STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 complaint investigation survey with an onsite visit on 02/03/21, a desk review survey on 02/04/21 and a telephone exit on 02/04/21.	D 000		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, 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 residents during the global pandemic of COVID-19 to reduce the risk of transmission and infection to residents by implementing the proper use of face masks and ensuring the proper screening of staff. The findings are:	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 1 Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of the coronavirus disease in LTC facilities last updated 11/20/20 revealed: -Health care personnel should always wear a facemask while they are in the facility. -All health care personnel should be screened at the beginning of their shift by actively checking their temperatures for fever and screening for other symptoms of COVID-19; and document the absence of those symptoms. Review of the NC DHHS guidelines for the core principles of COVID-19 infection prevention for larger residential settings, with seven or more beds, last updated on 10/16/20 revealed: -Staff should use the appropriate personal protective equipment (PPE) when providing resident care. -Facility should screen all staff daily for temperature check, presence of symptoms, and known exposure to COVID-19. 1. Observation of the Special Care Unit (SCU) on 02/03/21 at 11:00am through 11:02am revealed the Special Care Manager at the nurse's station talking on the phone with a N95 mask hanging around one ears and not covering her mouth or her nose. Observation of the assisted living (AL) unit on 02/03/21 at 12:53pm revealed a medication aide (MA) standing at the mediation cart with a N95 mask hanging around one ear and not covering her mouth or her nose. Observation upon entering the SCU on 02/03/21 at 9:15am revealed the facility's Director of Sales entered the SCU with her mask below her nose.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 2 A second observation on 02/03/21 at 12:08pm revealed the Director of Sales entered the SCU with her mask below her nose. Observation of signage posted on the front entrance of the facility and throughout the facility on 02/03/21 revealed based on guidelines from the Center for Disease Control and Prevention (CDC) all employees and any essential third parties entering the building were to wear a mask while working in the community. Review of the facility's COVID-19 Screening Process policy dated 08/26/20 revealed employees must wear a mask while in the facility. Review of the facility policy related to How to Wear a Face Mask (not dated) revealed: -Staff were to place ear loops over ears. -The mask should cover the mouth, nose and chin. Telephone interview with a resident on 02/04/21 at 2:11pm revealed: -She was concerned that the 3rd shift medication aide (MA) did not have her mask on when she brought her medications. -It was usually at 12:00am that the MA brought her medications and "never wears a mask." -She had not asked the MA to wear her mask when she entered her room because she was afraid to ask. -She had not reported her concern to the Executive Director (ED) but had told the Activity Director (AD) in confidence. -She asked the AD to maintain her confidentiality. -The MA who did not wear a mask last entered her room the weekend of 01/29/21-01/31/21.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 3 Interview with a personal care aide (PCA) on 02/03/21 at 4:23pm revealed: -She had worked at the facility for 3 to 4 months. -"Sometimes" staff did not wear their mask properly because the mask "could get hot". -The facility had trained her how to properly wear a face mask about 3 weeks ago. -Staff were supposed to wear a face mask at all times while in the facility. -The face mask should cover the nose and mouth. Interview with another PCA on 02/03/21 at 11:20am revealed: -She had observed numerous administrative staff in the hallways of the SCU not wearing their masks correctly. -There was one time asked an administrative staff person to wear their mask correctly by covering their mouth and nose with the mask. -The administrative staff continued to walk the hallway wearing their mask incorrectly. -She had not reported her concern to the ED. Interview with the Director of Sales on 02/03/21 at 5:04pm revealed: -Staff were supposed to wear a face mask from the time they walk through the door unless they were eating. -She had seen staff wearing their face mask under their nose and pulled down under their chin. -She did not wear her face mask correctly today because she thought she would not be heard while she was talking. -The ED talked to her today about not wearing her face mask correctly. Interview with the Business office Manager (BOM) on 02/03/21 at 5:11pm revealed:	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 4 -Staff were supposed to wear a face mask at all times while in the facility. -She took her mask off when she was in her office alone. -The facility had trained staff on how and when to correctly wear a face mask. -She did not work the floor but if she had seen staff not wearing the face mask properly, she would have said something to them. Interview with a Supervisor on 02/03/21 at 4:45pm revealed: -She worked in both the AL unit and SCU on her shift. -Staff did not wear the face mask correctly all the time while in the facility. -She did not always wear her face mask covering her mouth and nose when she was standing at the medication cart or when she was in the breakroom. -Staff were supposed to wear a face mask covering their mouth and nose while in the facility at all times. -The facility had trained her on how to properly wear a face mask. Interview with the SCU Manager on 02/03/21 at 11:20am revealed: -Staff were supposed to wear a face mask covering their mouth and nose while in the facility at all times. -Staff did not wear mask correctly while in the facility. -The Supervisor on the AL side and the SCU did not wear their mask covering their nose and mouth. -She had asked staff to correctly wear their mask while in the facility and she was told "no" by the staff. -She had informed the ED on 01/25/21 that staff	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 5	D 612		

were not wearing their mask correctly.
-The ED did not have a response related to her concerns.
-The facility had trained staff on the correct way to wear face mask.

Interview with the ED on 02/03/21 at 12:14pm revealed she had instructed all staff to wear their mask correctly, covering their nose and mouth during trainings and if she observed a staff member not wearing their mask correctly, she would correct them.

Second interview with the ED on 02/03/21 at 4:25pm revealed:
-She expected staff to wear a mask while in the building unless they were alone in their office.
-She expected staff to wear a mask properly, covering their mouth and nose.
-She expected managers to prompt staff if they were observed not wearing their mask properly.
-She expected all staff to wear their mask properly to prevent the spread of COVID-19 to ensure the residents' and staff safety.

2. Observation on 02/03/21 at 9:37am revealed:
-The Dietary Manager (DM) entered the facility through the backdoor entrance and washed her hands.
-She coughed and cleared her throat and did not cover her mouth.
-She was wearing a mask covering her mouth and nose.
-She signed her name and dated the facility's COVID-19 Screening Tool Questionnaire but did not complete the questions.

Interview with the DM on 02/03/21 at 9:40am revealed:
-She had a sore throat, congestion and a bad

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 6	D 612		

cough.
-She did not feel well but wanted to come to work to help the dietary staff.
-She had worked on 02/02/21, had a headache and "did not feel well."
-She did not feel well the evening of 02/02/21 once she returned home.
-She completed her own temperature check and COVID-19 Screening Tool Questionnaire each morning.
-She "forgot" to complete the COVID-19 screening questions but completed them after prompted by the surveyor.
-She answered no to all questions.
-She answered no to the question of "having a sore throat and congestion" because she wanted to work to provide support to the dietary staff.
-If she had a temperature or did not feel well, she was expected to inform her Executive Director (ED).
-She should have informed the ED yesterday that she was not feeling well.
-She would inform the ED that was not feeling well today.

A second interview with the DM on 02/03/21 at 9:45am revealed:
-She had informed the ED that she had a sore throat and did not feel well.
-She had worked on 02/02/21, had a headache and "did not feel well."
-She did not inform the ED on 02/02/21 that was did not feel well.
-The surveyor prompted her to inform her ED that she was not feeling well.
-She met with the ED after completing her COVID-19 Screening Tool Questionnaire and updated her on her symptoms.
-She was instructed by the ED to return home and would not be working today.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 7 Interview with the Director of Sales on 02/03/21 at 5:04pm revealed: -Staff self-screened for COVID-19 in the break room by the time clock. -The self-screening included checking temperature, oxygen level and completing the COVID-19 screen form. -She did not collect nor monitor the COVID-19 screen forms completed by the staff. -She did not know who was responsible for collecting or monitoring the COVID-19 screening forms. Interview with the Business office Manager (BOM) on 02/03/21 at 5:11pm revealed: -All staff entered the facility through the backdoor and self-screened for COVID-19 in the employees' breakroom. -She checked her temperature and her oxygen level and completed the COVID-19 screening form and left the form in the employees' breakroom. -The department heads or the Executive Director (ED) were responsible for collection and monitoring the completed employee COVID-19 screening forms at the end of day. -She was not responsible for collecting the completed employees COVID-19 screening forms. -She last collected the completed employee COVID-19 screening forms about a month ago. -When she did collect the completed employee COVID-19 screening forms, she did not review the forms prior to giving them to the ED. -She collected the screening forms a month ago "so they wouldn't be lying around". Interview with a Supervisor on 02/03/21 at 4:45pm revealed:	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 8	D 612		

-Staff at the facility self-screened for COVID-19 in the employees' breakroom when arriving to work.
-She self-screened for COVID-19.
-She did not collect the completed COVID-19 screening forms.
-She did not know who or when the COVID-19 screening forms were collected.

Interview with a transportation coordinator on 02/03/21 at 4:23pm revealed:
-Staff entered the facility through the back door and self-screen for COVID-19 at the start of each shift.
-She checked her temperature and completed employee COVID-19 screening form before starting her shift.
-Staff completed their own self-screening for COVID-19.

Telephone interview with the transportation coordinator on 02/04/21 at 12:15pm revealed:
-She had not been instructed or trained by the ED to collect the staff screening logs.
-She began collecting the staff screening logs a few months ago because the binder they were in became too full.
-She removed the staff screening logs every Friday.
-She reviewed the staff screening logs to ensure staff had answered the screening questions and they did not have a temperature.
-A high temperature was either 101 degrees (F) or 102 degrees (F).
-If she saw a temperature of 101 degrees (F) or 102 degrees (F) recorded on the staff screening log, she would talk to the staff person with the temperature.
-After speaking with the staff person, she would notify the ED.
-She had collected and reviewed the staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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 612	Continued From page 9 screening logs on 01/29/21. Interview with the ED on 02/03/21 at 12:23pm revealed: -The transportation coordinator would gather the staff screening forms weekly. -The transportation coordinator would notify her if she had a concern on the screening log, if a staff recorded a temperature or symptom that would require her to follow up with that staff. Telephone interview with the ED on 02/04/21 at 4:15pm revealed: -She started as ED at the facility in September 2020 and the self-screening process was in place from the previous ED. -She continued to allow staff to self-screen. -She did not have any concerns about staff screening themselves. -She reviewed the screenings sheets each morning. -The Transportation Coordinator brought her the screening logs every 2 weeks. -She ensured staff screened correctly by reviewing the screening log daily and would ask staff additional questions if she had concerns. -She would educate staff that beginning 02/04/21 that they would not be able to self-screen at the beginning of their shift any longer. -She would educate staff that beginning 02/04/21 that a medication aide or a department manager would take their temperature and complete their COVID-19 Screening questions at the beginning of each shift. -She expected the staff to have another staff member verify their screening information and to sign as a witness to ensure staff were not self-screening. -The facility did not have any positive COVID-19 residents or staff.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026068	A. BUILDING: _____ B. WING _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FAYETTEVILLE	1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331

(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