -The DRC contacted the PCP, and he ordered a chest X-Ray from a mobile service that came to the facility. -He was told the X-Ray was negative for pneumonia, but he had an upper respiratory infection. -He began an antibiotic treatment and his cough had cleared. -He continued to be short of breath. -He did not remember if he had told the staff he was still short of breath walking to the dining room at times. -He did not normally experience wheezing and shortness of breath on exertion. Telephone interview with a MA on 10/27/20 at 11:10am revealed: -Residents' temperatures were recorded each shift on the electronic medication administration record (eMAR). -Resident #1 had a cough, but he did not present with a fever at any time, so she did not think he had COVID-19 symptoms. -The MA had notified the DRC Resident #1 had a cough, and the DRC contacted the PCP. -The PCP ordered an X-Ray to rule out pneumonia. -She was not aware of any of the residents in the facility exhibiting COVID-19 symptoms. -There was a form, the Observation Report Form, in their computer system, to be completed if a	D 338		

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D 338	Continued From page 11 resident had a confirmed case of COVID-19. -She had never completed the form since she was not aware of anyone in the facility who was positive for COVID-19 at this time. Review of Resident #1's radiology report dated 10/27/20 revealed: -The report found "chronic chest findings are present". -There was no record of a second COVID-19 test administered to Resident #1 when he was symptomatic in October, 2020. Telephone interview with another MA on 10/28/20 at 2:27pm revealed: -Resident #1 had not complained of shortness of breath or coughing when she administered his medications. -The signs and symptoms of COVID-19 were fever, lethargy and loss of appetite. -She had not observed any residents with signs or symptoms of COVID-19. -If she was to observe a resident with signs or symptoms of COVID-19, she would complete the Observation Report Form online, print it, and place it in the (Resident Care Coordinator's (RCC)'s or DRC's box in the office. -The DRC or RCC would follow up as necessary. Telephone interview with the Primary Care Provider on 10/26/20 at 4:20pm revealed: -He had seen Resident #1 in the facility within the last month. -He ordered a chest X-ray for Resident #1 due to cough and congestion. -He was aware of the signs and symptoms of COVID-19 which included cough and congestion and shortness of breath. -He did not think Resident #1 had COVID-19 when he ordered the chest X-ray.	D 338		

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-He thought Resident #1's symptoms were not related to COVID-19, due to his medical history.
-He had not ordered or administered a COVID-19 test for Resident #1.
-He knew the LHD recommendations and guidelines for retesting residents for any signs or symptoms of COVID-19.
-He had not ordered COVID-19 retesting of the facility staff or the residents in the facility since the initial testing on 09/22/20.

Attempted telephone interview with Resident #1's responsible party on 10/28/20 at 2:24pm was unsuccessful.

Attempted telephone interview with a second shift MA on 10/28/20 at 2:25pm was unsuccessful.

Refer to interview with a MA on 10/26/20 at 9:53am.

Refer to interview with a second MA on 10/26/20 at 10:20am and a telephone interview on 10/28/20 at 2:27pm.

c. Review of Resident #5's current FL2 dated 08/24/20 revealed diagnoses included cerebral infarction with hemiparesis, type 2 diabetes and hypertension.

Interview with a medication aide (MA) on 10/26/20 at 9:53am revealed:
-Resident #5 was sent to the hospital last week for increasing pain in her lower left leg and discharge from her wounds.
-She had not returned to the facility.

Telephone interview with another MA on 10/28/20 at 11:30am revealed:
-She reported any residents' health concerns or

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EAST TOWNE	4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205

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D 338	Continued From page 13 observations to the Director of Resident Care (DRC) or the Resident Care Coordinator (RCC). -The MAs recorded the resident's temperatures daily. -If a resident presented with other symptoms of COVID-19, as documented on the electronic medication administration record (eMAR), the MAs recorded additional vital signs, blood pressure and oxygen saturation. -The signs and symptoms of COVID-19 were: fever, shortness of breath, respiratory distress, coughing, sweating, loss of taste and loss of appetite. -The Observation Report Form was located on the dashboard in their computer system. -The form was to be completed when a resident had a confirmed case of COVID-19. -She had not completed an Observation Report Form since none of the residents had a positive COVID-19 test. -She observed Resident #5 coughing and short of breath the week of 10/05/20. -She contacted the Primary Care Provider (PCP) and the Director of Resident Care (DRC). -The PCP ordered a chest X-Ray for Resident #5 on 10/06/20. -She did not think Resident #5 had COVID-19 because she did not have any other symptoms. Review of Resident #5's Home Health Client Progress notes on 10/27/20 revealed: -On 10/06/20, the Registered Nurse (RN) documented the resident was wheezing and coughing. The PCP had been notified and a chest X-Ray ordered. -On 10/13/20, the RN documented the "chest X-Ray was clear" and the resident continued to have a "slight cough". -On 10/15/20, the RN documented the resident had a "slight cough" and was "fatigued with	D 338		

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D 338	Continued From page 14 ambulation". Review of Resident #5's PCP notes dated 10/06/20 revealed: -Resident #5 complained of chest congestion, chest hurting and coughing the first week of October. -Upon examination on 10/06/20, Resident #5 was wheezing, had sputum production and a cough. -The Plan of Care was to review the chest X-Ray of 10/06/20, to begin Zithromax for lower lobe congestion and wheezing, and begin a Prednisone dose pack for 6 days. -The diagnosis was bronchitis. Review of Resident #5's electronic Progress Notes revealed: -There were no entries from 10/06/20 through 10/17/20 that Resident #5 had a cough or was wheezing. -There was no entry by the staff Resident #5 was fatigued with transfers. -There was no entry a request was made by the facility for a repeat COVID-19 test, since the negative test on 09/22/20. -There was an entry on 10/19/20 Resident #5 was admitted to the hospital with a diagnosis of cellulitis. Review of Resident #5's hospital discharge summary dated 10/22/20 revealed: -Resident #5 was admitted to the hospital on 10/18/20 and was diagnosed with left lower leg cellulitis. -Resident #5 was tested for COVID-19 and with negative results reported on 10/22/20. Telephone interview with the Home Health RN on 10/29/20 at 10:10am revealed: -She treated Resident #5 for a left lower leg	D 338		

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D 338	Continued From page 15 wound. -On 10/06/20, during her scheduled visit, Resident #5 was exhibiting a cough and wheezing. -She reported her findings to the DRC, who had alerted the DRC, and a chest X-Ray was ordered. -Resident #5 had a history of pneumonia and presented with a slight cough at times. -Due to this history, the RN was not concerned Resident #5 was not tested for COVID-19. -Resident #5 did not present with any other symptoms aside from coughing and wheezing. Telephone interview with the Primary Care Provider on 10/26/20 at 4:20pm revealed: -He was in the facility every week to see residents in the facility. -He had seen Resident #5 in the facility within the last month. -He ordered a chest X-ray for Resident #5 due to cough and congestion. -He knew the facility had one positive case of COVID-19 in September 2020. -He was aware of the signs and symptoms of COVID-19 which included cough and congestion and shortness of breath. -He did not think Resident #5 had COVID-19 when he ordered the chest X-ray. -He thought Resident #5's symptoms were not related to COVID-19, due to his medical history. -He had not ordered or administered a COVID-19 test for Resident #5. -He knew the LHD recommendations and guidelines for retesting residents for any signs or symptoms of COVID-19. -He had not ordered COVID-19 retesting of the facility staff or the residents in the facility since the initial testing on 09/22/20. Attempted telephone interview with a second shift	D 338		

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D 338	Continued From page 16 MA on 10/28/20 at 2:25pm was unsuccessful. Based on record reviews, Resident #5 was not available for an interview. Refer to interview with a MA on 10/26/20 at 9:53am. Refer to interview with a second MA on 10/26/20 at 10:20am and a telephone interview on 10/28/20 at 2:27pm. Interview with a MA on 10/26/20 at 9:53am revealed: -Temperatures were taken daily on all residents, and if the resident had other symptoms, the MAs reported that information verbally to the Director of Resident Care (DRC). -The MAs reported their findings to the Resident Care Coordinator (RCC) or the DRC. -Symptoms to report were: fever, cough, headache, body aches and loss of appetite. Interviews with a second MA on 10/26/20 at 10:20am and 10/28/20 at 2:27pm revealed: -She would report to the DRC if she observed any residents with signs or symptoms of COVID-19. -The signs and symptoms of COVID-19 were: fever, chills, vomiting, coughing and respiratory distress. -She had not observed any resident with symptoms of COVID-19. -If she had observed a resident with symptoms of COVID-19 she would complete the Observation Report Form in their computer system, print the report and place it in the RCC's or DRC's box in the office. 3. Review of the facility's Infection Prevention and Control program dated 10/23/20 revealed:	D 338		

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D 338	Continued From page 17 -If a resident had confirmed or suspected influenza, staff will: Wear gloves when touching an ill resident, potentially contaminated environmental surfaces, or items potentially contaminated with respiratory secretions, contaminated tissues, vomit or fecal matter. -Change gloves and gowns after each encounter with an ill resident and perform hand hygiene. Review of the Centers for Disease Control and Prevention (CDC) guidelines to prevent the spread of COVID-19, the guidance regarding isolation gowns revealed: -Generally, reusable gowns should NOT be reused. -Gown reuse had the potential to facilitate transmission of organisms among patients. Observations of the facility on 10/26/20 from 9:55am-10:15am revealed: -There was a hall labeled "C hall" which was assigned as the isolation hall for COVID-19 residents. -There was room in which one resident resided which had a 24-pocket over-the door hanging organizer. -The organizer contained crumbled unlabeled paper bags, a face shield, and an unwrapped used gown. -There was an unoccupied room that contained a chest which had several paper bags labeled with staff names that included a face shield and a used gown. -There was another unoccupied room with a used gown hanging from the bed railing and another used gown hanging off a row of unused mattresses. Interview with a medication aide (MA) on 10/26/20 at 9:57am revealed:	D 338		

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D 338	Continued From page 18 -She was responsible for administering medications to the resident who tested positive for COVID-19. -The resident was on COVID-19 precautions from the end of September 2020 until mid-October 2020. -The Director of Resident Care (DRC) instructed her to reuse her gown and face shield. -She asked several times for a new gown and was denied a gown. -She had been using the same gown for the past 3 weeks. -There were no residents who were currently positive for COVID-19. -When she finished care with the resident who tested positive for COVID-19, she would remove her gown, place in the paperbag and would leave the hall to care for other residents. Interview with a personal care aide (PCA) on 10/26/20 at 11:43am revealed: -She was responsible for providing personal care to the resident who tested positive for COVID-19. -She was instructed by the DRC to wear the same gown when providing care because there was the only positive resident. -She kept her used gown in a bag with her name labeled in one of the unoccupied rooms. -After she cared for the resident who tested positive for COVID-19, she would remove the gown and assist other residents who were not on COVID-19 precautions. -The resident was no longer positive for COVID-19, however she did not know if she needed to throw away her gown. -She did not know who was responsible for throwing away the used gowns. Interview with the Maintenance Director on 10/26/20 at 1:57pm revealed:	D 338		

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D 338	Continued From page 19 -The "C Hall" was designated as the isolation hall. -He assigned one housekeeper to clean the hall and room where the COVID-19 positive resident resided. -The room and hall were cleaned in the morning and in the afternoon. -Personal protective equipment (PPE) was kept in the hanging organizer on the door for staff to collect prior to going in the room. -There was a trashcan that was placed outside the room for staff to dispose of PPE. -The housekeeper was responsible for throwing out the trash twice daily. Interview with a housekeeper on 10/26/20 at 2:04pm revealed: -She was responsible for cleaning the COVID-19 hall twice daily. -She also cleaned the room of a resident who tested positive for COVID-19. -She wore a disposable gown, face shield, face mask and gloves while cleaned. -Before she left the area, she threw away her mask and gloves, and placed her gown and face shield in a brown paper bag and placed in the rack on the door. -Management instructed her to reuse her gown. -She did not know why she had to reuse her gown, "I guess there was a shortage". Interview with the DRC on 10/26/20 at 11:18am revealed: -Prior to having a resident test positive for COVID-19, the facility did not have much PPE. - "We had gowns but not a large supply" - The facility only had about 35 gowns and plenty of gloves, masks, shoe covers and face shields. -She was told by corporate to reuse gowns for one week unless they were visibly soiled or ripped.	D 338		

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D 338	Continued From page 20 -The local health department (LHD) did not inform if gowns could be reused. -She had not read the new facility COVID-19 Infection Control policy. -Staff were responsible for coming and asking her if they needed PPE and she would obtain from the supply room. -The staff were responsible for taking the PPE down to the isolation hall/room, use and place gown and face shield in a paper bag with name and place in the hanging organizer. Telephone interview with the LHD communicable disease Registered Nurse on 10/27/20 at 9:00am revealed: -The facility contacted her on 10/25/20 regarding a positive COVID-19 case in the facility. -There was one resident who tested positive for COVID-19 on 10/22/20. -She sent the facility Administrator via email on 09/25/20 a resource guidelines for managing Personal Protective Equipment (PPE) per the CDC recommendations. -There were links attached to the email regarding additional PPE guidance and conversation resources. -It was not recommended to use disposal gowns over 2 weeks, keeping them stored in an empty room hanging on door, or in a brown paper bag. -The gowns should be disposed of properly after they are used for providing care to the COVID-19 resident. -The facility never contacted her about a shortage of PPE. -The facility should follow the guidelines and recommendations mandated by the CDC for proper PPE when the facility had a positive case of COVID-19 in the facility. Telephone interview with the Divisional Vice	D 338		

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D 338	Continued From page 21 President of Operations on 10/26/20 at 11:20 am revealed: -Staff were responsible for wearing full PPE (gown, mask, gloves, face shield, and shoe covers) while in the room of a resident who tested positive for COVID-19. -Staff was responsible for taking off PPE prior to leaving the room and throwing away the mask, shoe covers, gloves, and gowns. -She never told staff to reuse gowns. -If the facility did not have gowns or had a short supply, they could contact her to reorder. Interview with the Administrator on 10/26/20 at 1:47pm revealed: -Staff have been trained to don and doff PPE properly through various trainings. -There has been training on how store and dispose of PPE. -He did not know gowns were being reused by staff. -Maintenance was responsible for ensuring there was a bin present for staff to dispose of used PPE. -The brown trash bags were supposed to be used to place used PPE and then place in the trash. 4. Observation of the medication pass on 10/26/20 at 9:05am revealed: -The Medication Aide (MA), administering medications on the A Hall cart, brought a resident her morning pills in a medicine cup with a cup of water. -The MA did not sanitize her hands after the administration of oral medications to the previous resident, and before she administered eye drops to the next resident. -The MA applied gloves and brought the eye drops and a tissue to the next resident. -After applying the eye drops, she removed her	D 338		

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D 338	Continued From page 22 gloves and disposed of them in the side receptacle of the medication cart. -The MA did not sanitize her hands before attempting to administer eye drops to the next resident. -There was a bottle of hand sanitizer on the top of the medication cart. Interview with the MA on 10/26/20 at 9:20am revealed: -She sanitized her hands after each medication pass with the hand sanitizer on the cart. -She thought she had used the hand sanitizer after each medication pass this morning. Observation of the medication pass on 10/26/20 at 11:30am revealed: -A second MA on the B Hall medication cart administered noon time medications to two residents. -The first resident was administered 4 pills in a medicine cup and a cup of water. -The MA did not sanitize her hands before administering the pills or following the administration. -The MA applied gloves to administer an insulin injection to a second resident. -After administering the insulin injection, she removed her gloves and disposed of them in the side receptacle of the medication cart. -The MA did not sanitize her hands before attempting to administer pills to the next resident. -There was a bottle of hand sanitizer on the top of the medication cart. Another observation of the medication pass on 10/26/20 at 11:50am revealed: -The MA on the B Hall medication cart administered noon time medications to two residents.	D 338		

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D 338	Continued From page 23 -A resident was administered a finger stick blood sugar (FSBS). -The MA applied gloves and completed the FSBS. -After the FSBS she removed her gloves and disposed of them in the side receptacle of the medication cart. -The MA did not sanitize her hands before administering the FSBS or following the administration. -The MA pushed the medication cart into the common living room area and proceed to administer medication to another resident. -The MA administered 2 pills to the resident. -She did not sanitize her hands after or before attempting to administer the 2 pills to the next resident. -She pushed the medication cart to the nursing station. -There was a bottle of hand sanitizer on the top of the medication cart. Interview with the second MA on 10/26/20 at 11:55 revealed: -She always used the hand sanitizer on the medication cart when she administered medications. -She sanitized her hands after each resident was administered their medications. -She did not know why she did not sanitize this time. Interview with the Director of Resident Care on 10/26/20 at 1:39pm revealed: -She did not know the MAs were not sanitizing their hands after each medication pass. -Hand sanitizer was provided on each medication cart and in the medication room. -Her expectation was that the MAs would sanitize their hands after each resident's medication	D 338		

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D 338	Continued From page 24 administration. -After the third consecutive medication administration, the MAs should wash their hands with soap and water. _____ The facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and directives from the local health department (LHD) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic, as related to practicing infection control procedures to reduce the risk of transmission with recommendations by the LHD and the CDC to perform repeat testing for all asymptomatic previously negative residents and staff approximately every 3-7 days for a period of at least 14 days since the most positive results ; to immediately perform COVID-19 viral testing of any residents who developed signs or symptoms consistent with COVID-19 on three residents (Resident #1, #2 and #5); disposing of gowns improperly that were used multiple times on a COVID-19 positive resident; and two medication aides (MAs) not using hand sanitizer during the medication pass before and after obtaining a fasting blood sugar to multiple residents. The facility's failure 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 10/26/20.	D 338		

D912	Continued From page 25	D912		
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 interviews and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to resident rights'. 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), the North Carolina Department of Health and Human Services (NC DHHS) and directives from the local health department (LHD) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to practicing infection control procedures to reduce the risk of transmission by testing recommendations by the LHD for 3 of 5 sampled residents with signs and symptoms consistent with COVID-19, not retesting the staff and residents who initially tested positive, not disposing of gowns properly and using hand sanitizer before and after obtaining fasting blood sugars. [Refer to tag	D912	10A NCAC 13 F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Resident Rights, are maintained and may be exercise without hindrance. ED and/or Designee immediately conducted room checks to ensure all PPE had been properly disposed of. Staff were retrained on proper use and disposal of PPE, with return demonstration. (Training date 10/30/20 by RN) ED or Designee will conduct daily inspections of the building to ensure all used PPE has been properly disposed of. Building inspections began on 10/26/20 and will continue for 30 days.	D

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D912	Continued From page 26 0338, 10A NCAC 13F .0909 Resident Rights' (Type B Violation)].	D912		