STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051038	A. BUILDING: _____ B. WING _____	07/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTIMATE FAMILY CARE HOME	817 SOUTH SECOND STREET SMITHFIELD, NC 27577

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 07/21/21.	C 000		
C 088	10A NCAC 13G .0315(b)(3) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (b) Each bedroom shall have the following furnihsng in good repair and claean for each resident: (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; This rule apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that each resident's room had a chest of drawers or a built-in dresser. The findings are: Observation of a resident's bedroom on 07/21/21 at 9:20am revealed: -There was not a chest of drawers or built-in dresser in the resident's bedroom. -The resident's clothing was stored in transparent plastic bins with lids in the bedroom closet. Interview with the resident on 07/21/21 at 9:39am revealed: -He did not remember how long his bedroom had been without a dresser. -He wanted a dresser in his room. Interview with the Supervisor-in-Charge (SIC) on 07/21/21 at 3:15pm revealed: -The Medication Aide (MA) was supposed to	C 088		

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C 088	Continued From page 1 complete weekly checks related to the condition of the furnishings in the facility. -The facility experienced "staffing issues" and no one had mentioned the resident did not have a dresser. Interview with the Administrator on 07/21/21 at 5:20pm revealed: -She was not aware the resident did not have a dresser in his bedroom. -The resident's dresser may have been broken. -New staff may have removed the dresser without informing anyone the dresser was broken. -The condition of the furnishings should have been assessed by staff monthly. -She had furniture available to replace broken furniture; a dresser was available to place in the resident's bedroom.	C 088		
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 2	C 612		

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 state of North Carolina and the Centers for Disease Control and Prevention (CDC) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents as related to visitor screening, the use of facemasks by facility staff, and staff and resident temperature screening.

The findings are:

1. Observation upon entry to the facility on 07/21/21 at 8:58am revealed:
-There was signage on the front and side entry doors related to coronavirus (COVID-19) precautions.
-There was a counter in the kitchen near the side entry of the facility with a document related to COVID-19 precautions, hand sanitizer, and a sign in/out book.
-The Medication Aide (MA) did not ask the surveyor any COVID-19 screening questions or take the surveyor's temperature.

Observation on 07/21/21 at 11:09am revealed:
-A maintenance worker entered the facility and was not wearing a facemask.
-The maintenance worker was not screened by

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C 612	Continued From page 3 staff before or after entering the facility. Observation on 07/21/21 at 12:08pm revealed: -The Administrator's family member came into the facility and was not wearing a facemask. -He was not screened by staff before or after entering the facility. Review of the CDC updated healthcare infection prevention and control recommendations in response to the COVID-19 vaccination dated 04/27/21 revealed visitors were to be screened for symptoms of and exposure to COVID-19 regardless of their vaccination status. Interview with the maintenance worker on 07/21/21 at 11:13am revealed: -Staff did not screen him for fever or other COVID-19 symptoms. -He usually wore a mask when he visited the facility. -Staff called him to the facility on 07/21/21 morning and he "came right over" without a mask. Interview with the Supervisor-in-Charge (SIC) on 07/21/21 at 12:20pm revealed: -The maintenance worker and the Administrator's family member did not wear facemasks when they visited the facility. -She routinely told the maintenance worker and the Administrator's family member to wear a facemask when they visited the facility. Interview with the MA on 07/21/21 at 2:40pm revealed: -She was supposed to screen visitors to the facility using the screening questionnaire, taking of temperature, and making sure a facemask was worn while the visitor was in the facility.	C 612		

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C 612	Continued From page 4 -She was "caught off guard" by the surveyor. -She "assumed" the surveyor was supposed to come in. Interview with the SIC on 07/21/21 at 3:15pm revealed: -Staff received COVID-19 training "all through the pandemic." -Screening entailed checking the visitor's temperature at the door and completing the screening questionnaire. -Visitors were to be instructed to use the hand sanitizer and facemask provided by staff. -All the residents were fully vaccinated. -The maintenance man and the Administrator's family member visited the facility regularly. -"If someone comes here frequently, we assume they are okay." Interview with the Administrator on 07/21/21 at 5:20pm revealed: -Visitors to the facility were supposed to have their temperatures taken, answer the screening questions, and be provided with a facemask. -She expected the maintenance worker to wear a mask when he was in the facility. -"I don't know why staff didn't screen you" (the surveyor). Refer to the interview with the SIC on 07/21/21 at 3:15pm. Refer to the interview with the Administrator on 07/21/21 at 5:20pm. 2. Observation on 07/21/21 at 8:45am revealed the Medication Aide (MA) was not wearing a facemask when she answered the facility door. Observation on 07/21/21 at 11:13 revealed the	C 612		

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C 612	Continued From page 5 Supervisor-in-Charge (SIC) was not wearing a facemask. Observation on 07/21/21 at 12:22pm revealed: -The MA returned from running errands. -She was not wearing a facemask when she returned to the facility. -She did not take her temperature upon returning to the facility. -She did not put on a facemask while she was in the facility. Review of the State of North Carolina Governor's Executive Order No. 220 dated 06/11/21 revealed: -Facemasks were required in long term care facilities (LTCF). -Healthcare personnel (HCP) in LTCF must follow the requirements in the Centers for Disease Control and Prevention (CDC) Healthcare Infection and Prevention Control Recommendations in Response to the COVID-19 Vaccination. Review of the CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to the COVID-19 Vaccination dated 04/27/21 revealed HCP should continue to wear source control (facemasks) while at work. Interview with the SIC on 07/21/21 at 12:20pm revealed: -The family member of the Administrator did not wear a facemask when he visited the facility. -She routinely told the family member to wear a facemask when he visited the facility. Interview with the MA on 07/21/21 at 2:40pm revealed: -The residents were fully vaccinated.	C 612		

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C 612	Continued From page 6 -She heard on the news "if you had all your shots, you didn't have to wear a mask." -She did not remember what the Administrator said about wearing a facemask. Interview with the SIC on 07/21/21 at 3:15pm revealed: -All the residents were fully vaccinated. -She was wearing a facemask in the facility because she was not a "regular" in the house and she did not know the vaccination status of the surveyor. -Staff were not required to wear facemasks in the facility. -Staff were supposed to wash their hands or use hand sanitizer when returning from going out. -She left it up to the MA's discretion whether or not to wear a facemask while the surveyor was in the facility. Interview with the Administrator on 07/21/21 at 5:20pm revealed: -Staff were not required to wear a facemask while inside the facility. -Staff wore facemasks whenever they went out to run errands. Refer to the interview with the SIC on 07/21/21 at 3:15pm. Refer to the interview with the Administrator on 07/21/21 at 5:20pm. 3. Review of the Centers for Disease Control and Prevention (CDC) interim infection prevention and control recommendations to prevent COVID-19 spread in nursing homes and long-term care facilities dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the	C 612		

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facility.
-Healthcare personnel (HCP) were to be assessed for symptoms of COVID-19, including fever, and for exposure to COVID-19 upon entering the facility.

Interview with the MA on 07/21/21 at 2:40pm revealed:
-The residents were fully vaccinated.
-She "guessed" the Administrator wanted staff to check their temperatures when they first came in for their shift.
-"Ever since COVID, when we come to work we are supposed to check" their temperatures.
-Shifts routinely lasted over a week.
-She took her temperature every other day.
-She took her temperature when she arrived at work on 07/16/21.
-She did not have a record of her temperatures.
-The Administrator did not require staff to "put anything in writing."

Interview with the Supervisor-in-Charge (SIC) on 07/21/21 at 3:15pm revealed:
-Staff were required to take their temperatures whenever they reported for duty.
-Once the residents were fully vaccinated, staff stopped routinely taking their temperatures.

Interview with the Administrator on 07/21/21 at 5:20pm revealed:
-Staff were required to be screened on the first day of their shift.
-Staff were not required to self-screen after the first day of their shift.
-All the residents were fully vaccinated.

Refer to the interview with the SIC on 07/21/21 at 3:15pm.

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C 612	Continued From page 8 Refer to the interview with the Administrator on 06/23/21 at 9:52am. 4. Review of the Centers for Disease Control and Prevention (CDC) interim infection prevention and control recommendations to prevent COVID-19 spread in nursing homes and long-term care facilities dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -Residents were to have their temperatures taken daily. Interview with the Medication Aide (MA) on 07/21/21 at 2:40pm revealed: -The residents' temperatures were taken twice a week. -The Administrator told her to take the residents' temperatures twice a week. -The residents' temperatures were also taken before they got on the bus to go to the day program. -One resident attended the day program five days a week. -One resident attended the day program twice a week. -Two residents attended the day program once a week. -Two residents did not attend the day program. -In the "beginning of COVID," the residents' temperatures were documented as instructed by the Administrator. -She last worked at the facility in March 2021 and did not take the residents' temperatures daily at that time. Interview with the Supervisor-in-Charge (SIC) on 07/21/21 at 3:15pm revealed the residents' temperatures were no longer taken daily after the	C 612		

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C 612	Continued From page 9 residents were fully vaccinated. Interview with the Administrator on 07/21/21 at 5:20pm revealed: -The residents' temperatures were routinely checked before they went to the day program. -The residents wore facemasks whenever they were out of the facility. Refer to the interview with the SIC on 07/21/21 at 3:15pm. Refer to the interview with the Administrator on 07/21/21 at 5:20pm. _____ Interview with the SIC on 07/21/21 at 3:15pm revealed: -She received COVID-19 guidance from the North Carolina Department of Health and Human Services (NC DHHS). -Recommendations and updated recommendations related to COVID-19 infection prevention and control were implemented at the facility. -The Administrator routinely sent her COVID-19 guidance received from the state. -COVID-19 guidance was also discussed during staff meetings. Interview with the Administrator on 07/21/21 at 5:20pm revealed: -Facility staff received training on COVID-19 last year "when COVID started." -She referred to the most recent NC DHHS newsletter for guidance related to COVID-19 infection prevention and control. -She received an email from the NC DHHS stating facemask use was not necessary inside facilities. -She was also following the 05/13/21 CDC	C 612		

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C 612	Continued From page 10 recommendations related to the use of facemasks.	C 612		