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	FCL001047	A. BUILDING: _____ B. WING _____	R 03/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 The Adult Care Licensure Section conducted an annual and follow-up survey on 03/31/21.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are: Review of Staff C's, transport staff's, personnel record revealed: -Staff C was hired on 06/07/17. -There was no documentation indicating a HCPR check was completed prior to hire. Interview with the Administrator on 03/31/21 at 6:55pm revealed: -Staff C provided transportation for the facility on an as-needed basis. -She did not know if a HCPR check was completed on Staff C. -She could not find any documentation a HCPR check was completed on Staff C. Observation on 03/31/21 from 6:55pm-8:00pm	C 145		

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C 145	Continued From page 1 revealed the Administrator did not complete an HCPR check prior to the completion of the survey.	C 145		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure at least one staff for 3 of 3 sampled staff (Administrator, Supervisor-in-Charge (SIC), and transport staff) who had completed a course on cardiopulmonary resuscitation (CPR) and choking management within the last 24 months was always on the premises. The findings are:	C 176		

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C 176	Continued From page 2 1. Review of Administrator's personnel record revealed: -Her date of hire was 01/20/95. -There was a cardiopulmonary resuscitation (CPR) card for the Administrator that expired on 07/31/16. -There was no documentation the Administrator had training in CPR during the last 24 months. Interview with the Administrator on 03/31/21 at 6:55pm revealed: -It was "hard to find" CPR training during the coronavirus (COVID-19) pandemic. -She was not aware her CPR card had expired on 07/31/16. -She did not have CPR training during the last 24 months. Refer to the interview with the Administrator on 03/31/21 at 6:55pm. 2. Review of Staff B's, SIC, personnel record revealed: -Staff B was hired in 2004. -There was an electronically printed document indicating Staff's B's CPR training expired in February 2019. -There was no documentation Staff B had training in CPR during the last 24 months. Interview with the Administrator on 03/31/21 at 6:55pm revealed: -Staff B worked 2-3 half days per week when the Administrator was out of the facility. -There were times Staff B was the only staff in the facility. -Staff B worked for 2½ hours alone in the facility yesterday. -She was not aware Staff B did not have current	C 176		

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C 176	Continued From page 3 CPR training. Refer to the interview with the Administrator on 03/31/21 at 6:55pm. Staff B was not at the facility and was not interviewed. 3. Review of Staff C's, transport staff, personnel record revealed: -Staff C was hired on 06/07/17. -There was no documentation Staff C had training in CPR during the last 24 months. Interview with the Administrator on 03/31/21 at 6:55pm revealed: -There were times Staff C was the only staff in the facility. -Staff C provided transportation for the facility on an as-needed basis. -Staff C had not provided transport for the residents since December 2020. -Staff C did not have CPR training during the last 24 months. Refer to the interview with the Administrator on 03/31/21 at 6:55pm. Staff C was not at the facility and was not interviewed. _____ Interview with the Administrator on 03/31/21 at 6:55pm revealed: -No resident had ever needed CPR the whole time the facility had been in operation. -She needed to find someone to help her to keep up with the paperwork. _____ The facility failed to ensure there was staff on duty who had training on CPR and choking	C 176		

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C 176	Continued From page 4 management in the last 24 months, resulting in there being no staff available to perform lifesaving measures in the event of an emergency. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/31/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 15, 2020.	C 176		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #3) were tested for tuberculosis (TB) upon admission.	C 202		

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C 202	Continued From page 5 The findings are: 1. Review of Resident #2's current FL2 dated 03/15/20 revealed diagnoses included schizoaffective disorder, bipolar type, and hyperlipidemia. Review of Resident #2's Resident Register revealed Resident #2 was admitted to the facility on 09/21/15. Review of Resident #2's record revealed: -There was documentation a tuberculosis (TB) skin test was read on 11/09/12; there was no documentation of the date the TB test had been placed. -There was no other documentation of TB testing. Attempted interview with Resident #2 on 03/31/21 at 7:10pm was unsuccessful. Interview with the Administrator on 03/31/21 at 1:22pm revealed: -Resident #2 had lived at the facility for several years. -Resident #2's TB skin test documentation should have been in his record. -She could not find Resident #2's TB records. 2. Review of Resident #3's current FL2 dated 01/22/19 revealed diagnoses included schizoaffective disorder, gastroesophageal reflux disease (GERD), and tobacco use. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 05/09/16. Review of Resident #3's record revealed there was no documentation of tuberculosis (TB)	C 202		

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C 202	Continued From page 6 testing. Interview with the Administrator on 03/31/21 at 1:22pm revealed: -Resident #3 had lived at the facility for several years. -Resident #3's TB skin test documentation should have been in his record. -She could not find Resident #3's TB records.	C 202		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the	C 231		

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C 231	Continued From page 7	C 231		

facility failed to ensure that an annual care plan and assessment had been completed for 3 of 3 sampled residents (#1, #2, and #3).

The findings are:

1. Review of Resident #3's current FL2 dated 01/22/19 revealed diagnoses included schizoaffective disorder, gastroesophageal reflux disease (GERD), and tobacco use.

Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 05/09/16.

Review of Resident #3's most current care plan signed by the primary care provider (PCP) on 01/22/19 revealed:
-There was no assessment date documented.
-Resident #3 was independent in his activities of daily living (ADLs).
-The care plan was not dated or signed by the person who completed the assessment.

Review of Resident #3's record revealed there were no care plans completed since 2019.

Interview with Resident #3 on 03/31/21 at 10:40am revealed:
-He lived at the facility for six years.
-He was able to voice his needs to the Administrator.

Refer to the interview with the Administrator on 03/31/21 at 1:22pm.

2. Review of Resident #2's current FL2 dated 03/15/20 revealed diagnoses included schizoaffective disorder, bipolar type, and hyperlipidemia.

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-Resident #2 required "some" assistance with dressing and bathing.
-Resident #2 was incontinent of bladder and bowel "at times."

Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 09/21/15.

Review of the most current care plan for Resident #2 revealed:
-There was no assessment date documented.
-Resident #2 was independent with ambulation/locomotion.
-Resident #2 was occasionally incontinent of bladder and bowel.
-Resident #2 was forgetful and needed reminders.
-The section regarding Resident #2's personal care needs was blank.
-The care plan was not dated or signed by the person who completed the assessment.
-The care plan was not signed by Resident #2's Primary Care Provider (PCP).

Interview with Resident #2 on 03/31/21 at 10:31am revealed he had lived at the facility six or seven months.

Refer to the interview with the Administrator on 03/31/21 at 1:22pm.

3. Review of Resident #1's current FL2 dated 01/29/21 revealed:
-The FL2 was prepared when Resident #1 was hospitalized.
-There was no physician's signature on the FL2.
-Diagnoses included cognitive and neurobehavioral dysfunction, dementia, intellectual disability, and diabetes.

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C 231	Continued From page 9 -Resident #1 required assistance with bathing, dressing, and feeding. Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 02/16/21. Review of Resident #1's record revealed there was no care plan available for review. Interview with Resident #1 on 03/31/21 at 10:13am revealed: -Resident #1 did not know how long he lived at the facility. -Resident #1 had no concerns about the care he received at the facility; "it's okay." Refer to the interview with the Administrator on 03/31/21 at 1:22pm. _____ Interview with the Administrator on 03/31/21 at 1:22pm revealed: -The coronavirus (COVID-19) pandemic "made everything hard"; she was "overwhelmed." -It was "not an excuse," but it "was an excuse."	C 231		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.	C 341		

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This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure documentation of medication administration immediately following administration of medication for 3 of 3 sampled residents (#1, #2, and #3).

The findings are:

1. Review of Resident #2's current FL2 dated 03/15/20 revealed diagnoses included schizoaffective disorder, bipolar type, and hyperlipidemia.

Review of Resident #2's subsequent primary care provider's (PCP) orders revealed there was an order dated 11/16/20 for metformin 750mg take one tablet daily.

Review of Resident #2's current orders provided by Resident #2's pharmacy on 03/31/21 revealed:
-There was an order dated 09/03/20 for levothyroxine 150mcg take one tablet daily.
-There was an order dated 11/16/20 for metformin (used to treat diabetes) 750mg take one tablet daily.
-There was an order dated 12/15/20 for cogentin 1mg take one tablet by mouth twice daily.
-There was an order dated 12/15/20 for fluoxetine (used to treat mental health conditions) 40mg take one capsule daily.
-There was an order dated 12/15/20 for propranolol 20mg take one tablet twice daily.
-There was an order dated 12/15/20 for risperidone (used to treat mental health

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conditions) 2mg take one tablet in the morning and two tablets at bedtime.
-There was an order dated 12/15/20 for seroquel 400mg take one tablet at bedtime.
-There was an order dated 12/15/20 for trazodone (a sleep aid) 100mg take one-half tab at bedtime; may repeat one time as needed.
-There was an order dated 01/02/21 for lithium 300mg take one capsule twice daily.
-There was an order dated 01/25/21 for claritin (used to treat allergy symptoms) 10mg take one tablet daily.
-There was an order dated 02/19/21 for lipitor (used to treat high cholesterol) 40mg take one tablet daily.
-There was an order dated 03/22/21 for omeprazole (used to treat acid reflux) 20mg take one capsule daily.

Review of Resident #2's January 2021-March 2021 medication administration record (MAR) revealed there was no documentation any medication had been administered to Resident #2 from January 2021-March 2021.

Observation of Resident #2's medication available for administration on 03/31/21 at 5:01pm revealed the pharmacy provided Resident #2's medication in pre-sorted packages according to the medication administration time.
-There were five packages of medication that had been packaged on 12/20/20.
-There were 27 packages of medication that had been packaged on 01/27/21.
-There was a box of 30 days' worth of medication that had been packaged and dispensed on 03/31/21.
-There was one loose risperidone tablet among Resident #2's medication available for administration.

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C 341	Continued From page 12 -There was one loose omeprazole tablet among Resident #2's medication available for administration. Interview with Resident #2 on 01/31/21 at 10:31am revealed he always received his medication. Attempted interview with Resident #2's PCP on 03/31/21 at 4:13pm was unsuccessful. Refer to the interview with the Administrator on 03/31/21 at 1:22pm. 2. Review of Resident #3's current FL2 dated 01/22/19 revealed diagnoses included schizoaffective disorder, gastroesophageal reflux disease (GERD), and tobacco use. Review of Resident #3's record revealed there were no subsequent physician orders available for review. Review of Resident #3's current orders provided by Resident #3's pharmacy on 03/31/21 revealed: -There was an order dated 11/20/20 for iron supplement 45mg take one tablet daily. -There was an order dated 12/28/20 for lisinopril 40mg take one tablet daily. -There was an order dated 12/28/20 for vitamin D3 5,000 international units take one capsule daily. -There was an order dated 01/19/21 for flucatisone 50mcg nasal spray two sprays into each nostril daily. -There was an order dated 01/19/21 for incruse ellipta 62.5mcg inhaler inhale one puff daily. -There was an order dated 02/08/21 for celexa 20mg take one tablet daily. -There was an order for clonazepam 1mg take	C 341		

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one tablet three times daily at 8:00am, 2:00pm, and 8:00pm.
-There was an order dated 02/08/21 for divalproex 500mg take one tablet twice daily.
-There was an order dated 02/08/21 for gabapentin 600mg take one tablet three times daily.
-There was an order dated 02/08/21 for olanzapine 5mg take one tablet in the morning.
-There was an order dated 02/08/21 for olanzapine 10mg take one tablet at bedtime.
-There was an order dated 03/02/21 for nicotine 21mg/24-hour patch apply one patch once daily.
-There was an order dated 03/04/21 for metformin (used to treat diabetes) 500mg take one tablet twice daily with meals (breakfast and supper).
-There was an order dated 03/04/21 for zyrtec (used to treat allergy symptoms) take one tablet daily at bedtime.

Review of Resident #3's January 2021 medication administration record (MAR) revealed there was no documentation any medication had been administered to Resident #2 during the month of January 2021.

Review of Resident #3's February 2021 medication administration record (MAR) revealed:
-There was an entry for diclofenac 75mg take one tablet twice daily with meals scheduled for administration at 8:00am and 8:00pm
-There was documentation diclofenac 75mg had been administered 56 of 56 opportunities.
-There was an entry for gabapentin 600mg take one tablet three times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm.
-There was documentation gabapentin 600mg had been administered 84 of 84 opportunities.
-There was an entry for clonazepam 1mg take

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BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 341	Continued From page 14 one tablet three times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm. -There was documentation clonazepam 1mg had been administered 84 of 84 opportunities. -There was an entry for zyrtec 10mg take one tablet at bedtime scheduled for administration at 8:00pm. -There was documentation zyrtec 10mg had been administered 28 of 28 opportunities. -There was an entry for olanzapine 10mg take one tablet at bedtime scheduled for administration at 8:00pm. -There was documentation olanzapine 10mg had been administered 28 of 28 opportunities. -There was an entry for nicotine 21mg/24-hour patch apply one patch to skin once daily. -There was documentation the nicotine patch had been applied 16 of 28 opportunities. -There was no documentation for the administration of Resident #3's other medications. Review of Resident #3's March 2021 medication administration record (MAR) revealed: -There was an entry for flucatisone 50mcg spray two sprays into each nostril once daily scheduled for administration at 8:00am. -There was documentation flucatisone 50mcg was administered 1 of 31 opportunities. -There was an entry for celexa 20mg take one tablet once daily scheduled for administration at 8:00am. -There was documentation celexa 20mg was administered 30 of 31 opportunities. -There was an entry for olazapine 5mg scheduled for administration at 8:00am. -There was documentation olanzapine 5mg was administered 30 of 31 opportunities. -There was an order for incruse ellipta 62.5mcg inhale one puff once daily scheduled for	C 341		

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C 341	Continued From page 15	C 341		

administration at 8:00am.
-There was documentation incruse ellipta 62.5mcg was administered 30 of 31 opportunities.
-There was an entry for lisinopril 40mg take one tablet once daily scheduled for administration at 8:00am
-There was documentation lisinopril 40mg was administered 30 of 31 opportunities.
-There was an entry for vitamin D3 5,000 international units scheduled for administration at 8:00am.
-There was documentation vitamin D3 5,000 international units was administered 30 of 31 opportunities.
-There was an entry for iron supplement 160mg take one tablet once daily scheduled for administration at 8:00am.
-There was documentation iron supplement 160mg was administered 30 of 31 opportunities.
-There was an entry for divalproex 500mg take one tablet twice daily scheduled for administration at 8:00am and 5:00pm.
-There was documentation divalproex 500mg was administered 61 of 61 opportunities.
-There was an entry for metformin 500mg take one tablet by mouth twice a daily with meals (breakfast and supper) scheduled for administration at 8:00am and 5:00pm.
-There was documentation metformin 500mg was administered 61 of 61 opportunities.
-There was an entry for diclofenac 75mg take one tablet twice daily with meals scheduled for administration at 8:00am and 8:00pm.
-There was documentation diclofenac 75mg was administered 61 of 61 opportunities.
-There was an entry for gabapentin 600mg take one tablet by mouth three times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm.

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C 341	Continued From page 16 -There was documentation gabapentin 600mg was administered 89 of 91 opportunities. -There was an entry for clonazepam 1mg take one tablet three times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm. -There was documentation clonazepam 1mg was administered 91 of 91 opportunities. -There was an entry for olanzapine 10mg take one tablet at bedtime scheduled for administration at 8:00pm. -There was documentation olanzapine 10mg was administered 30 of 30 opportunities. -There was an entry for zyrtec 10mg take one tablet once daily at bedtime. -There was documentation zyrtec 10mg was administered 30 of 30 opportunities. -There was no documentation for the administration of Resident #2's other medications. Observation of Resident #3's medication available for administration on 03/31/21 at 6:00pm revealed: -The pharmacy dispensed Resident #3's medication in pre-sorted packages according to the medication administration time. -There was no deviation between the amount of medication scheduled to be administered and the amount of medication available for administration. Interview with the Administrator on 03/31/21 at 6:06pm revealed several of Resident #3's medications that were listed on the MARs had been discontinued. Refer to the interview with the Administrator on 03/31/21 at 1:22pm. 3. Review of Resident #1's current FL2 dated 01/29/21 revealed:	C 341		

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C 341	Continued From page 17 -The FL2 was prepared when Resident #1 was hospitalized. -There was no physician's signature on the FL2. -Diagnoses included cognitive and neurobehavioral dysfunction, dementia, intellectual disability, and diabetes. Review of Resident #1's physician's orders dated 02/16/21 revealed: -There was an order for aspirin 81mg take one tablet daily. -There was an order for divalproex (used to treat psychiatric conditions) 250mg take one tablet twice a day. -There was an order for donepezil (used to treat dementia) 5mg take one tablet at bedtime. -There was an order for lisinopril (used to treat high blood pressure) 20mg take one tablet daily. -There was an order for loratadine (used to treat allergy symptoms) 10mg take one tablet daily. -There was an order for melatonin (a sleep aid) 3mg take two tablets (6mg) at bedtime as needed for insomnia. -There was an order for metformin (used to treat diabetes) 500mg take one tablet twice a day with meals. -There was an order for risperidone (used to treat psychiatric conditions) 0.5mg take one tablet twice a day. -There was an order for sertraline (used to treat depression) 50mg take one tablet in the morning. Review of Resident #1's March 2021 MAR revealed: -There was an entry for metformin 500mg take one tablet twice a day with food scheduled for administration at 8:00am and 5:00pm. -There was no documentation metformin 500mg had been administered at 5:00pm on 03/30/21. -There was an entry for lisinopril 20mg take one	C 341		

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C 341	Continued From page 18 tablet by mouth once daily schedule for administration at 8:00am. -There was no documentation lisinopril 20mg had been administered on 03/31/21. -There was an entry for loratadine 10mg take one tablet by mouth once daily scheduled for administration at 8:00am. -There was no documentation loratadine 10mg had been administered on 03/31/21. -There was an entry for sertraline 50mg take one tablet in the morning scheduled for administration at 8:00am. -There was no documentation sertraline 50mg had been administered on 03/31/21. -There was documentation all medications were administered as ordered, except as previously listed. Observation of Resident #1's medication available for administration on 03/31/21 at 3:45pm revealed: -The pharmacy dispensed Resident #1's medication in pre-sorted packages according to the medication administration time. -There was no deviation between the amount of medication scheduled to be administered and the amount of medication available for administration. Refer to the interview with the Administrator on 03/31/21 at 1:22pm. _____ Interview with the Administrator on 03/31/21 at 1:22pm revealed: -The pharmacy representative reviewed the MARs during the quarterly pharmacy reviews. -She was the only person who administered medication in the facility. -She did not have a defined time for reviewing the MARs. -She "looked over" the MARs when a new	C 341		

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C 341	Continued From page 19 medication was delivered for the residents. -She documented the administration of medication on the MARs after the surveyor had requested to see the MARs. -She administered the medication for all the residents but she did not document on the MARs. -"I do give the med[ications]." -"I don't know" why the MARs were not completed. -She had "no reason, no excuse." -A lot had changed "because of COVID-19 (the coronavirus); the virus "made everything hard." -She was "overwhelmed."	C 341		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.	C 612		

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C 612	Continued From page 20 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents regarding the establishment of infection prevention and control policies and procedures, visitor screening, and staff and resident temperature screening. The findings are: Review of the Centers for Disease Control and Prevention (CDC) guidance related to preventing the spread of COVID-19 in long term care facilities (LTCF) dated 05/29/20 revealed: -All visitors and staff should be screened for the presence of fever and symptoms consistent with COVID-19 when they entered the building or before they started each shift. -A central point of entry to the facility was supposed to be designated for screening. Review of the CDC guidance related to interim infection prevention and control recommendations for healthcare personnel (HCP) dated 02/10/21 revealed: -Everyone entering a facility should be screened for signs and symptoms of COVID-19. -Symptom screening remained an important strategy to identify those who could have COVID-19 so appropriate precautions could be	C 612		

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C 612	Continued From page 21 implemented. -A process should be established to ensure everyone entering the facility is assessed for symptoms of COVID-19 or exposure to others with suspected or confirmed COVID-19 infection. -There was information on obtaining reliable temperature readings. -Screening for fever and symptoms were supposed to be incorporated into the daily assessment of all residents. Review of the Centers for Disease Control and Prevention (CDC) guidance related to preventing the spread of COVID-19 in LTCF dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -A strong IPCP was critical to protect both residents and HCP. -Even as LTCF resumed normal practices and began relaxing restrictions, core infection prevention practices were to be mantained. -Residents were supposed to have their temperatures taken daily. Review of the North Carolina Department of Health and Human Services (NC DHHS) guidance for smaller residential settings dated 06/26/20 revealed: -Facilities were supposed to have a written infection prevention and control program (IPCP) evaluating procedures for conducting daily screening for temperature check, presence of coronavirus (COVID-19) symptoms and known exposure to COVID-19 for all residents and staff. -Visitors to the facility should be screened for symptoms of illness and known exposure to COVID-19.	C 612		

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C 612	Continued From page 22 Review of the facility's policies revealed there was no IPCP regarding COVID-19. Observation upon entry to the facility on 03/31/21 at 9:20am revealed: -The Administrator was wearing a mask. -There was not an area of the facility designated for screening of visitors. -The Administrator did not ask any COVID-19 screening questions or assess for fever. Interview with the Administrator on 03/31/21 at 9:20am revealed: -Five of six of the residents residing at the facility had received two doses of the COVID-19 vaccination. -She could not get the non-contact thermometer to work. -She purchased the thermometer two months ago. -It had been "months" since she checked the residents' temperatures. -A resident had a visitor last month; the visit took place outside. -The visitor was not screened for COVID-19 symptoms, including a temperature check. Interview with a resident on 01/31/21 at 10:03am revealed staff did not take his temperature. Interview with a second resident on 01/31/21 at 10:31 revealed staff did not take his temperature. Interview with the Administrator on 01/31/21 at 1:22pm revealed: -She read the emails from NC DHHS for COVID-19 guidance. -She had not developed a COVID-19 IPCP. -"Maybe that's something I need to do."	C 612		

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C 612	Continued From page 23 The failure of the facility to establish and implement an infection prevention and control program (IPCP); to assess the residents for signs and symptoms of COVID-19, including taking their temperature daily; to screen visitors to the facility for exposure to, and symptoms of, COVID-19, including a fever; and to ensure the presence of a working thermometer at the facility was detrimental to the health, safety, and welfare of the residents and constitutes a Type B violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/31/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 15, 2021.	C 612		
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 control and prevention and cardiopulmonary resuscitation training.	C 912		

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C 912	Continued From page 24 The findings are: 1. Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents regarding the establishment of infection prevention and control policies and procedures, visitor screening, and staff and resident temperature screening. [Refer to Tag D610, 10A NCAC 13G .1701(a) Infection Prevent and Control Program (Type B Violation)] 2. Based on interviews and record reviews, the facility failed to ensure at least one staff for 3 of 3 sampled staff (Administrator, Supervisor-in-Charge (SIC), and transport staff) who had completed a course on cardiopulmonary resuscitation (CPR) and choking management within the last 24 months was always on the premises. [Refer to Tag D0167, 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation (Type B Violation)]	C 912		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is	C992		

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C992	Continued From page 25 conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an examination and screening for the presence of controlled substances was completed for 1 of 3 sampled staff (Staff C) prior to hire. The findings are: Review of Staff C's, transport staff, personnel records revealed: -Staff C was hired on 06/07/17.	C992		

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C992	Continued From page 26 -There was no documentation Staff C had an examination and screening for the presence of controlled substances prior to hire. Interview with the Administrator on 03/31/21 at 6:55pm revealed: -Staff C provided transportation services for the facility on an as needed basis. -Staff C last provided transportation service in December 2020. -She had not completed a screening for the presence of controlled substances for Staff C. -She did not know Staff C was required to have an examination and screening for controlled substances prior to hire. Staff C was not at the facility and was not interviewed.	C992		