STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: _____ B. WING _____	05/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 survey on May 6 & 7, 2021.	C 000		
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. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection of the residents	C 612		

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during the global coronavirus (COVID-19) pandemic as related to the screening of residents, staff, and visitors.

The findings are:

Review of the Centers for Disease Control and Prevention (CDC) Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities dated 03/20/21 revealed one or more facility employees were supposed to be designated to ensure all residents and staff were screened daily for symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty of breathing, fatigue, headache, body aches, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.

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 were supposed to be screened for symptoms of illness and known exposure to COVID-19.

Review of the facility's Infection Control COVID Policy and Procedure revealed the following information was included:
-Staff would be trained on COVID-19 and all infection control policies and procedures.
-Each Supervisor-In-Charge would be educated on the CDC guidelines on infection control.
-Staff would be trained to administer the COVID

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screening questionnaire and interpret results for entry into the facility.
-All visitors at entry would be required to submit to a temperature scan.
-All staff members were responsible to comply with the facility's infection control policies.

1. Observation upon entry to the facility on 05/06/21 at 10:00am revealed
-There was an area in the entryway containing facemasks, hand sanitizer, and an infrared thermometer.
-There was no signage posted for visitors regarding screening of visitors.
-There was no COVID-19 screening questionnaire conducted.
-The Medication Aide/Personal Care Aide (MA/PCA) did not ask any COVID-19 screening questions or assess for fever.

Interview with the MA/PCA on 05/06/21 at 10:02am revealed:
-She did not check temperatures.
-There were no visitors coming to the facility.

Telephone interview with the Administrator on 05/06/21 at 10:15am revealed:
-There were COVID-19 screening questionnaire forms in the facility.
-The facility had not been having any visitors.
-The facility checked temperatures on visitors.
-Family members were considered visitors.

Telephone interview with the Administrator on 05/06/21 at 10:23am revealed:
-She expected temperature checks to be performed.
-She expected the COVID-19 questionnaire to be conducted to make sure persons entering the facility had not been around anybody with

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COVID-19.
-She was not sure if someone had used the last questionnaire form.
-She was not sure why the staff had not screened the surveyor, and "they may not consider you as a visitor".

Interview with the MA/PCA on 05/07/21 at 1:09pm revealed yesterday (05/06/21) was the first time she checked temperatures for visitors coming to the facility.

2. Interview with the MA/PCA on 05/06/21 at 10:02am revealed:
-She did not check temperatures.
-Resident temperatures were checked by the night shift staff person.

Telephone interview with the Administrator on 05/06/21 at 10:15am revealed:
-There were COVID-19 screening questionnaire forms in the facility.
-Temperature checks were performed on the residents "as needed".

Telephone interview with the Administrator on 05/06/21 at 10:23am revealed:
-She expected temperature checks to be performed.
-If a resident went out on a home visit, the resident was supposed to be screened upon return to the facility.

Interview with a resident on 05/06/21 at 11:06am revealed her blood pressure was checked two times a day by staff, and staff did not check her temperature.

Interview with the MA/PCA on 05/07/21 at 1:09pm revealed:

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-She did not know if daily temperature checks for residents were being performed.
-She had not seen any documentation of resident temperature checks.

Interview with a second resident on 05/07/21 at 1:10pm revealed her temperature was checked every month.

Telephone interview with the Administrator on 05/07/21 at 1:25pm revealed:
-The temperature checks should be documented in the resident record.
-There would not be any other place the resident temperatures checks would be documented if not documented in the resident notes.
-She expected staff to be screened when they reported to work.
-The residents living at the facility had not received the COVID-19 vaccine.

Review of staff notes for January 2021 through present for 2 of 3 residents living at the facility revealed:
-There was one temperature reading documented for 1 of the 2 residents.
-The temperature reading was documented on 05/05/2021.

3. Interview with the MA/PCA on 05/06/21 at 10:02am revealed:
-The facility staff were screened for COVID-19 via testing.
-She did not check her temperature daily because she was "not really in contact directly" with the residents.

Telephone interview with the Administrator on 05/06/21 at 10:23am revealed:
-She expected temperature checks to be

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performed.
-She expected the COVID-19 questionnaire to be conducted to make sure persons entering the facility had not been around anybody with COVID-19.
-She was not sure if someone had used the last questionnaire form.

Interview with the Administrator on 05/06/21 at 4:50pm revealed:
-COVID-19 screenings were started at the facility in March 2020.
-The facility stopped conducting COVID-19 screenings in January 2021 because visitors could come back.
-She thought screenings were "basically optional".
-She could provide screening questionnaires conducted at the facility.

Review of visitor screening forms provided by the facility on 05/07/21 revealed:
-There was one screening form provided which was completed by the Administrator and dated 07/01/20.
-There was no documented temperature on the screening form.
-There were no other screening forms or documented temperature checks provided for residents, staff, or visitors.

Interview with the facility transporter staff on 05/07/21 at 1:00pm revealed:
-Today (05/07/21) was the first day her temperature had been checked at the facility.
-She later acknowledged, after the MA/PCA reminded her, that her temperature was checked on 05/06/21 when she entered the facility.
-She had never questioned why temperature checks and COVID-19 screening questionnaires

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C 612	Continued From page 6 were not being done at the facility. -She came to the facility 2-3 times a week. -She had not been trained on the facility infection control COVID policy and procedure. Telephone interview with the Administrator on 05/07/21 at 1:25pm revealed: -She expected staff to be screened when they reported to work. -The residents living at the facility had not received the COVID-19 vaccine.	C 612		