| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | HAL046020 | A. BUILDING: _____ B. WING _____ | 01/07/2021 |

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| AHOSKIE ASSISTED LIVING | 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910 |

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| D 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted a complaint investigation and a COVID-19 focused Infection Control survey with an onsite visit on 01/06/2021 and a desk review survey and a telephone exit on 01/07/2021. | D 000 | | |
| D 612 | 10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp)<br><br>10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM<br>(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.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) and the local county health department (LHD) during the global pandemic of COVID-19 were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents related to | D 612 | The all staff will wear gloves, face mask-M95 if available, gowns, shoe protection/covers, face shields or googles, properly based on CDC guidelines to help reduce the spread of Covid-19 and/or any contagious diseases when providing care to Residents tested positive or questionable Covid-19.<br><br>***Date to be corrected – 2/27/2021*** | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

P Johnson 2/19/2021



3/8/21 Reviewed & Accepted
Nicola Y. Wynn

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| D 612 | Continued From page 1<br><br>staff wearing face masks incorrectly and the proper changing of gowns between residents who had tested positive for COVID-19 and residents who had tested negative for COVID-19.<br><br>The findings are:<br><br>Review of the CDC guidelines for the prevention and spread of the coronavirus disease in Long Term Care (LTC) facilities revealed:<br>-Staff should wear appropriate personal protective equipment (PPE) when in contact with a resident who has COVID-19.<br>-Staff caring for residents with known or suspected COVID-19 should at a minimum wear eye protection (goggles or face shield), N95 or higher-level masks or face mask if N95 masks are not available, gloves and gown.<br>-Personnel who are expected to use PPE should receive training on selection and use of PPE, including demonstrating competency with putting on and removing the PPE in a manner to prevent self-contamination.<br>-Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel.<br>-Residents should wear a face covering or face mask whenever outside their room.<br>-Face masks should be worn covering the nose and mouth.<br>-Identify health care personnel who will be assigned to work only with residents on the COVID-19 care unit.<br><br>Review of the NCDHHS guidelines for prevention and spread of the coronavirus in LTC facilities revealed:<br>-If COVID-19 has been identified in the facility, all | D 612 | | |

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| D 612 | Continued From page 2<br>health care personnel should wear all recommended PPE: surgical masks, N95 masks (if available), gowns, gloves and face shield for the care of all residents in isolation or quarantine regardless of the presence of symptoms.<br>-Residents must wear a face covering or mask when not in their room.<br>-Social distancing, of at least six feet, should be maintain between residents.<br><br>Review of the facility's Coronavirus/COVID-19 Procedures revealed:<br>-There was a reusing of PPE/Cleaning and Sanitizing PPE policy.<br>-Each staff was to be assigned a N95 mask and to use only with residents who had COVID-19.<br>-Gowns were placed in a galion-size plastic zip storage bag and assigned to each staff.<br>-Goggles and face shields were to be sprayed after each use with ¼ sanitizer solution.<br>-Staff were to wear their isolation (PPE) attire while in the special care unit and to change their isolation (PPE) when assisting a resident who has COVID-19.<br><br>1. Observation on the A Hall on 01/06/21 at 11:20am revealed:<br>-There was a MA that was wearing a surgical mask under her nose and chin.<br>-She moved the mask to appropriate placement after surveyor introduced herself.<br><br>Observation on A Hall during an interview with a MA on 01/06/21 at 11:42am revealed that she moved her surgical mask down under her chin to answer questions and eat during the interview.<br><br>Observation on C Hall on 01/06/21 at 12:00pm revealed:<br>-The MA entered the room of a resident on | D 612 | All staff will wear their mask properly while in the facility.<br><br>***Date to be corrected – 2/27/2021***<br><br>All Staff will wear gloves with providing personal care to Residents. The staff will change their gloves, use proper handwashing techniques, as described by the CDC after care is provided to that Resident.<br><br>***Date to be corrected – 2/27/2021***<br><br>Gowns, gloves and shoe covering will be trashed before exiting the room. Proper handwashing techniques will be preformed before going to provide care to next Resident.<br><br>***Date to be corrected – 2/27/2021*** | |

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| D 612 | Continued From page 3<br>isolation for COVID-19 infection.<br>-There was a plastic cart just outside the door with PPE in drawers.<br>-The MA was wearing an N95 mask, gloves, gown and prescription glasses upon entering the room.<br>-The MA assisted the resident who had tested positive for COVID-19 with opening an item on her meal tray and exited the room.<br>-The MA exited the room and did not change any PPE or perform hand hygiene.<br>-The MA walked down the hall and into another resident's room who had not tested positive for COVID-19.<br><br>Observation on C Hall on 01/06/21 at 12:10pm revealed:<br>-A PCA entered a resident's room with a mask, gown and no gloves.<br>-The PCA grasped the resident by the hands to assist her to a seated position on the side of her bed without wearing gloves.<br>-She did not change any PPE upon exiting the resident room and was not observed to perform hand hygiene.<br><br>Interview with a second MA on 01/06/21 at 11:42am revealed:<br>-She had last worked on B Hall the previous week.<br>-Staff were expected to wear a mask, gown, shoe covers and gloves while on a hall that had residents who tested positive for COVID-19.<br>-She would remove her full PPE when she exited the resident care hall but not between resident rooms.<br><br>Interview with the Resident Care Coordinator (RCC) on 01/06/21 at 1:47pm revealed:<br>-She was the acting Administrator for the facility. | D 612 | | |

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| D 612 | Continued From page 4<br><br>-The Senior Coalition and CDC had told her it was ok to reuse gowns over the summer.<br>-Staff were expected to change their gowns leaving one resident hall and going to another resident hall to provide care.<br>-Staff were expected to change their gloves between residents.<br><br>Telephone interview with the Administrator on 01/06/21 at 12:58pm revealed:<br>-She expected staff to wear a gown, gloves, mask, face shield or goggles and shoe coverings while providing care to residents who had tested positive for COVID-19.<br>-Staff had been reusing gowns until 12/30/20.<br>-Staff had been instructed to treat B Hall and C Hall as if all the residents were positive in efforts to prevent the transmission of COVID-19.<br><br>Telephone interview with the LHPS Nurse on 01/07/21 at 1:15pm revealed:<br>-She last conducted infection control training for the staff on 12/31/20.<br>-She instructed the staff to change gloves and gowns between residents whether the residents had tested positive or not.<br>-She instructed staff to wash their hands between resident contact or use hand sanitizer but to wash hands after 3 uses of the hand sanitizer.<br>-She would be concerned about COVID-19 and any other virus transmission if gloves and gown was not changed between each resident contact.<br>-PPE was for personal protection but also the protection of others the staff were in contact with.<br>-She needed to reinforce the teaching of importance of changing gloves and gowns between resident contact.<br><br>Telephone interview with the LHD Regional Infection Prevention Support team RN on | D 612 | **Proper PPE usage within the Assisted Living side:** Staff will remove gowns, and gloves when exiting a COVID-19 positive or presumed positive resident's room. Then put on a new gown and new gloves before working with any additional residents. Staff will ensure that their mask are worn correctly throughout the hallway. (1/6/2021) Medication Aide and/or SIC will be made responsible to ensure this completed.<br><br>***Date to be corrected – 2/27/2021***<br><br>**Proper PPE usage within the Special Care Unit:** Nursing Staff will remove gowns, and gloves when exiting a COVID-19 positive or presumed positive resident's room. Then put on a new gown and new gloves before working with any additional residents. Staff will ensure that their mask are worn correctly throughout the SCU Medication Aide and/or SIC will be made responsible to ensure this completed.<br><br>Staff will remove gowns, and gloves when exiting a COVID-19 positive or presumed positive resident's room. Then put on a new gown and new gloves before working with any additional residents. Staff will ensure that their mask are worn correctly throughout the SCU. 1/6/2021 Medication Aide and/or SIC will be made responsible to ensure this completed.<br><br>***Date to be corrected – 2/27/2021*** | |

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| D 612 | Continued From page 5<br><br>01/07/21 at 9:41 revealed:<br>-She had been to the facility to make introductions and explain the programs services on 12/30/20.<br>-She had not begun working with the facility at that time and was waiting to be contacting by the facility to schedule a time for a "walk-thru" of the facility.<br>-She had advised the facility not to reuse gowns that had been exposed to residents who had tested positive to COVID-19.<br>-N95 masks could be reused if not soiled.<br>-N95 masks were not to be stored in plastic bags but paper bags instead.<br>-She was concerned staff could transmit disease from resident to resident if PPE was not used and changed between residents.<br><br>2. Observation of three PPE bins and sign posted on the outside door of the SCU on 01/06/21 at 10:42am revealed:<br>-Two plastic bins had three drawers labeled with "first shift", "second shift" and third shift".<br>-The bins had labels that read, "Please place your PPE in correct drawer" and "Reuse Your PPE".<br>-There were individual clear plastic storage bags with staff names labeled on each bag.<br>-The bags had reused blue gowns and gloves.<br>-There was a third bin that had three drawers filled with unused PPE, face masks, gowns, gloves and shoe coverings.<br>-There was a sign posted on the PPE storage bins and SCU entrance door that read: "Please reuse your PPE" and "Place your gown, mask and face shield in a plastic bag, save it, you can place it in the plastic tote to find and reuse".<br><br>Interview with a PCA on 01/06/21 at 11:20am revealed:<br>-She had received training on infection control | D 612 | The facility Administrator or Resident Care Coordinator will supply the correct PPE and kept outside Resident's room for usage, if Resident has tested or suspected to have Covid-19 except in the Special Care Unit – where the sanitized and clean PPE needed for that Resident will be kept in Resident's locked closet, where only staff have access.<br><br>***Date to be corrected – 2/27/2021***<br><br>PPE's that will be reused, unless soiled, is mask and eye covering.<br><br>***Date to be corrected – 2/27/2021***<br><br>PPE's will not be stored in plastic ziplocked bags for employees. Their mask and eye coverings will be maintained by the employee.<br><br>***Date to be corrected – 2/27/2021*** | |

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| D 612 | Continued From page 6<br>related to COVID-19, handwashing and PPE use on 10/20/20.<br>-She kept and reused her plastic gown, face mask and face shield for each shift she worked.<br>-She cleaned and sanitized her PPE, gown, face mask and face shield throughout the day with disinfectant spray.<br>-She did not change out her PPE after providing personal care to residents that had tested positive for COVID-19.<br>-The were 4 residents on the SCU who had tested positive for COVID-19 and were total care.<br>-She spent at least 20 to 25 minutes in the rooms with the residents who had tested positive for COVID-19 providing personal care.<br>-She assisted the residents with COVID-19 at least 3 to 4 times a day depending on their needs.<br>-She assisted the residents who had not tested positive for COVID-19 at least 3 to 4 times a day depending on their needs.<br>-She had been informed by the RCC to reuse her PPE because the facility had a shortage of PPE.<br>-She had to place the used PPE in a clear plastic storage bag and place it in one of the storage totes placed outside of the SCU.<br><br>Interview with a second PCA on 01/06/21 at 11:27am revealed:<br>-She had completed infection control training related to COVID-19, proper use of PPE and handwashing on 10/20/20.<br>-She was required to use the same gown and mask throughout the day.<br>-She would change out her gloves after providing resident care.<br>-The residents who had tested positive for COVID-19 were total care.<br>-She provided personal care to the residents with COVID-19 for at least 20 minutes and longer depending on their needs. | D 612 | ***Date to be corrected – 2/27/2021***<br><br>Nursing Staff will encourage and supervise that residents have a mask to wear and if the resident refuses to wear their mask their primary care provider will be alerted by RCC/SCC to get further instructions. Medication Aide and/or SIC will be made responsible to ensure this completed.<br><br>***Date to be corrected – 2/27/2021***<br><br>Staff will encourage and supervise that residents have a mask to wear and if the resident refuses to wear their mask their primary care provider will be alerted by RCC/SCC to get further instructions. 1/6/2021 Medication Aide and/or SIC will be made responsible to ensure this completed and RCC/SCC will be responsible for ensuring that PCP is contacted.<br><br>***Date to be corrected – 2/27/2021*** | |

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| D 612 | Continued From page 7<br>-She placed her used gown, face mask and goggles in a plastic bag and placed in the storage tote after each shift.<br>-She had worn the same gown when completing resident to resident care for both residents who had COVID-19 and the residents who had not tested positive for COVID-19.<br>-She cleaned and sanitized the gown and face shield throughout the day.<br><br>Observation of the MA entering a room with two residents who had tested positive for COVID-19 on 01/06/20 at 10:53am revealed:<br>-The resident room had a sign posted on the residents' room door that read, "COVID-19".<br>-The MA was wearing a gown, gloves, face mask and shoe coverings.<br>-She entered the room and spoke to the residents.<br>-She exited the room and did not remove her gown.<br><br>Interview with the MA on 01/06/21 at 10:54am revealed:<br>-She had been trained in infection control and the use of PPE on 10/20/20.<br>-She was going to discard the gloves in the trashcan located in the laundry room.<br>-She did not change out her gown and face mask after personal care or having to enter the room of the residents who had tested positive for COVID-19.<br>-She knew to wear a face shield when providing personal care to the residents who had tested positive for COVID-19 but had only worn a gown in the room to speak to the residents.<br>-Staff had been instructed to keep their gowns and gloves and reuse the PPE when they worked because there was a shortage of PPE.<br>-She had cleaned and sanitized her gown and | D 612 | Staff will encourage and supervise that residents have a mask to wear and if the resident refuses to wear their mask their primary care provider will be alerted by RCC/SCC to get further instructions. (1/6/2021) Medication Aide and/or SIC will be made responsible to ensure this completed.<br><br>***Date to be corrected – 2/27/2021***<br><br>RCC/SCC and Administrator will schedule staff to work on specific halls throughout a COVID outbreak to prevent the spread of COVID-19 and the cross contamination between hallways. If necessary RCC/SCC and Administrator will contact Emergency Management for assistance with staffing to assist COVID-19 positive residents.<br><br>***Date to be corrected – 1/16/2021*** | |

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| D 612 | Continued From page 8<br><br>face shield throughout the day but changed her gloves after providing personal care and passing medication.<br><br>Observation of PPE in the outside storage area on 01/06/21 revealed there were 3 and 1/2 cases of gowns, 6 cases of face masks, 4 cases of face shields, 6 cases of gloves and 1 case of shoe coverings.<br><br>Interview with maintenance staff on 01/06/21 at 11:08am revealed:<br>-He was in charge of restocking new PPE, gloves, gowns, face masks and shoe coverings in the designated storage bins.<br>-Some of the staff chose to reuse their PPE but reusing PPE was not mandatory.<br>-Staff had to reuse PPE because the facility had been short of PPE a few months ago.<br>-The facility recently received the cases of gowns, face masks, gloves, face shields and shoe coverings.<br>-He restocked the PPE bins at least twice a day in the morning and afternoon.<br><br>Interview with the RCC on 01/06/21 at 1:49am revealed:<br>-The LHD had recommended the gowns, face masks and face shields be reused because the facility had been low of PPE.<br>-Staff wore the same gown during their shift.<br>-Staff had been instructed to place their reused gowns in a plastic storage bag with their names on it and place it in the storage bin for reuse.<br>-There was disinfectant spray to clean and sanitize the goggles and face shield.<br>-There was a large shipment of PPE received on 01/05/21 of gowns, gloves, face masks, face shields and shoe coverings.<br>-Staff were expected to change out their gloves | D 612 | | |

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| D 612 | Continued From page 9<br>after each resident to resident care.<br><br>Telephone interview with the LHD Regional Infection Prevention Support team RN on 01/07/21 at 9:40am revealed:<br>-She had advised that the staff not reuse their gowns.<br>-She provided information where free PPE, gowns, gloves, face masks and face shields could be ordered.<br><br>Telephone interview with the Licensed Health Professional Support (LHPS) Nurse on 01/07/21 at 1:15pm revealed:<br>-She was responsible for providing infection control training that included the use of PPE and hand washing.<br>-The last training on hand washing and PPE use was on 10/15/20.<br>-Staff were to change out their PPE, gowns and gloves after resident personal care.<br>-Staff should not wear the same gown and gloves for resident to resident care because it could further spread infections.<br><br>Telephone interview with the Administrator on 01/06/21 at 12:59pm revealed:<br>-The face masks were to be changed if they had been contaminated by bodily fluids.<br>-The face goggles and face shields were to be cleaned with disinfectant.<br>-The expectation was that all staff working with positive COVID-19 residents should have changed out their PPE, gowns, gloves, and shoe coverings after each resident personal care.<br>-She had been receiving guidance from the LHD.<br><br>The failure of the facility to adhere to the Centers for Disease Control (CDC), the North Carolina | D 612 | | |

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| D 612 | Continued From page 10<br><br>Department of Health and Human Services (NC DHHS) and local health department (LHD) recommendations and guidance resulted in staff not properly wearing face masks and reuse of gowns after personal care with residents with a diagnosis of COVID-19 and residents who had tested negative for COVID-19. This failure was detrimental to the residents' health, safety and welfare and constitutes a Type B Violation.<br><br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/06/21 for this violation with an addendum on 01/07/21.<br><br>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 21, 2021. | D 612 | | |
| D912 | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Residents' Rights<br>Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by:<br>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. | D912 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL046020 | A. BUILDING: _____ B. WING _____ | 01/07/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AHOSKIE ASSISTED LIVING | 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910 |

| (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 |
|---|---|---|---|---|
| D912 | Continued From page 11<br>The findings are:<br><br>Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) and the local county health department (LHD) during the global pandemic of COVID-19 were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents related to staff wearing face masks incorrectly and the proper changing of gowns between residents who had tested positive for COVID-19 and residents who had tested negative for COVID-19. [Refer to Tag 612, 10A NCAC 13F .1801 Infection Prevention and Control Program (Type B Violation)]. | D912 | The facility HR Coordinator, Resident Care Coordinator, Quality Assurance Coordinator and Administrator will coordinate trainings to all staff on the latest CDC recommendations for infection control.<br><br>***Date to be corrected – 2/27/2021*** | |