STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043015	A. BUILDING: _____ B. WING _____	12/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL LIVING CENTER	9767 NC 210-N ANGIER, NC 27501

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D 000	Initial Comments The Adult Care Licensure Section conducted a complaint investigation and a COVID-19 focused Infection Control survey with an onsite visit on 12/10/20 to 12/11/20.	D 000	(Reference Email dated 1-15-2021) The following represents Oak Hill's Plan of Correction in response to the Type B Violation based on the DHSR visit on December 10 & 11, 2020. On December 11, 2020, our General Manager submitted a Plan of Protection. Our General Manager has subsequently resigned from Oak Hill as of December 31, 2020. Oak Hill has followed, and continues to follow, all actions outlined in Plan of Protection. On Saturday, December 12 and Sunday, December 13, the facility brought in additional staff to move residents out of rooms 300, 303, 304, and 305. Next the rooms, along with the previously empty rooms 301, 302, and 306 underwent thorough cleaning and disinfecting, forming a	
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, 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 (NCDHHS) and the local county health	D 601		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Administrator — TITLE — (X6) DATE: 2-09-2021

Reviewed & Accepted - 12/10/21

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D 601	Continued From page 1 department (LHD) during the global pandemic of COVID-19 were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents regarding designating staff to work with residents diagnosed with COVID-19 and the proper use of face masks, gloves, gowns, and face shields. The findings are: Review of the CDC guidelines for the prevention and spread of the coronavirus disease in Long Term Care (LTC) facilities last updated 12/10/20 revealed: -Staff should wear appropriate PPE when in contact with a resident who has COVID-19. -Staff caring for residents with known or suspected COVID-19 should at a minimum wear eye protection (goggles or face shield), N95 or higher-level masks or face mask if N95 masks are not available, gloves and gown. -Identify health care personnel who will be assigned to work only with residents on the COVID-19 care unit. Review of the NCDHHS guidelines for prevention and spread of the coronavirus in LTC facilities revealed: -If COVID-19 has been identified in the facility, all health care personnel should wear all recommended PPE: surgical masks, N95 masks (if available) gowns, gloves and face shield, N95 masks for the care of all residents in quarantine regardless of the presence of symptoms. -The facility should cohort residents that tested positive with dedicated staff and COVID-19 negative residents with dedicated staff in a separate area. 1. Observation of a Medication Aide (MA)	D 601	designated COVID-19 cohort. The cohort consisted of 7 large rooms, each with private bathrooms, and capable of housing 14 residents. On December 14, 2020, Oak Hill moved all COVID-19 positive residents into the designated cohort. Beginning December 14, 2020, Oak Hill assigned a designated Med Tech and CNA to work the COVID-19 cohort for each of the three shifts. These designated employees exclusively provided care for positive residents and were required to wear proper PPE and follow infection control guidelines at all times. On December 16, 2020, Oak Hill held three training sessions	

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D 601	Continued From page 2 supervisor on hall 300 on 12/10/20 at 12:36pm revealed: -She entered room 332 that had been indicated as a room with a COVID-19 positive resident, dressed in full PPE: mask, gown, gloves, and a face shield. -She exited room 332 dressed in full PPE: mask, gloves, gown and a face shield. -She stood beside the PPE cart placed outside of room 332. -She removed the gown and gloves. -She opened the door to room 332 and discarded the used PPE inside of the room. -She did not wash or sanitize her hands. Interview with the MA supervisor on 12/10/20 at 12:54pm revealed: -She did not have a plastic bag to discard the used PPE. -She had left to go to the staff restroom and "clean self fully", wash her hands after giving the resident their meal. -She had completed training on how to use all PPE. Observation on 12/10/20 at 12:24pm revealed: -Kitchen staff placed a plate of food on a table in front of 3 resident rooms with a yellow sign on the door. -The MA supervisor who was wearing a mask and gloves carried the plates of food from the table to the residents inside the 3 rooms. -The MA supervisor did not wear a gown or face shield. -The MA supervisor did not change gloves between entering each resident room. Interview with a second MA on 12/10/20 at 12:32pm revealed: -She did not wear a gown while delivering food to	D 601	On infection control and PPE conducted by a certified, third-party instructor. Oak Hill mandated attendance for all staff. On January 14, 2021, Oak Hill held additional infection control/PPE training. Further, additional infection control/PPE training was scheduled for January 19, 2021. On January 12, 2021, Oak Hill administered its regularly scheduled COVID-19 testing for all residents and staff. No residents tested positive. As of today, Oak Hill has no COVID-19 positive residents. Today, January 15, 2021, all Oak Hill residents received their first COVID-19	

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D 601	Continued From page 3 residents in rooms with a yellow sign on the door. -She understood the yellow sign to be that those residents were to stay in their rooms and not interact with other residents. -She did not change her gloves in between those residents rooms. -She performed her duties as she was trained. Interview with the Local Health Department (LHD) Communicable Disease Nurse on 12/10/20 at 3:15pm revealed staff should wear full personal protective equipment (PPE) when entering rooms of residents with COVID-19 and the rooms where residents had been placed on quarantine. Interview with the Resident Care Director (RCD) on 12/10/20 at 4:30pm revealed: -The staff had completed trainings on infection control but she did not know if any trainings were COVID-19 specific. -She could not recall the dates when the staff had completed the training. -The staff had to wear full PPE, face mask, gloves, gowns, and face shield when providing care to residents with COVID-19 and those on quarantine. -The staff had been trained on the proper use of PPE: mask, gloves, gowns, and face shields. -The staff had access to the PPE kept in the closet near the nurses station. -Each room designated for residents with COVID-19 or residents on quarantine had a cart with PPE and hand sanitizer for staff use. -She expected the staff to know not to come out of a room donned in full PPE and to remove the PPE inside of the room and discard in the designated receptacle in the room. -The MAs were responsible for making sure the PCAs wore the proper PPE at all times.	D 601	Vaccination dose. These were administerd by Walgreens under the supervision of clinic workers, in accordance with federal, state and local guidelines. The second dose is scheduled for February 12, 2021. We remain in ongoing contact with the Harnett County Health Department, Harnett County Social Services, and the resident healthcare providers for guidance and assistance. All correction actions were complete as of January 15, 2021. Thank you!	

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D 601	Continued From page 4 Interview with the LHD on 12/10/20 at 3:15pm revealed staff should wear full PPE, face masks, gloves, gowns and face shield when entering rooms that had the yellow and blue signs. Interview with the Lead Medication Aide (LMA) on 12/11/20 at 11:47am revealed: -The staff had completed training on infection control via an online course program. -A surgical mask, gloves, gown, and face shield should be worn when there was a yellow sign on a resident's door. -Staff was trained at least weekly during stand up meetings on the PPE required for resident rooms. -The facility followed the guidance from the CDC, NCDHHS and LHD. -The staff had access to the PPE, face masks, gloves, gowns, and face shields, kept in the hall closet. -The PPE on the carts assigned to resident's room with COVID-19 and on quarantine was accessible for all staff use as well. Interview with the Administrator on 12/11/20 at 12:27pm revealed: -There had been 13 new cases of COVID-19 among residents on today. -The new cases were on halls 100, 200 and 300. -The staff had received training on COVID-19 infection control. -Infection control training on COVID-19 precautions were offered 4 times a month to accommodate staff. 2. Interview with a Medication Aide (MA) on 12/10/20 at 10:57am revealed: -She was newly hired and had entered into rooms 315 and 322 for training on how to care for residents with COVID-19. -She had to complete "floor training" with a MA.	D 601		

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D 601	Continued From page 5 -She had received training on how and when to wear full PPE, gloves, masks, face shields and gowns by the Licensed Health Professional Support nurse. -She knew the resident in room 322 had COVID-19 because of the blue precaution sign posted near the door. -She had not been assigned to work only with residents with COVID-19. Interview with a personal care aide (PCA) on 12/10/20 at 10:25 am revealed: -She had received training on how to care for residents with COVID-19. -She worked on the 400 hall and assisted with personal care of residents on the 300 hall when needed. -She had provided personal care and assisted with feeding all residents including residents who had COVID-19. -She was assigned to work with residents who had COVID-19 and residents who had not been diagnosed with COVID-19. Interview with a second PCA on 12/10/20 at 11:12am revealed: -She was assigned to work on hall 100. -She provided personal care and assisted with feeding all residents. -She knew which residents had COVID-19 because a blue sign was placed on their door and the yellow sign was for residents on quarantine due to leaving the hospital for appointments. -There were residents on the hall that had a COVID-19 diagnosis as well as residents who did not have COVID-19. -She was assigned to work with residents who had COVID-19 and residents who had not been diagnosed with COVID-19.	D 601		

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D 601	Continued From page 6 Interview with another MA on 12/10/20 at 10:05am revealed: -She had been assigned to work on the 400 hall that had residents that had been on quarantine after returning from medical appointments and residents who did not have COVID-19. -She had assisted with the care of the residents on the 300 hall who had a diagnosis of COVID-19, were on quarantine and the residents who did not have COVID-19. Interview with a LHD on 12/10/20 at 3:15pm revealed: -She had spoken with Administrator and recommended the facility designate staff to only work with the residents who had a diagnosis of COVID-19. -The expectation was that the facility had followed the guidelines for designating staff to provide care of residents diagnosed with COVID-19. -Allowing all staff to work with residents with COVID-19 could further cause the virus to spread throughout the facility. Interview with the LMA on 12/11/20 at 11:47am revealed: -She had not been informed there should have been staff designated to work only with residents with a diagnosis of COVID-19. -Having designated staff to work with residents with a diagnosis of COVID-19 had not been a practice of the facility. Interview with the RCD on 12/10/20 at 4:30pm revealed: -There was 1 MA and 2 PCAs assigned to work each hall. -There had not been any staff designated to work only with residents diagnosed with COVID-19 because it was a recommendation and not a	D 601		

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D 601	Continued From page 7 requirement. -She had received information on COVID-19 guidance from NCDHHS via an email and from the Administrator. Interview with the Administrator on 12/10/20 at 4:08pm revealed: -Staff had not been designated to work with residents diagnosed with COVID-19. -Staff had been trained on how to work each hall. -Staff had not been specifically assigned to work only with residents with COVID-19 because it was a recommendation. -She received guidance and information relating to COVID-19 from CDC, NCDHHS and the LHD. The failure of the facility to adhere to the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and local health department (LHD) recommendations and guidance for designating staff to work only with residents with a diagnosis of COVID-19 and proper use of PPE to include wearing full PPE to include a gown, gloves, face mask and face shield when providing care to residents under quarantine or who had a diagnosis of COVID-19 placed the residents at increased risk for transmission and infection from COVID-19. The facility's failure was detrimental to the residents health, safety and welfare and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/10/20 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 25, 2021.	D 601		

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D912	Continued From page 8	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 observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to Infection Prevention and Control Program. 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 (NCDHHS) and the local county health department (LHD) during the global pandemic of COVID-19 were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents regarding designating staff to work with residents diagnosed with COVID-19 and the proper use of face masks, gloves, gowns, and face shields. [Refer to Tag 601, 10A NCAC 13F .1801 Infection Prevention and Control Program (Type B Violation)].	D912		

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