STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092138	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT WYCKFORD	4520 DILFORD DRIVE RALEIGH, NC 27604

(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 July 15, 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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C 612	Continued From page 1 during the global coronavirus (COVID-19) pandemic as related to use of personal protective equipment (PPE) face masks by staff to reduce the risk of transmission and infection. 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 03/29/21 revealed: -Personnel should wear a face mask while in the facility and for protection during resident care encounters. -Personnel who worked in areas with minimal to no community transmission of the coronavirus should use a well-fitting face mask for source control. Review of the CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 04/27/21 revealed recommendations for use of personal protective equipment (PPE) by personnel was unchanged. Review of the North Carolina Department of Health and Human Services (NC DHHS) Guidance for Best Practices for Infection Prevention in Long Term Care Facilities (LTCFs) dated 02/10/21 revealed LTCFs should follow the CDC guidance for appropriate selection and use of PPE. Observation of the facility's driveway and front entrance door on 07/15/21 at 8:08am revealed: -Staff exited their vehicle and entered the front door of the facility without a face mask. -There was signage on the front storm door indicating the facility's visitation policy and	C 612		

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C 612	Continued From page 2 COVID-19 precautions. Observation upon entrance to the facility on 07/15/21 from 8:09am to 9:15am revealed: -There was a screening station near the front door with a thermal scan thermometer and a large bottle of hand sanitizer. -There were no face masks on the screening station table. -Staff performed screening related to COVID-19 and took their temperature without wearing a face mask. -There were four residents sitting in the living room. -Three staff walked throughout the facility and completed tasks for the residents without a face mask. Interview with the Supervisor in Charge (SIC) on 07/15/21 at 8:17am revealed: -There were six residents who resided in the facility. -Four residents were in the living room and two residents were in their rooms. Observation of the facility on 07/15/21 at 9:15am revealed the new Owner and the Resident Care Coordinator (RCC) arrived to the facility. Observation of the three staff in the facility on 07/15/21 at 9:45am revealed the three staff were now wearing a face mask. Observation of the facility's storage closet in the staff bathroom on 07/15/21 at 3:10pm revealed there were no face masks available for use in the storage closet. Interview with a personal care aide (PCA) on 07/15/21 at 2:40pm revealed:	C 612		

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C 612	Continued From page 3 -She had worked for other assisted living facilities for the past few years. -The RCC provided training when she was hired concerning COVID-19 -She washed her hands after every task she performed in the facility. -She used gloves and put on a facemask when working in the facility. -She did not have a facemask on that morning, 07/15/21, because there were none available to use. -The facility's personal protective equipment (PPE) was stored in a locked storage closet. -She did not have access to the storage closet and only the SIC had a key to unlock the storage closet. Interview with the SIC on 07/15/21 at 3:05pm revealed: -She received training concerning COVID-19 from the RCC. -She ensured the residents washed their hands. -Her understanding of the CDC guidelines related to wearing face mask was it should be worn when in the facility. -She did not have a face mask on that morning on 07/15/21 because there were none available on the screening station table. -She had to get a box of face masks from the storage closet. -She was not sure if there were any other boxes of face masks in the storage closet after she removed one box. -She told the new Administrator when PPE was needed in the facility. -She had not told the new Administrator that the facility needed PPE restocked. Interview with the RCC on 07/15/21 at 3:12pm revealed:	C 612		

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C 612	Continued From page 4 -She was responsible for checking charts, family issues, staffing issues, and contacting the primary care provider with concerns. -She reviewed and trained new staff about COVID-19 precautions to include hand washing, social distancing, wearing face masks, screening visitors and resident. -She expected staff to wear a face mask while working in the facility. -She thought two weeks ago that a face mask was not required in the facility because of the Governor's message announced on the local news channel. -She later read that it had to be worn in the facility. -She told the staff that a face mask was required inside of the facility. -She held the SIC responsible for ensuring staff were wearing a face mask in the facility. Interview with the Administrator on 07/15/21 at 3:26pm revealed: -There was a COVID-19 policy for the facility. -She expected staff to wear a face mask inside the facility as indicated by the CDC guidelines. -A local health department (LHD) nurse came to provide training to staff, but she did not know the exact date. -She did not know staff were not wearing a face mask in the facility during the morning on 07/15/21. -She held the staff on duty in the facility responsible for following the CDC guidelines related to the use of face masks.	C 612		