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FEB 19 2021

ADULT CARE LICENSURE SECTION
RALEIGH

Division of Health Service Regulation

PRINTED: 02/03/2021
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	01/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 state-involved COVID-19 focused Infection Control complaint investigation with an onsite visit on 01/12/21 and a desk review survey on 01/13/21 and a telephone exit on 01/13/21.	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: 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 department (LHD) were implemented and maintained to provide protection of residents during the global pandemic of COVID-19 related to the screening of staff and visitors.	D 612		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Owner

(X6) DATE: 2-19-2021

STATE FORM 6899 V1OM11 If continuation sheet 1 of 13

Reviewed & Accepted
DA 2/24/21

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D 612	Continued From page 1 The findings are: Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of the Coronavirus Disease in long term care (LTC) facilities dated 11/20/20 revealed personnel should be screened for the presence of fever and symptoms of COVID-19 before starting each shift. Review of the North Carolina Department of Health and Human Services (NCDHHS) guidance for prevention and spread of Coronavirus in LTC facilities dated 10/20/20 revealed staff should be screened daily for signs and symptoms of COVID-19. Review of the facility's infection control COVID-19 policies and procedures dated May 2020 revealed: -All employee temperatures were to be taken at the beginning of each shift. -The residents were not allowed to have visitors inside the facility. -There was no procedure referencing screening of visiting agency's staff. -There was no procedure referencing screening of staff or visitors for signs and symptoms of COVID-19. Review of the facility's screening log revealed: -The log was titled Staff Temp Log. -The log included the date, shift, and day. -There were instructions printed on the log of "this log must be filled out daily for every shift upon arrival to work". -There were three columns on the log titled for name, temperature, and time. -There were 13 names printed on the log in the name column.	D 612		

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D 612	Continued From page 2 Review of the facility's staff schedule and Staff Temp Logs for COVID-19 dated 01/01/21 through 01/12/21 revealed: -Multiple staff had not signed in consistently each shift the staff worked at the facility. -There were no documented temperature readings for multiple staff who worked each shift. -On 01/01/21, the facility staff schedule documented 12 staff worked a shift at the facility. There was no documentation for temperature screening or signs and symptoms screening for 10 of the 12 staff. -On 01/02/21, the facility staff schedule documented 12 staff worked a shift at the facility. There was no documentation for temperature screening or signs and symptoms screening for 7 of the 12 staff. -On 01/03/21, the facility staff schedule documented 14 staff worked a shift at the facility. There was no documentation for temperature screening or signs and symptoms screening for 9 of the 14 staff. -On 01/04/21, the facility staff schedule documented 15 staff worked a shift at the facility. There was no documentation for temperature screening or signs and symptoms screening for 8 of the 15 staff. -On 01/05/21, the facility staff schedule documented 15 staff worked a shift at the facility. There was no documentation for temperature screenings or signs and symptoms screening for 10 of the 15 staff. -On 01/06/21, the facility staff schedule documented 13 staff worked a shift at the facility. There was no documentation for temperature screenings or signs and symptoms screening for 11 of the 13 staff. -On 01/08/21 the facility staff schedule documented 15 staff worked a shift at the facility.	D 612		

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D 612	Continued From page 3 There was no documentation for temperature screenings or signs and symptoms screening for 10 of the 15 staff. -On 01/09/21 the facility staff schedule documented 14 staff worked a shift at the facility. There was no documentation for temperature screenings or signs and symptoms screening for 12 of the 14 staff. -On 01/10/21 the facility staff schedule documented 15 staff worked a shift at the facility. There was no documentation for temperature screenings or signs and symptoms screening for 13 of the 15 staff. -On 01/11/21 the facility staff schedule documented 17 staff worked a shift at the facility. There was no documentation for temperature screenings or signs and symptoms screening for 8 of the 17 staff. -On 01/12/21 the facility staff schedule documented 16 staff worked a shift at the facility. There was no documentation for temperature screenings or signs and symptoms screening for 15 of the 16 staff. Interview with the Administrator on 01/12/21 at 9:25am revealed: -The facility did not have visitors. -There was no documentation for visitor screenings of COVID-19. -Most of the home health agencies had stopped visiting the facility since there had been positive COVID-19 residents identified in the facility, but there was "one or two" staff visiting residents at the facility from a home health agency. Interview with a housekeeper on 01/12/21 at 9:48am revealed: -She sprayed her hands with sanitizer at the front table after clocking in for work. She took her temperature with the thermometer	D 612		

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D 612	Continued From page 4 when the thermometer was lying on the front table. -Sometimes another staff member had the thermometer. -"If I saw another staff member with the thermometer later, I would take my temperature". -Sometimes she would write her temperature on the log but sometimes she did not have a pen and there was not a pen on the table. -She took her temperature this morning but there was no pen to record her temperature. -There was no one at the front table to monitor the staff screening area. -She received COVID-19 training around November or December 2020. Interview with a Personal Care Aide (PCA) on 01/12/21 at 10:21am revealed: -Infection Control /COVID-19 training was given to all staff around October. -When she reported to work each morning she clocked in, sprayed sanitizer on her hands, and took her temperature. -She took her temperature this morning but did not have a pen to write it down. -There were no staff screening questions. Interview with a medication aide (MA) on 01/12/21 at 10:37am revealed: -Several staff had tested positive for COVID-19. -Prior to starting work today, she sanitized her hands and took her temperature, but she forgot to record her temperature on the staff temperature log. -There were no screening questions for staff. -She was not aware of the temperature log being audited. Interview with the Cook Supervisor on 01/12/21 at 12:43pm revealed:	D 612		

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D 612	Continued From page 5 -When she reported to work, she entered the facility through the kitchen door. -She only came out of the kitchen when she went to the bathroom or to get a snack. -She "usually" had the "aide" or medication aide go get the thermometer so she could check her temperature. -She had not checked her temperature this morning (01/12/21) because she was late and when she was late, she just started getting things ready to start meal preparation. -Staff usually screened themselves by checking their own temperatures and writing the temperature results on the temperature log located by the time clock. -She did not know who was responsible for screening staff. Interview with the kitchen aide on 01/12/21 at 1:05pm revealed; -She "usually" entered the facility through the front door when she reported to work, but "lately, last three weeks" she had been entering the facility through the kitchen back door. -She had not checked her temperature at the facility in the last three weeks because she did not want to go into the halls of the facility because she feared getting COVID-19. -There was no thermometer in the kitchen to check her temperature. -She reported to work at 6:00am today (01/12/21) and did not check her temperature. -She had never been asked about signs and symptoms of COVID-19. Interview with the Administrator on 01/12/21 at 1:37pm revealed: -There were no designated temperature parameters but if the temperature reached 100 degrees Fahrenheit, that was considered out of	D 612		

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D 612	Continued From page 6 range. -There was no staff screening log for signs and symptoms of COVID-19 and he did not say why. -Staff were instructed to notify me or the Resident Care Coordinator (RCC) of any COVID-19 symptoms such as aching, colds, high temperature, or not feeling well. -Each staff member was instructed to check their temperatures each day prior to starting work and record the temperatures on the staff temperature log. -The RCC was responsible for collecting the log and filing them. -The RCC knew to look over the logs the same day. -Evidently the RCC was not checking the logs. -He checked his temperature each morning at home and he did not record his temperature on the staff temperature logs. Interview with the Resident Care Coordinator (RCC) on 01/12/21 at 2:04pm revealed: -All the facility residents except two had tested positive for COVID-19 on 12/28/20. -Once staff entered the facility through the front door, staff were supposed to clock in for work and check their temperature. -She did not know kitchen staff were entering the facility through the kitchen back door. -She told staff everyday they needed to check their temperatures and write the results on the staff temperature log. -Staff would tell her they checked their temperatures but forgot to document the temperature reading. -She could not remember the last time she spoke to a staff about documenting their temperature on the staff temperature log. -She was not able to tell if staff were symptomatic for COVID-19 because only temperature checks	D 612		

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D 612	Continued From page 7 were conducted. -Temperature checks were not being done consistently. -Sometimes she documented her temperature check on the staff temperature log, and sometimes she did not. -She knew she should document her temperature on the staff temperature log and sometimes she did not have a pen to write her temperature results. -Staff did not report their self-screening results to anyone. Interview with a second MA on 01/12/21 at 2:50pm revealed: -She filed staff temperature logs but she did not review them. -She assumed the RCC reviewed them. -Staff should have notified the RCC if they had a high temperature. Telephone interview with a nurse from a home health agency on 01/12/21 at 3:45pm revealed: -She had visited the facility in the past two weeks. -She approached a staff standing at the front desk and asked the process to see specific residents. -The staff directed her to the resident's room numbers. -She noticed a log book and thermometer at the entrance of the facility when she entered the facility. -She was not directed to sign in or check her temperature. -There was no one at the front door to check her temperature. Telephone interview with the Facility Manager on 01/13/21 at 10:32am revealed: -There were no COVID-19 screening questions	D 612		

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D 612	Continued From page 8 for staff and she did not know why. -All staff received COVID-19/Infection Control training from a local pharmacy in December. -She had read information on the internet and NCDHHS material pertaining to infection control and COVID-19. -She talked with a nurse with the LHD on a weekly basis. -"The Local Health Department checks to see if we need anything". -The guidance from the LHD was to quarantine all residents until 14 days after the last resident tested positive which was 01/04/21. -Thirty-four out of thirty-seven residents tested positive in December. -The thirty-fifth resident tested positive on 01/04/21 while in the hospital and passed away on 01/08/21. -A local lab was scheduled to test the remaining two negative residents on 01/15/21. -All staff that tested negative on previous tests was scheduled to test again on 01/15/21 via the facility's rapid test. -Months ago, the LHD instructed the facility to check temperatures and symptoms of residents and staff daily. -The facility began the staff temperature logs months ago but "slacked off". -Staff were expected to take temperatures and enter information at the time they took the temperatures. -It was obvious the temperatures were not being taken and recorded and nobody was following up on it. -She did not realize staff temperatures were not being recorded daily. -It was the RCC's responsibility to review the logs. -She was aware kitchen staff was coming through the back door without being screened or checking temperatures.	D 612		

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D 612	Continued From page 9 -She did not report this process to anyone. -Kitchen staff should have walked up front to check temperatures or had a MA come to the back to check and record the temperatures. -Temperatures should have been checked for visitors, vending staff, and facility repair staff but it was not done. -She checked her temperature at home and she would come to work through the back door of the facility and did not go up front to check her temperature or record it. Telephone interview with the Administrator on 01/13/21 at 11:00am revealed: -Infection Control/COVID-19 training was conducted in the last couple of months by a nurse with the local pharmacy. -He received updates on COVID-19 from the LHD and NCDHHS. -He gave daily reminders of changes and updates to the staff. -Checking temperatures for staff were directives from the LHD and NCDHHS. -He reminded staff daily to take their temperatures. -He did not realize staff temperatures were not being taken daily. -The RCC was responsible for collecting and reviewing the staff temperature logs for accuracy and completeness. Telephone interview with the LHD nurse on 01/13/21 at 2:07pm revealed: -The facility's COVID-19 outbreak began as fourteen residents and three staff tested positive on 12/22/20, seven residents and one staff tested positive on 12/26/20, and thirteen residents tested positive on 12/28/20. -She was unsure of the total numbers of positive staff.	D 612		

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D 612	Continued From page 10 -The Facility Manager reported the information to the LHD. -The LHD nurse sent guidance to the facility via the LTC outbreak toolkit and several documents from NCDHHS pertaining to COVID-19 on 12/23/20. -Guidance regarding staff screening was included in the documents and discussed with the Administrator and Facility Manager at the facility. -The facility was instructed to implement a document with screening questions including temperature logs for staff. -The facility was expected to screen all staff daily for signs, symptoms, and temperatures and record the information. -The LHD was not aware the facility was not screening staff appropriately. -She would expect the Administrator to ensure the proper screening was done. -She stated the inappropriate screening of staff, visitors, vendors, and facility repair staff could have caused the outbreak in the facility. -The LHD had not visited the facility since March 2020. -The facility sent the number of COVID-19 positive residents to the LHD each week. -She instructed the facility to continue to test the negative residents and continue the quarantine of residents until 14 days after the last resident tested positive. The failure of the facility to adhere to the Centers for Disease Control (CDC), the North Carolina Division of Health and Human Services (NCDHHS), and the local health department (LHD) guidance related to the screening of staff and visitors placed the residents at increased risk of transmission and infection from COVID-19. The facility's failure was detrimental to the resident's health, safety and welfare and	D 612	D612 and D912: Staff meeting was conducted by Administrator to discuss the proper procedures that was being put in place regarding all Staff and Visitor Screening. (Sign in sheet for meeting is attached) 1/13/2021	1/13/21

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D 612	Continued From page 11 constitutes a TYPE B VIOLATION. The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/12/21 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 27, 2021.	D 612	New form has been implemented and is being used daily to do screening on all staff and visitors. All screening is done by a Med Tech or the RCC. If any employee or visitor is experiencing any symptoms the Administrator is notified immediately and employee is sent home and visitor is instructed to leave the facility. RCC is responsible for reviewing the screenings on Fridays to be sure procedures are being followed. RCC shares and discusses with the Administrator any issues before she files the documents. If any issues the Administrator will discuss with the staff. (Current documentation is attached) 1/13/2021	1/13/21
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	D912		

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D912	Continued From page 12 department (LHD) were implemented and maintained to provide protection of residents during the global pandemic of COVID-19 related to the screening of staff and visitors. [Refer to tag 612, 10A NCAC 13F .1801 Infection Prevention and Control Program (Type B Violation)].	D912		