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
	FCL011384	A. BUILDING _____ B. WING _____	R 03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II # 94	94 MILLBROOK ROAD ASHEVILLE, NC 28806

(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
C 000	Initial Comments Adult Care Licensure Section conducted an annual and follow-up survey on March 11, 2021.	C 000	C601 Reviewed visitor screening policy with unit manager. Unit manager verbalized understanding all Covid screening was to be continued even though all staff and residents of the facility were fully vaccinated. Screening questions and policy posted as an ongoing reminder for all staff/visitors.	4/25/21
C 601	10A NCAC 13G .1701 (a) (b) Infection Prevention & Control Program (emer) 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: Based on observations, interviews, and record reviews, the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were implemented and maintained during the global Coronavirus (COVID-19) pandemic to provide protection to the residents and to reduce the risk of transmission and infection as related to screening visitors for signs and symptoms of COVID-19 when entering the facility. The findings are:	C 601		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Admin | (X6) DATE: 4/11/21

Reviewed and Accepted 04/19/21 RH

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C 601	Continued From page 1 Review of the Center for Disease Control (CDC) guidelines for the prevention and spread of the coronavirus in a long-term care (LTC) facility revealed: -Facility employee should actively screen all visitors to the facility for signs and symptoms of COVID-19. -Send visitors home if they have a fever (temperatures of 100.0 degrees Fahrenheit or greater) or symptoms consistent with COVID-19. Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of the coronavirus in LTC facilities revealed all visitors to the facility should be screened for signs and symptoms of COVID-19 prior to entering the facility. Review of the facility's Infection Control Policy revealed: -CDC recommends aggressive visitor restrictions and enforcing sick leave policies for all personnel. -Visitors should be screened for fever, symptoms of COVID-19 (shortness of breath, cough, sore throat, flu-like symptoms), recent travel, contact with someone positive for COVID-19, and if the visitor was waiting on a pending COVID-19 test result. -If the visitor answered no to all the screening questions then they should use hand sanitizer and sign the visitor log before entry. Observation at the entry of facility on 03/11/21 at 9:15am revealed: -The medication aide (MA) came on the porch to greet surveyors and then allowed surveyors to enter the facility. -There was a bottle of hand sanitizer on a small table beside the front door.	C 601	Administrator or designee will monitor Covid Screening protocol at least weekly using observation, interviews and visitor log reviews until substantial compliance is reached.	

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C 601	Continued From page 2 -The MA did not check the surveyors temperatures or did not ask screening questions for COVID-19. Interview with the MA on 03/11/21 at 9:40am revealed: -She was the only staff at the facility and lived there. -They had a no visitor policy and did not allow anyone in the facility. -She had to let the "state workers" in the facility. -All other visitors stayed on the front porch. -She had a thermometer and a questionnaire that she was suppose to use to screen visitors. -She and all the residents had been fully vaccinated against COVID-19 for at least a month. Telephone interview with a member of a task force working with the local Department of Social Services on 03/11/21 at 11:45am revealed: -She had visited the facility several weeks ago and was screened when she entered the facility. -She had her temperature checked and was asked several screening questions. -She and the registered nurse she was with had reviewed the importance of screening all visitors to the facility for COVID-19. -It was important for the staff to screen visitors to decrease the risk of transmitting COVID-19. Interview with the Administrator on 03/11/12 at 10:56am revealed: -The MA knew she was required to screen all visitors entering the facility. -He thought she was more relaxed now that everyone had received the vaccine. -The facility was still not allowing the residents to have personal visitors inside the facility. -The facility had the supplies to screen the	C 601		

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C 601	Continued From page 3 visitors and he would make sure to review the importance of screening visitors with the MA.	C 601		