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LEGACY HEIGHTS SENIOR LIVING COMMUNITY	11230 BALLANTYNE TRACE COURT CHARLOTTE, NC 28277

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D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a complaint investigation with an onsite visit on 03/03/21 and on 03/05/21, and a telephone exit on 03/09/21.	D 000		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on 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 (NC DHHS) and the local 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 regarding facility wide testing and retesting during	D 612		

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an outbreak; and the cohorting of residents with confirmed or suspected COVID-19 diagnoses.

The findings are:

Review of the Center for Disease Control (CDC) recommended infection prevention and control practices when caring for a patient with suspected or confirmed COVID-19 infection dated 12/14/20 revealed:
-Perform viral testing of all residents as soon as there was a new confirmed case.
-Testing identified infected residents quickly to assist in their clinical management and allow rapid implementation of infection prevention and control (IPC) interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent transmission.
-After initially performing viral testing of all residents in response to an outbreak, the CDC recommends repeat testing to ensure there are no new infections among residents and staff and that transmission has been terminated.
-Continue repeat viral testing of all previously negative residents, generally every 3 days to 7 days, until the testing identifies no new cases of COVID-19 infection among residents or staff for a period of at least 14 days since the most recent positive result.

Review of the North Carolina Department of Health and Human Services (NCDHHS) What to Expect: Response to New COVID-19 Cases or Outbreaks in Long Term Care Settings dated 09/04/20 revealed:
-Follow current CDC guidance for testing of residents in long term care settings.
-Any testing of long term care facility residents or staff will be conducted in consultation with your local health department (LHD).

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D 612	Continued From page 2 Review of the local health department (LHD) recommendations to the Administrator dated 12/31/20 revealed: -COVID-19 control measures should be implemented immediately at your facility. -Review the Long Term Care Infection Prevention Tool for COVID-19 (link provided). -Review the current CDC guidance on Testing for Coronavirus (COVID-19) in Nursing Homes (link provided). -Place all residents who test positive in isolation. If the facility has multiple COVID-19 cases confirmed in residents, it is recommended that they be confined to one wing or location of the facility to prevent the spread of COVID-19. -Assign dedicated staff to the care of COVID-19 positive residents. -Your facility may submit an urgent request for PPE and /or staffing directly to the Office of Emergency Medical Services using the online form (link provided). 1. Testing and re-testing of negative results for all residents and staff. Review of the updated Interim COVID-19 Testing Guidelines for Nursing Home Residents and Healthcare Personnel dated 01/07/21 revealed: -Perform expanded viral testing of all residents in the nursing home if there was an outbreak in the facility. -Continue repeat viral testing of all previously negative residents and staff, generally every 3 days to 7 days, until the testing identified no new positive cases of COVID-19 infection among residents or staff for a period of at least 14 days since the most recent positive result. -Continue weekly testing of all COVID-19 negatives until 28 days since the last COVID-19	D 612		

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positive.
-While this guidance focuses on testing in nursing homes, the recommendations of testing residents with signs and symptoms of COVID-19 and testing asymptomatic close contacts should also be applied to other long term care facilities, such as assisted living facilities.

Review of the facility's COVID-19 Testing Guidelines:Testing in Response to an Isolated New Positive Case dated 03/01/21 revealed:
-Conduct community wide testing of all previously negative residents and team members.
-Continue repeat testing for the above group every 3-7 days until the testing identified no new positive COVID-19 among residents and team members for a period of at least 14 days since the most recent positive result.
-On the date of testing, create a testing record for each resident and team member and mark as "test pending".
-Enter test results into the Infectious Outbreak log once the results had been received from the laboratory.
-The Regional Director of Operations completed the Infectious Outbreak Log and reviewed with the Administrator.

Review of the facility census and the laboratory results of COVID-19 testing provided by the facility revealed:
-Week One, 01/01/21 through 01/08/21, the Special Care Unit (SCU) census was 37 residents.
-Thirty-seven of 37 residents were documented as tested for COVID-19 and all tests returned negative.
-Week Two, 01/10/21 through 01/15/21, the SCU census was 35 residents.
-Thirty-three of 35 residents were documented as

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D 612	Continued From page 4 tested for COVID-19. Thirty-three residents had negative test results for COVID-19. There was no documentation of COVID-19 testing for 2 residents. -Week Three, 01/17/21 through 01/22/21, the SCU census was 34 residents. -Thirty-three of 34 residents were documented as tested for COVID-19 and all tests returned negative. There was no documentation of COVID-19 testing for 1 resident. -Week Four, 01/24/21 through 01/29/21, the SCU census was 34 residents. -Thirty-three of 34 residents were documented as tested for COVID-19, and all tests returned negative. There was no documentation of COVID-19 testing for 1 resident. -Week Five, 02/01/21 through 02/05/21, the SCU census was 33 residents. -Thirty-two of 33 residents were documented as tested for COVID-19. Thirty residents tested negative and 2 residents tested positive for COVID-19. There was no documentation for 1 resident. -Week Six, 02/07/21 through 02/12/21, the SCU census was 33 residents. -Twenty-three of 31 residents were documented as tested for COVID-19. Four of 23 residents tested positive and 19 of 23 residents tested negative for COVID-19. One of the 4 positive residents was not documented as tested the previous week. There was no documentation for 8 residents. -Week Seven, 02/14/21 through 02/19/21, the SCU census was 33 residents. -Twenty-eight of 28 residents were documented as tested for COVID-19. Eight of 28 residents tested positive and 20 residents tested negative for COVID-19. Two of 8 residents that tested positive for COVID-19 were not documented as tested the previous week.	D 612		

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D 612	Continued From page 5 -Week Eight, 02/21/21 through 02/26/21, the SCU census was 33 residents. -Four of 20 residents were documented as tested for COVID-19. Three of 4 residents tested positive for COVID-19. There was no documentation for 16 residents. -Week Nine, 03/01/21 through 03/05/21 the census was 33 residents. -Sixteen of 16 residents were documented as tested negative for COVID-19. Review of the facility staff, based on their SCU assignments from 01/01/21 through 03/01/21, and the laboratory results of COVID-19 testing provided by the facility revealed: -Week One, 01/01/21 through 01/07/21, 7 of the 11 staff documented on the assignment schedule were tested for COVID-19 and all 7 staff had negative results. 4 of 11 staff were not documented as tested for COVID-19 during Week One. -Week Two, 01/10/21 through 01/15/21, 12 of the 12 staff documented on the assignment schedule were tested for COVID-19 and all had negative results. -Week Three, 01/17/21 through 01/22/21, 6 of 10 staff documented on the assignment schedule were tested for COVID-19 and all had negative results. 4 of 10 staff were not documented as tested for COVID-19 during Week Three. -Week Four, 01/24/21 through 01/29/2, 9 of 12 staff documented on the assignment schedule were tested for COVID-19 and all had negative results. 3 of 12 staff were not documented as tested for COVID-19 during Week Four. -Week Five, 02/01/21 through 02/05/21, 5 of 11 staff documented on the assignment schedule were tested for COVID-19 and all had negative results. 6 of 11 staff were not documented as tested for COVID-19 during Week Five.	D 612		

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D 612	Continued From page 6 -Week Six, 02/08/21 through 02/14/21, 11 of 12 staff documented on the assignment schedule were tested for COVID-19 and all had negative results. 1 of 12 staff were not documented as tested for COVID-19 during Week Six. -Week Seven, 02/15/21 through 02/19/21, 9 of 11 staff documented on the assignment schedule were tested for COVID-19. 1 of 9 staff tested positive and 8 staff tested negative for COVID-19. 2 staff were not tested. Week Eight, 02/21/21 through 02/26/21, 7 of 11 staff documented on the assignment schedule were tested for COVID-19 and all had negative results. 4 of 11 staff were not documented as tested during Week Eight. Telephone interview with LHD Registered Nurse (RN) on 03/08/21 at 2:52pm revealed: -She had been designated to work with the facility as the local communicable disease consulting nurse on or about December 2020. -She spoke with the facility Administrator and Director of Nursing on 12/31/20 related to the facility testing staff for COVID-19, which resulted in a second employee testing positive for COVID-19 within a 28-day period between the first COVID-19 positive test for a resident or staff, and the second COVID-19 positive resident or staff. -She notified the facility on 12/31/20 that the facility was considered in outbreak status due to the COVID-19 test results and timeframe between the two COVID-19 positive tests. -She instructed the facility to following all current Center for Disease Control (CDC) recommendations for Long-Term Care Facilities (LTCF's). -She instructed the facility to suspend new resident admissions, allow no visitors, discontinue communal dining, increase COVID-19 testing to a	D 612		

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minimum of weekly testing of all residents and staff that had not yet tested positive for COVID-19.
-She notified the facility that the COVID-19 outbreak time frame would last 28 days past the last COVID-19 positive test result for any combination of residents or staff that had worked in the facility during the outbreak phase.
-She instructed the facility to isolate COVID-19 positive residents for a minimum period of 10 days from the date of specimen collection and extend isolation if necessary if signs or symptoms related to COVID-19 are identified, until signs and symptoms resolve.

Interview with the Special Care Coordinator (SCC) on 03/03/21 at 10:35am revealed:
-She was responsible for the coordination and administration for the COVID-19 testing of the residents and staff in the Special Care Unit (SCU).
-She administered the COVID-19 test on Mondays of each week and followed up during the week with whomever she had missed.
-She did not keep a record of the testing results.
-She took informal notes on who she needed to follow up with the current week and who needed to be tested the following week.
-She did not keep a record of these notes.
-The facility's contracted laboratory contacted the Administrator if there were COVID-19 positive test results that week.

Interview with the Administrator on 03/03/21 at 9:40am revealed:
-The facility had contracted with one laboratory to process the results of the COVID-19 testing they conducted weekly at the facility.
-The clinical team had provided naso-pharyngeal testing weekly of all the residents and staff since

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the COVID-19 outbreak status on 01/01/21.
-The residents and staff who tested negative for COVID-19 were retested weekly by the Wellness nurse and the Special Care nurse.
-The laboratory contacted her by telephone if there was a COVID positive test result.
-The rest of the test results were posted on the laboratory portal, of which she and the RCD had access to.
-She did not keep a spreadsheet or log of the resident's and staff test results.
-The Regional Director of Operations (RDO) kept an Infectious Outbreak log and discussed the data with her weekly.
-She could access the laboratory portal for testing results as needed.
-The facilty had no residents or staff that tested positive for COVID-19 on 03/01/21.
-She was not able to obtain the Outbreak log since the RDO was out of the office for the week.
-The printing of the laboratory results from the facility's contracted lab would be very time consuming, so she would request corporate to determine if anyone else could obtain the Infectious Outbreak log to present as documentation of the date and results of the testing.

Interview with the Resident Care Director (RCD) on 03/03/21 at 1:40pm revealed:
-The Wellness nurse in the assisted living community and the RCC in the SCU were responsible for the weekly COVID-19 testing of the residents and the staff.
-She assisted the nurses if needed.
-She or the Administrator would be contacted by the facility contracted laboratory if there was a positive result from the weekly testing.
-The Administrator would inform the RDO of the results of the testing and the RDO kept a log of

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the residents and staff testing results.
-The nurses would provide the signage for the Resident's door and inform the staff.

2. Cohorting residents with COVID-19 positive test results and assigning dedicated staff to their care.

Review of the North Carolina Department of Health and Human Services Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings dated 12/22/20 revealed:
-Core Principles of COVID-19 Infection Prevention: the effective cohorting of residents (for example, separate areas dedicated for COVID-19 care).

Review of a communication from the LHD RN to the Administrator dated 02/18/21 revealed:
-Place all residents who test positive for COVID-19 in isolation.
-If the facility has multiple COVID-19 cases confirmed in residents, it is recommended they be confined to one wing or location of the facility to prevent the spread of COVID-19.
-Assign dedicated staff to the care of residents who tested positive for COVID-19.

Review of the facility's COVID-19 Testing Guidelines:Testing Readiness Assessment dated 03/01/21 revealed:
-Staffing Plan: Communities must develop a 1-2 week staffing contingency plan that accommodates the following assumption: for communities with positive COVID-19 cases assume at least a 15% OF TEAM MEMBERS TESTED MAY NEED TO SELF QUARANTINE.
-The contingency staffing plan shall include plans for drawing on staffing from sister communities

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within a geographic cluster and or demonstrating access to agency staff.
-The Test Execution Plan: cohort residents who are positive and a staffing plan for this cohort area (based on the specific layout of the building, room design and current census).

Telephone interview with the local Health Department (LHD) Registered Nurse on 03/08/21 at 2:52pm revealed:
-She instructed the facility to designate and assign staff to work with residents who tested positive for COVID-19 throughout their isolation period and for those staff not to work with residents who tested negative for COVID-19.
-She instructed the facility to designate a hall or area within the unit to cohort residents who tested positive for COVID-19, away from resident's rooms and halls that tested negative for COVID-19.
-She recommended the facility consider implementing a temporary plastic sheet to cordon off a COVID-19 positive section of the unit.
-She recommended the facility increase staffing levels to alleviate staff needing to work with residents who tested positive for COVID-19 concurrent to working with residents who tested negative for COVID-19.

Interview with the medication aide (MA) on 03/05/21 at 12:05pm revealed:
-The residents had not changed room assignments due to their COVID-19 testing status.
-There was no COVID-19 positive or negative designated areas in the SCU.
-The staff provide personal care to both the COVID-19 positive and negative residents.
-She thought there were no residents that tested COVID-19 positive in the SCU at this time.

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D 612	Continued From page 11 Telephone interview with a MA on 03/08/21 at 9:10am revealed: -The special care community was divided into two separate units designated the ABC unit and the DEF unit, each unit locked and accessible through a keypad code. -In January and February of 2021, the Special Care Unit (SCU) was in COVID-19 outbreak status amongst the residents and staff. -Staff were scheduled to work either the ABC unit or the DEF unit for the entire shift during the COVID-19 outbreak. -Neither the ABC unit or the DEF unit were designated as COVID-19 positive halls or COVID-19 negative halls. -Staff were expected to remain on their assigned unit for the entire shift and were instructed not to enter the other unit. -During the COVID-19 outbreak, an employee break room was designated in a vacant resident room within each of the units. -During the COVID-19 outbreak she had worked as the MA on the ABC unit or the DEF unit, as she was assigned. -Her personal care assignments included both COVID-19 positive residents and COVID-19 negative residents. -The daily assignments for the personal care aides (PCAs) also included both the residents who tested positive for COVID-19 and the residents who tested negative for COVID-19. -She was instructed to perform medication administration and ADL care to all residents who tested negative for COVID-19 first and proceed with providing care to residents who tested positive for COVID-19. -Residents who tested positive for COVID-19 were encouraged to stay in their bedrooms during their period of droplet precautions.	D 612		

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-Residents who tested negative for COVID-19 could eat meals in the dining room during the outbreak, maintaining social distancing..
-Residents who tested positive for COVID-19 were required to eat all meals in their bedrooms.
-During the outbreak in January and February 2021, resident bedroom assignments were not changed to keep residents that tested positive for COVID-19 in a designated unit hall or area.

Telephone interview with a second MA on 03/08/21 at 10:15 am revealed:
-She worked in the SCU as a MA and personal care aide (PCA).
-The SCU was divided into two separated units designated the ABC unit and the DEF unit.
-Access to each unit required a key code input between units.
-The SCU units had numerous residents who tested positive for COVID-19 in January and February 2021.
-The first and second shift scheduled staff per unit usually consisted of one MA and two PCA's.
-The MA was assigned two residents per shift to perform all ADL needs and administer medications to all the unit residents.
-If only two care staff were scheduled for a shift, the MA was responsible to split the resident assignment with the PCA and perform ADL's with the assigned residents.
-During her shifts, she had been assigned residents who had tested positive for COVID-19 and residents who tested negative for COVID-19, to perform medication administration and ADL care.
-During the COVID-19 outbreak, care staff were assigned to assist both residents who tested positive for COVID-19 and those who tested negative for COVID-19 during their shift.
-During the COVID-19 outbreak, staff were

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LEGACY HEIGHTS SENIOR LIVING COMMUNITY	11230 BALLANTYNE TRACE COURT CHARLOTTE, NC 28277

(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
D 612	Continued From page 13	D 612		

expected to stay on the unit they were assigned and were not permitted to enter the other SCU unit during the shift.
-Care staff were scheduled to work either SCU units, depending on scheduling needs..
-During the COVID-19 outbreak,residents who tested positive for COVID-19 were identified with a daily notification posting in the Medication room, by management and/or shift cross-over communication, and by signage on the resident's bedroom door.
-She had not been instructed on which residents to prioritize administration of medications and/or perform personal care tasks for.
-She tried to address the needs of the residents who tested negative for COVID-19 first and then the residents who tested positive for COVID-19 due to the complex procedures for donning and doffing PPE.
-Residents who tested positive for COVID-19 were required to stay in there bedrooms as long as they were on droplet precautions, including eating meals in their room.
-In January and February 2021, resident bedroom assignments were not changed to keep residents that tested positive for COVID-19 in a designated unit hall.
-She was not aware of any SCU residents being allowed or required to switch bedroom assignment between the two SCU units based on their COVID-19 testing results.

Interview with the Special Care Coordinator (SCC) on 03/03/21 at 10:35am revealed:
-The facility was utilizing agency personnel to meet staffing requirements.
-The staff assisted residents who tested positive for COVID-19 and residents who tested negative in the same staff assignment.
-She had not received any directive to cohort

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 612	Continued From page 14	D 612		

residents in a designated hall or unit.
-The facility did not use barriers to separate residents who tested positive for COVID-19 and those residents who tested negative.

Interview with the Administrator on 03/03/21 at 9:40am revealed:
-She had not designated a hall or area within the unit to cohort residents who tested positive for COVID-19, away from residents who tested negative for COVID-19.
-She experienced residents with increased behaviors, serious injuries and mass confusion in a previous facility when dementia residents were moved out of their rooms and/or physical barriers had been erected to separate COVID-19 positive residents from the general population.
-Her staff were making every effort to isolate residents who tested positive for COVID-19.
-She had not reached out to the Emergency Management Team for assistance in cohorting of residents testing positive for COVID-19 within the community.
-The MAs were assigned to the residents who tested positive for COVID-19 for personal care and the PCAs provided personal care to the residents who tested negative for COVID-19 in the respective special care units.

_____

The facility failed to adhere to the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and local health department (LHD) recommendations and guidance during a COVID-19 outbreak and resulted in residents and staff not being tested weekly, and residents who tested positive for COVID-19 were not cohorted in a designated area with designated staff to provide personal care. This failure was detrimental to the residents' health, safety and welfare and

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D 612	Continued From page 15 constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/09/21 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 23, 2021.	D 612		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 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. The findings are: 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 (NC DHHS) and the local 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 regarding	D912		

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D912	Continued From page 16 facility wide testing and retesting during an outbreak; and the cohorting of residents with confirmed or suspected COVID-19 diagnoses. [Refer to Tag 612 10A NCAC 13F .1801(c) Infection Prevention & Control Program (Type B Violation)]	D912		