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C 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a complaint investigation and a COVID-19 focused infection control survey with onsite visits on 12/03/20 and 12/07/20, a desk review survey on 12/04/20 and 12/08/20 to 12/09/20, with an exit conference via telephone on 12/09/20.	C 000	All staff (HCP, housekeeping, dietary, maintenance, etc) have been given an infection control and prevention policy. All staff are expected to adhere to all policies in place and any new policies established. EM will continue to keep UTD with the everchanging guidance, mandates, and directives through the CDC, LHD, Meck Co, & NCDHHS, and implement the established guidance to maintain and provide protection to all residents and staff during the global pandemic. All staff, residents, hospice providers, MD providers, outside therapy services, all other contracted HCP service personnel, and visitors are to be screened at least daily prior to entrance into the facility for symptoms of COVID-19. Any staff, provider, or visitor with symptoms must not gain entrance and should immediately return home and follow the CDC guidance on isolating. Staff who are symptomatic or have a fever 100 degrees F or greater should be rapid tested before returning home to self-isolate. If the rapid test is negative the staff should then be directed to take an RT-PRC test that will be sent to a lab to be analyzed for CV19 detection. All symptomatic people will be instructed to follow CDC guidance on self-isolation All confirmed or suspected cases of CV19 in staff or residents along with any severe respiratory illness resulting in hospitalization will be immediately reported to the LHD by phone and in writing by the RCC. Further reporting to the LHD will be made by the RCC if 3+ residents/staff develop new onset of respiratory symptoms within 72 hours of each other.	1/8/21
C 601	10A NCAC 13G .1701 (a) (b) Infection Prevention and Control Program 10A NCAC 13G .1701 Infection Prevention and Control Program (a) In accordance with Rule .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, interviews, and record reviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human	C 601		

Reviewed and accepted by Jennifer Fender RN/jbf on 02/15/2021

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C 601	Continued From page 1 Services (NC DHHS) and directives from the local health department (LHD) were implemented and maintained to provide protection of the residents and to reduce the risk of transmission and infection during the global coronavirus (COVID-19) for 4 out of 5 residents who tested positive for COVID-19 pandemic as related to staff not wearing appropriate personal protective equipment (PPE) to include N95 or surgical masks consistently, gloves, isolation gowns, and face shields or goggles during an active outbreak; not screening residents and staff consistently for signs and symptoms of COVID-19, and one resident, who tested negative for COVID-19, and admitted to the facility during the COVID-19 against the recommendations from the LHD (Resident #1). The findings are: Review of the CDC guidelines to prevent the spread of COVID-19 in Assisted Living facilities (ALFs) revealed: -Identify a point of contact at the LHD to facilitate prompt notification immediately 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 three or more residents or facility personnel developed new-onset respiratory symptoms within 72 hours of each other. -Prompt notification of the LHD about residents and personnel with suspected or confirmed COVID-19 was critical. -Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms consistent with	C 601	All confirmed or suspected cases of CV19 in staff or residents along with any severe respiratory illness resulting in hospitalization will be immediately reported to the LHD by phone and in writing by the RCC. Further reporting to the LHD will be made by the RCC if 3+ residents/staff develop new onset of respiratory symptoms within 72 hours of each other. All staff and other HCP contracted service workers are to self-screen at the screening/PPE station at the main entrance of the building. Doors to the buildings are to remain locked 24 hours per day. Each staff (CNA/MT) is to be responsible for maintaining a secure environment). At the entrance at the PPE station staff, and HCP are to self-screen for SS of CV19, check temp and log into the book. All visitors (when visitation is open) are to call ahead and let staff know they are there and staff will go over SS log, check the visitor temp, ensure proper PPE (facemask, face shield, etch) is in use, and log is signed before allowing entrance into the building. All staff are to be screened at the start of each shift and document in the CV19 SS logbook daily. If staff become symptomatic during their shift, they are to immediately notify the administrator and return home for self-isolation. They are also to be prioritized for rapid CV19 testing. They are to follow current CDC guidance on self-isolation. All visitors and personnel alike who are symptomatic (SS consistent with CV19 and/or temp 100 degrees F or greater) upon arrival may not gain access into the facility and must immediately return home and follow current CDC guidance. RCC will check daily that the residents and staff have been screened for CV19 which consist of daily temp checks and questions about symptoms	

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C 601	Continued From page 2 COVID-19 before starting each shift/when they enter the building. -Send visitors and personnel home if they have a fever (temperature of 100.0 degrees Fahrenheit or greater) or symptoms consistent with COVID-19. -Rapidly identify and properly respond to residents with suspected or confirmed COVID-19. -Designate one or more facility employees to ensure all residents have been asked at least daily about fever and symptoms consistent with COVID-19. -Implement a process with a facility point of contact that residents can notify if they develop symptoms. -If COVID-19 is identified or suspected in a resident immediately isolate the resident in their room and notify the health department. The resident should be prioritized for testing. -Encourage all other residents to self-isolate, if not already doing so, while awaiting assessment to determine if they are also infected or exposed. -Maintain social distancing (remaining at least 6 feet apart) between all residents and personnel, while still providing necessary services. -For situations where close contact with any resident cannot be avoided, personnel should at a minimum, wear eye protection (goggles or face shield) and an N95 or higher-level respirator (or a facemask if respirators are not available). -Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated. -If personnel have direct contact with a resident, they should also wear gloves. -If available, gowns are also recommended but should be prioritized for activities where splashes or sprays are anticipated, or high-contact resident-care activities that provide opportunities for transfer to pathogens to hands and clothing of	C 601	Any resident who develops symptoms will be instructed to notify the staff on duty. Stall will immediately isolate confirmed or suspected CV19 residents to their rooms and notify the RCC who will then notify the LHD both by phone and in writing. Said residents will be prioritized for CV19 testing. Upon any confirmed or suspected cases of CV19 all other residents will be encouraged to self-isolate if not already while awaiting assessment to determine if they are also infected or exposed. All staff have been directed by administration, RN, and EM Infection Prevention/Control policy on appropriate and consistent PPE use within the facility. Social distancing must take place (at least 6 feet apart) between staff and residents and staff and other personnel while still providing services. When close contact cannot be avoided personnel must at minimum wear an N95 mask (if available), eye protection (face shield or goggles) and gloves. When able to maintain an appropriate social distance from resident and staff, personnel may surgical mask over both the mouth and nose so long as the facility is not under a COVID status determined by the LHD. At no time may any staff or other HCP wear a cloth face covering. When high splash activities are taking place staff must also wear in addition to N95 mask (if available), goggles and gloves they should also wear isolation gowns. These activities include, shower/bathing, toileting, feeding/eating, activities where blood is involved to prevent the transfer of pathogens to hands and clothing of personnel. If 2 or more cases of CV19 (confirmed or suspected) occur within 28 days, the RCC will notify the LHD. During a CV19 outbreak status all staff will be required to wear full PPE (gowns, gloves, N95 mask, goggles, or face shield) while in the facility. Fresh PPE will be applied for each interaction with residents and removed directly after contact is complete. Fresh PPE will be applied for general facility use when resident contact is not taking place.	

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C 601	Continued From page 3 personnel. -Personnel who do not interact with residents and do not clean resident environments or equipment do not need to wear PPE. However, they should wear a cloth face covering or, if PPE supplies are sufficient, a facemask for source control. Review of North Carolina Department of Health 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: -If one laboratory-confirmed COVID-19 case is identified along with other cases of acute respiratory illness within two incubation periods (28 days) in the same long-term care facility, a COVID-19 outbreak might be occurring. -Notify your local health department of the following: -A confirmed or suspected case of COVID-19 in a resident or staff of a LTC facility should be immediately reported to your local health department for the county in which your facility is located. -The North Carolina Executive Order 131 also requires notification to the local health department of clusters of respiratory illness, defined as three or more cases of respiratory illness among residents and/or staff within 72 hours. These clusters are not considered an outbreak until COVID-19 is confirmed, but the early notification allows local health departments to put control measures in place to prevent additional transmission. -Facility staff should wear appropriate PPE when caring for patients with undiagnosed respiratory infection or confirmed COVID-19. -Implement universal use of face masks for all staff while in the facility if supplies are available. -Consider routine use of gloves for all patient	C 601	All staff are encouraged to work together to encourage each other, HCP contracted services, and residents to wear appropriate PPE consistently. If resident isolation must occur due to confirmed or suspected CV19 or other respiratory illness a bedside toilet will be placed in the resident room to prevent the sharing of toilet spaces between residents. All community shower facilities will be canceled for resident and the resident will receive bed baths in their isolated room to prevent the movement of infected individuals throughout the building. If the must be out of their rooms or are unable to be kept in their room due to wandering that occurs with dementia diagnosis, mask use will be encouraged. Employees must apply fresh PPE when entering the building during any CV19 outbreak status and remove old PPE when exiting and apply fresh before entering at our sister facility on property. EM will institute two different mealtimes to allow resident to enjoy socially distanced community dining (while not in active CV19 outbreak status). No new resident will be admitted to the facility during an active CV19 outbreak status. Any new resident admitted outside of outbreak status must be isolated in their room for two weeks to prevent the spread of CV19. The resident must also have 2 negative CV19 test prior to admission.	

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interactions.
-Use of eye protection is recommended in areas with moderate to substantial community transmission.
-You may continue to admit patients from hospitals as long as there is sufficient and appropriate room and staffing available, unless directed otherwise by your local health department.

Review of COVID-19 test results from 10/27/20 to 11/21/20 revealed twelve staff and five residents tested positive for COVID-19.
1. Review of emails to the facility from the Communicable Disease (CD) Nurse from the local health department (LHD) Communicable Disease Division revealed:
-On 11/16/20 at 1:31pm, there were reminders an outbreak was considered over when there was 28 days of no new positive cases of COVID-19, the current recommendation was to place all residents that tested positive for COVID-19 in isolation.
-On 11/30/20 at 4:19pm, an email, to the second Assistant Administrator, included the current recommendation for an N95 mask to be used for COVID-19 positive residents, stored in a brown paper bag during the day, and discarded at the end of the day and a surgical mask was ok to wear in areas with non-COVID-19 residents.

Telephone interview with the CD Nurse from the LHD Communicable Disease Division on 12/04/20 at 11:00am revealed:
-On 11/16/20, she called the Assistant Administrator related to the facility's recent COVID-19 outbreak.
-She informed the Assistant Administrator an outbreak was over when there was 28 days of no new positive cases of COVID-19.

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-The outbreak should be over on 12/23/20 if there were no new cases as of 12/04/20.
-She gave the current recommendations to wear N95 masks at all times while positive cases of COVID-19 were in the facility.

Review of the facility's Infection Control Policy revealed:
-The facility did not use a COVID-19 specific plan for COVID-19, just the universal PPE policy.
-A mask was to be worn within 6-10 feet of the resident and when entering the room.
-Limit the movement and transport of the resident from the room to essential purposes only and resident would wear a mask to minimize resident dispersal of droplets.

Observation of the PPE supply on 12/03/20 at 11:50am revealed there were 300 N95 masks, 50 face shields, 400 gowns, 50 boxes of gloves containing 100 pairs of gloves each and 10 boxes of surgical masks containing 50 masks each.

Review of the Assistant Administrator's emails revealed:
-On 11/30/20 at 1:33pm, an email was sent to the Adult Home Specialist (AHS), that indicated the mask request was reviewed and approved by a local sponsorship group. A reply to the email was required in order to get the location, date and time for pick up.
-On 11/30/20 at 1:36pm, a second email was sent to the AHS, a second mask request was reviewed and approved by a local sponsorship group. A reply to the email was required in order to get the location, date and time of the pick up.
-On 11/30/20 at 1:39pm, an email was sent to the AHS, an order was placed at the end of October, 2020 and the following was delivered on 11/06/20 by NC Office of Emergency Management

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C 601	Continued From page 6 Support; XXL gowns 200, procedure masks 200, face shields 50, N95 masks 200, and medium gloves 1000. -On 11/30/20 at 2:41pm, an email was sent to the AHS, an inventory of PPE on hand which included; gowns 287, face shields 37, surgical masks 800-900, N95 masks 395 (we just got these today), large gloves 800 pair, medium gloves 300 pair, and small gloves 900 pair. Interview with a second Assistant Administrator on 12/04/20 at 2:00pm revealed: -The first shipment of PPE arrived on 11/06/20 from Emergency Management and contained, gowns, gloves, surgical masks, face shields and in an unmarked box that was not opened or counted until 11/30/20 were N95 masks. -The N95 masks were not found until the 11/30/20 shipment from Emergency Management which contained gowns, gloves, surgical masks and N95 masks. -She sent an inventory list to the AHS which was the inventory of the 11/30/20 delivery. -The unlabeled box of N95 masks was not found until the Maintenance Director (MD) started putting away the new shipment on 11/30/20. Observation of the side entrance of the facility on 12/03/20 at 11:55am revealed a housekeeper leaving the facility #2 without PPE, entering facility #1 on the property without PPE on and exiting that facility approximately 8 minutes later. Observation of the side entrance of the facility on 12/03/20 at 2:15pm revealed: -This surveyor standing inside near the side entrance door of facility #1, a medication aide (MA), left facility #2 and entered the other family care home (Facility #1) on the property with a surgical mask on, this surveyor followed the MA	C 601		

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through facility #1. The MA did not change her surgical mask or wash her hands. The MA passed a positive COVID-19 resident in the living room and entered the office to pick up paper for the copier.
-She spoke with the staff and exited the other facility approximately 10 minutes later.

Interview with a personal care aide (PCA) on 12/03/20 at 10:30am revealed:
-After 10/27/20, she wore an N95 she purchased along with a gown and gloves during resident care.
-When she was not wearing an N95 during resident care she would wear a surgical mask, gown and gloves.
-While she was out of the residents' rooms she would wear a surgical mask.
-The N95 masks were delivered to the facility on 11/06/20 but were not located until a second delivery off PPE arrived on 11/30/20.
-She received additional PPE training by the facility nurse at the end of October 2020.
-She was told to wear an N95 but there were none supplied by the facility until 11/30/20.
-After 11/30/20 she wore an N95, gown and gloves during resident care only and a surgical mask the rest of the time while in the facility.
-The residents were on isolation to their room but residents came outside of their rooms to go to the bathroom and to walk around.
-The residents were redirected to wear masks when out of their rooms.

Interview with the facility nurse on 12/03/20 at 10:40am revealed:
-On 10/27/20, the first two staff members tested positive for COVID-19.
-On 11/17/20, the first three residents tested positive for COVID 19.

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C 601	Continued From page 8 -As of 11/30/20, the staff were wearing surgical masks around the residents and an N95, gown and gloves with direct resident care. -The facility did not receive N95 masks until 11/30/20. -There was a delivery of PPE on 11/05/20 that had N95s in them but because the box was not opened until 11/30/20 did not find them. -After the 10/27/20, positive COVID-19 cases developed, she provided a refresher course for the staff, regarding donning and doffing of the PPE. -The staff did not have N95s to wear during the outbreak prior to 11/30/20, so she told them to wear surgical masks, gown, gloves and face shields during direct resident care and wear a surgical mask the rest of the time. -After 11/30/20, some of the staff wore a N95, face shields, gowns and gloves during resident care and surgical mask only the rest of the time. -The staff who did not wear a N95 wore a surgical mask or a cloth face covering. -A housekeeper always wore a cloth face covering since she started in November after the outbreak started. -She thought that it was ok for the housekeeper to wear a cloth face covering because she did not provide direct resident care. -Our residents were on isolation but their bathroom was a community bathroom and residents often wandered outside of their room. Interview with the second Assistant Administrator on 12/04/20 at 2:00pm revealed: -Every resident was positive in this building as of the last testing on 11/17/20. -The staff were wearing surgical masks because the facility was out of isolation and outbreak status as of the 11/17/20 testing. -The housekeeper had always worn a cloth face	C 601		

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covering because she did not provide direct care of residents.
-She had not considered the staff not wearing the appropriate PPE and having 6 positive residents a concern for the staff who tested negative.

Interview with a MA on 12/07/20 at 10:32 revealed:
-She started working at the end of October 2020.
-On 12/07/20 the facility had 3 residents who tested positive for COVID-19 and 1 resident who tested negative for COVID-19.
-She was instructed by the facility nurse to wear a gown, gloves and surgical masks while performing resident care and to wear surgical masks the rest of the time.
-She wore a surgical mask, gown and gloves into rooms during resident care and medication administration until 11/30/20 when the facility received N95 masks.
-She wore a face shield a few times while in the facility.
-The residents were quarantined to their rooms but had to leave their rooms to go the bathroom and shower.
-Resident's also came out of their rooms without masks on and staff instructed them to put one on.
-A few residents liked to eat in the dining room, usually by themselves or if they required supervision during meals.

Telephone interview with the Administrator on 12/08/20 at 3:26pm revealed:
-The Assistant Administrator was responsible for ordering all PPE.
-The facility nurse was responsible for instruction on how and when to wear PPE, how to properly take off the PPE and re-enforced these things with staff when the outbreak occurred.
-Residents were quarantined to their rooms

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except for bathroom use.
-Some residents were non-compliant with wearing masks and the staff would remind or redirect the residents.
-The Administrator was unable to get N95 masks so the staff wore surgical masks and only one staff member wore a face shield.
-From 10/27/20 until 11/30/20, the only masks worn by the staff were surgical masks or cloth face coverings.
-The N95s were not available until 11/30/20 when a shipment came in because they did not open the second box that was delivered 11/06/20.

Observation during the survey on 12/07/20 at 11:28am revealed a male resident sitting in the living room without a mask on.

Observations during the survey on 12/07/20 at 11:46am revealed:
-There were four residents in the building.
-Three residents were in their rooms and one resident was sitting in the living room watching TV.

Interview with a MA on 12/07/20 at 11:46am revealed there were 3 residents who tedted positive for COVID-19 and one resident who tested negative for COVID-19.

Interview with a resident on 12/07/20 at 11:28am revealed:
-He tested positive for COVID-19 the middle of November.
-He still had loss of taste and smell.
-He was never told he could not leave his room.
-He had all meals in the dining room.
-He was told by the facility nurse to wear a mask outside of his room but doesn't most of the time.
-There was a new resident at the facility and he

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	FCL060098	A. BUILDING: _____ B. WING _____	C 12/09/2020

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C 601	Continued From page 11 had breakfast with her 2 times. 2. Review of an email sent to the facility on 11/16/20 at 1:31pm from the Communicable Disease (CD) Nurse from the Local Health Department (LHD) Communicable Disease Division included a reminder that an outbreak was considered over when there were 28 days of no new positive cases of COVID-19 and the current recommendation was to monitor staff and residents daily for signs and symptoms of COVID-19 by checking temperatures and noting any symptoms of COVID-19. Telephone interview with the CD Nurse from the LHD Communicable Disease Division on 12/04/20 at 11:00am revealed: -On 11/16/20, she called the Assistant Administrator related to the facility's recent COVID-19 outbreak. -She gave the current recommendations to screen all residents and staff daily by checking their temperatures and monitor for sign and symptoms of COVID-19. Interview with a medication aide (MA) on 12/07/20 at 10:32am revealed: -She was screened daily for COVID-19 which included temperature and questions. -She might have been missed a few times along the way. -The residents were to be screened daily as well and started around the middle of November 2020. -The facility nurse instructed her to screen herself and residents daily. Interview with the cook on 12/07/20 at 11:07am revealed she was not screened for COVID-19 on a daily basis because she did not perform	C 601		

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C 601	Continued From page 12 resident care. Review of the October 2020 COVID-19 Resident Screening forms revealed none of the residents were screened daily for symptoms of COVID-19. Review of the November 2020 COVID-19 Resident Screening forms revealed: -None of the five residents were screened for symptoms from 11/01/20 to 11/22/20. -One resident was not screened daily from 11/25/20 to 11/27/20. -A second resident was not screened daily from 11/25/20 to 11/27/20. -A third resident was not screened daily from 11/25/20 to 11/27/20 because he was in the hospital. Review of the December 2020 COVID-19 Resident Screening forms revealed: -There were four residents who were not screened for symptoms from 12/01/20 to 12/04/20. -There was one resident who was not screened for symptoms on 12/02/20. -There was another resident who was not screened for symptoms on 12/3/20 and 12/04/20 because she was admitted on 12/02/20. Review of the October 2020 staffing schedule and COVID-19 staff screening forms revealed: -There was one staff who worked nine shifts and was not screened for COVID-19 prior to working seven shifts. -There was a second staff who worked ten shifts and was not screened for COVID-19 prior to working nine shifts. -There was a third staff who worked eight shifts and was not screened for COVID-19 prior to working five shifts.	C 601		

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C 601	Continued From page 13 -There was a fourth staff who worked eleven shifts and was not screened for COVID-19 prior to working seven shifts. -There was a fifth staff who worked sixteen shifts and was not screened for COVID-19 prior to working thirteen shifts. -There was a sixth staff who worked ten shifts and was not screened for COVID-19 prior to working nine shifts. -There was a seventh staff who worked twelve shifts and was not screened for COVID-19 prior to working nine shifts. -There was an eighth staff who worked one shift and was not screened for COVID-19 prior to working one shift. -There was a ninth staff who worked ten shifts and was not screened for COVID-19 prior to working ten shifts. -The facility nurse worked fifteen shifts and was not screened for COVID-19 prior to working thirteen shifts. -The Assistant Administrator, worked fifteen shifts and was not screened for COVID-19 prior to working ten shifts. -The Activity Director, worked sixteen shifts and was not screened for COVID-19 prior to working fourteen shifts. -The housekeeper, worked twenty-two shifts and was not screened for COVID-19 prior to working twenty-two shifts. -The maintenance staff, worked twenty-two shifts and was not screened for COVID-19 prior to working twenty shifts. Review of the November and December 2020 staffing schedule and COVID-19 staff screening forms revealed: -There was one staff who worked two shifts and was not screened for COVID-19 prior to working one shift.	C 601		

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C 601	Continued From page 14 -There was a second staff who worked seven shifts and was not screened for COVID-19 prior to working two shifts. -There was a third staff who worked eight shifts and was not screened for COVID-19 prior to working two shifts. -There was a fourth staff who worked fifteen shifts and was not screened for COVID-19 prior to working twelve shifts. -There was a fifth staff who worked one shift and was not screened for COVID-19 prior to working one shift. -There was a sixth staff who worked seven shifts and was not screened for COVID-19 prior to working five shifts. -There was a seventh staff who worked five shifts and was not screened for COVID-19 prior to working one shift. -There was an eighth staff who worked ten shifts and was not screened for COVID-19 prior to working four shifts. -There was a ninth staff who worked eight shifts and was not screened for COVID-19 prior to working eight shifts. -There was a tenth staff who worked nine shifts and was not screened for COVID-19 prior to working two shifts. -There was an eleventh staff who worked two shifts and was not screened for COVID-19 prior to working one shift. -The facility nurse worked fourteen shifts and was not screened for COVID-19 prior to working seven shifts. -The Assistant Administrator, worked fifteen shifts and was not screened for COVID-19 prior to working seven shifts. -The Activity Director, worked one shift and was not screened for COVID-19 prior to working one shift. -The cook, worked fifteen shifts in October 2020	C 601		

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C 601	Continued From page 15 and was not screened for COVID-19 prior to working ten shifts. -There was an agency staff who worked thirteen shifts and was not screened for COVID-19 prior to working twelve shifts. -There was a second agency staff who worked nine shifts and was not screened for COVID-19 prior to working seven shifts. -There was a third agency staff who worked six shifts and was not screened for COVID-19 prior to working six shifts. -The housekeeper, worked nine shifts and was not screened for COVID-19 prior to working eight shifts. -There was a second housekeeper, that worked fifteen shifts and was not screened for COVID-19 prior to working eight shifts. Interview with the facility nurse on 12/03/20 at 10:30am revealed: -The staff were to be screened for COVID-19 symptoms and temperature taken before every shift. -The residents were to be screened for COVID-19 symptoms and temperatures taken three times a day. -She was responsible for making sure the residents and staff were screened every day. -She did not review the staff or resident screenings daily because of the increase in paperwork it was missed. Interview with the Assistant Administrator on 12/04/20 at 2:00pm revealed: -The staff were to be screened for COVID-19 symptoms and temperature taken before every shift. -The residents were to be screened for COVID-19 symptoms and temperatures taken three times a day.	C 601		

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C 601	Continued From page 16	C 601		

-The facility nurse was responsible for making sure all staff and residents were screened every day.

Telephone interview with the Administrator on 12/08/20 at 3:26pm revealed:
-The staff were to be screened for COVID-19 and temperature taken daily before every shift.
-The residents were to be screened for COVID-19 and temperatures taken three times a day.
-The facility nurse was responsible for daily checks to make sure the screening was performed on the residents and staff.

3. Review of an email sent to the facility on 11/16/20 at 1:31pm from the Communicable Disease (CD) Nurse from the Local Health Department (LHD) Communicable Disease Division included a reminder the current recommendation was no new admissions while in outbreak status.

Telephone interview with the CD Nurse from the Local Health Department Communicable Disease Division on 12/04/20 at 11:00am revealed:
-On 11/16/20 she called the Assistant Administrator related to the facility's recent COVID-19 outbreak.
-She informed the Assistant Administrator an outbreak was over when there was 28 days of no new positive cases of COVID-19.
-She gave the current recommendations to not admit anyone while on outbreak status.

Review of Resident #1's Resident Register dated 12/02/20 revealed Resident #1 was admitted to the facility on 12/02/20.

Review of Resident #1's FL2 dated 10/27/20

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C 601	Continued From page 17	C 601		

revealed diagnoses included chronic obstructive pulmonary disease (COPD).

Interview with a MA on 12/07/20 at 10:32am revealed:
-Resident #1 was admitted on 12/02/20.
-Resident #1 liked to eat breakfast at the dining room table.
-Resident #1 was not quarantined to her room because the facility was not on quarantine any more.
-On 12/07/20, Resident #1 had breakfast with another resident who tested positive for COVID-19 on 11/04/20.
-She was told by the Administrator, a few days ago, the building was out of outbreak status.

Telephone interview with the Assistant Administrator on 12/07/20 at 4:00pm revealed:
-Resident #1 was admitted to the facility on 12/02/20 seven days after a negative COVID-19 test.
-As he understood it, the building was not in outbreak status anymore because the last positive COVID-19 resident case was on 11/11/20 and 14 days after that was 11/25/20.
-He did not know he could not admit during an outbreak and did not know he had to wait 28 days after the last positive COVID-19 case which would have been on 12/09/20.

Telephone interview with the Administrator on 12/08/20 at 3:26pm revealed she did not know Resident #1 could not be admitted to the facility until after the facility was off of outbreak status.

A telephone interview with Resident #1's family member on 12/08/20 at 5:50pm revealed;
-Resident #1 was admitted to the facility around the first of November 2020.

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C 601	Continued From page 18 -Resident #1 was not physically admitted to the facility until 12/02/20 after Resident #1 had 2 negative COVID-19 test results. -Resident #1 had not had COVID-19. _____ The facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), local health department (LHD), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic for reducing the risk of transmission and infection of COVID-19 for 4 out of 5 residents who tested positive for COVID-19, related to staff not wearing appropriate personal protective equipment (PPE) to include an N95 or surgical mask consistently, gown, gloves, and face shield or goggles during an outbreak; not screening residents, staff, and visitors consistently for signs and symptoms of COVID-19, and one resident, who tested negative for COVID-19, admitted to the facility during the COVID-19 against the recommendations from the LHD. The facility's failure was detrimental to the health, safety and well-being of the residents, which constitutes a Type B Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on December 3, 2020 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 8, 2021.	C 601		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights	C 912		

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C 912	Continued From page 19 G.S. 131D-21 Declaration of Resident's 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. The findings are: Based on observations, interviews, and record reviews, 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 and to reduce the risk of transmission and infection during the global coronavirus (COVID-19) for 4 out of 5 residents who tested positive for COVID-19 pandemic as related to staff not wearing appropriate personal protective equipment (PPE) to include N95 or surgical masks consistently, gloves, isolation gowns, and face shields or goggles during an active outbreak; not screening residents and staff consistently for signs and symptoms of COVID-19, and one resident, who tested negative for COVID-19, and admitted to the facility during the COVID-19 against the recommendations from the LHD (Resident #1). [Refer to Tag 0601 10A NCAC 13G .1701, Infection Prevention and Control (Type B	C 912		

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C 912	Continued From page 20 Violation)].	C 912		