Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060093	A. BUILDING: _____ B. WING _____	C 12/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 1	10201 CONNELL ROAD CHARLOTTE, NC 28227

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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, 12/08/20, and 12/09/20, with an exit conference via telephone on 12/09/20. The complaint investigation was initiated by the Mecklenburg County Department of Social Services on 11/25/20.	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	C 601		

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

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C 601	Continued From page 1 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) pandemic as related to staff not wearing appropriate personal protective equipment (PPE) including N95 or surgical masks consistently, gloves, isolation gowns, and face shields or goggles during an outbreak and not screening residents, staff, and visitors consistently for signs and symptoms of COVID-19. 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 COVID-19 before starting each shift/when they enter the building.	C 601	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 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.	

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C 601	Continued From page 2 -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 mask 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 personnel.	C 601	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. All staff are encouraged to work together to encourage each other, HCP contracted services, and residents to wear appropriate PPE consistently.	

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C 601	Continued From page 3 -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 interactions.	C 601	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).	

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-Use of eye protection is recommended in areas with moderate to substantial community transmission.

Review of COVID-19 test results from 10/27/20 to 11/22/20 revealed fourteen staff and six residents tested positive for COVID-19.

1. Review of emails sent 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, sent to a second Assistant Administrator, included the current recommendation was for an N95 was to be used for caring 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.
-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

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C 601	Continued From page 5 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 facility on 12/03/20 at 10:00am revealed: -There were two staff wearing surgical masks. -There was one staff wearing a cloth face covering. -There were two residents in the building. Interview with the personal care aide on 12/03/20 at 10:00am revealed the two residents in the facility currently, tested positive for COVID-19. Observation of the housekeeper on 12/03/20 at 10:50am revealed she was wearing a cloth face covering using a straw to drink through a flap in the front of her face covering. Interview with the housekeeper on 12/03/20 at 10:50am revealed: -She wore a cloth face covering since she started working at the facility on 11/01/20. -She wore the cloth face covering with a hole in the front so she would be able to drink without taking off her mask. -She was aware the building had COVID-19 cases since she started working at the facility. -She did not have a N95 mask to wear and it was hard for her to breath in due to a medical	C 601		

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condition.
-When she started work on 11/03/20 she was trained by the facility nurse on proper PPE, how to put it on and take it off.
-She was told to wear a mask by the nurse but the nurse was not specific about the type of mask.
-She wore a gown, gloves, surgical mask and face shield when she cleaned residents' rooms.
-She wore the cloth face covering every where else other than the residents' rooms.
-There were 2 positive COVID-19 residents in the building on 12/03/20.
-There were 3 residents in the hospital who had been diagnosed with COVID-19.
-She had not tested positive for COVID-19.

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 7 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. Observation of the lunch meal on 12/03/20 at 1:03pm revealed: -There was a resident who was positive for COVID-19 eating lunch in the dining room. -There were two staff in the dining room with the resident. -One staff had on a surgical mask, and the other had on a cloth face covering. -Neither staff had on a gown, gloves, or a face shield. Observation in the dining room on 12/03/20 at 1:14pm revealed: -There was a resident seated in his wheelchair and one staff that were holding hands and dancing. -The staff holding the resident's hand had on a surgical mask, and the other had on a cloth face covering. -Neither staff had on a gown, gloves, or a face shield. Observation in the hallway on 12/03/20 at 1:32pm revealed: -A resident with COVID-19 seated in his wheelchair being rolled through the hallway by staff. -The staff was only wearing an N95 mask, no gown or face shield was observed. -The resident was holding the staff's hand and	C 601		

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C 601	Continued From page 8 was not wearing a mask. Interview with an 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 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 another family care home on the property without PPE entered this facility without PPE on and exited the 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 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.	C 601		

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C 601	Continued From page 9 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. Confidential telephone interview with a resident's family member on 12/09/20 at 11:22pm revealed: -They had visited the facility during the COVID-19 outbreak in November, and had observed staff only wearing surgical masks. -Staff were not wearing gowns or gloves either. 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.	C 601		

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C 601	Continued From page 10 -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 N95 masks 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 N95 masks 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 mask, face shields, gowns and gloves during resident care and only surgical mask the rest of the time. -The staff who did not wear an N95 mask 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. -The residents were on isolation, but their bathroom was a community bathroom and residents often went 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.	C 601		

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-The housekeeper had always worn a cloth face 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.
-The facility was in outbreak status when she returned to work.
-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 N95 masks 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.

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
reminders 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:

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C 601	Continued From page 13 -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 resident care. Review of the October 2020 COVID-19 Resident Screening forms revealed none of the six residents were screened daily for symptoms. Review of the November 2020 COVID-19 Resident Screening forms revealed: -None of the six residents were screened for symptoms from 11/01/20 to 11/20/20. -One resident was not screened on 11/23/20 Review of the December 2020 COVID-19 Resident Screening forms revealed the residents were not screened daily on 12/01/20 and 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	C 601		

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working five shifts.
-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

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C 601	Continued From page 15 one shift. -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.	C 601		

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C 601	Continued From page 16 -The cook, worked fifteen shifts in October 2020 and was not screened for COVID-19 prior to working ten 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. Telephone interview with a resident's family member on 12/07/20 at 10:37am revealed: -The facility began screening visitors for COVID-19 symptoms in July 2020. -The family member had to prompt the staff to perform the screening at times. -One time the family member had made it to the resident's room without being screened. Confidential telephone interview with a resident's family member on 12/09/20 at 11:22pm revealed: -Screenings for COVID-19 symptoms were only done fifty percent of the time. -The facility was "hit or miss" with screening visitors. 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.	C 601		

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C 601	Continued From page 17 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. -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. _____ 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 related to staff not wearing appropriate personal protective equipment (PPE) including N95 or surgical masks consistently, gloves, isolation gowns, and face shields or goggles during an outbreak and not screening residents, staff, and visitors consistently for signs and symptoms of COVID-19. The facility's failure was detrimental to the health, safety and well-being of	C 601		

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C 601	Continued From page 18 all 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 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	C 912		

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C 912	Continued From page 19 and infection during the global coronavirus (COVID-19) pandemic as related to staff not wearing appropriate personal protective equipment (PPE) including N95 or surgical masks consistently, gloves, isolation gowns, and face shields or goggles during an outbreak and not screening residents, staff, and visitors consistently for signs and symptoms of COVID-19. [Refer to Tag 0601 10A NCAC 13G .1701, Infection Prevention and Control (Type B Violation)].	C 912		