STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: _____ B. WING _____	C 06/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	7305 PERRY CREEK ROAD RALEIGH, NC 27616

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on June 25, 2021.	C 000		
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 1 of 2 sampled residents (#1) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #1's current FL-2 dated 04/16/21 revealed diagnoses included asthma, borderline personality disorder, schizoaffective disorder, gastro-esophageal reflux disease, hypothyroidism, hyperlipidemia, constipation, and irritable bowel syndrome. Review or Resident #1's Resident Register	C 202		

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C 202	Continued From page 1 revealed there was an admission date of 09/16/17. Review of Resident #1's record for tuberculosis (TB) skin tests revealed: -There was documentation of a TB skin test given on 08/25/17 and read as negative on 08/28/17. -There was no documentation of a second TB skin test. Interview with Resident #1 on 06/24/21 at 1:53pm revealed: -She thought she had a TB skin test completed a long time ago. -She did not remember having a second TB skin test. Interview with the Administrator on 06/24/21 at 9:58am revealed: -She thought Resident #1 had a second TB skin test, but she could not locate another TB skin test in Resident #1's record. -She had reviewed the resident records, and the last time was in April or May 2021. -She did not know Resident #1 did not have a second TB skin test. -She was responsible for ensuring residents had a second TB skin test completed.	C 202		
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	C 612		

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C 612	Continued From page 2 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 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 and screening of residents and staff . The findings are: 1. 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	C 612		

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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 NC Department of Health and Human Services 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 front door of the facility on 06/25/21 at 8:15am revealed there was no signage concerning COVID-19 guidance for entrance into the facility.

Observation upon entrance to the facility on 06/25/21 at 8:15am revealed:
-A resident answered the door.
-The resident indicated staff was in the kitchen.
-Staff was standing beside the refrigerator without a face mask.
-Staff came out of the kitchen into the living room and went to a desk to obtain a facemask.
-She placed the facemask on her face.
-There was signage concerning COVID-19 on the wall behind the front door.

Observation of the Administrator on 06/25/21 at 9:00am revealed:
-She came to the front storm door without a face

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mask and did not enter the facility.
-She returned to her vehicle and came back to the front door wearing a face mask.

Observation of the personal protective equipment supply at the facility on 06/25/21 at 8:35am revealed there was a small box of face masks on the staff desk in the living room.

Interview with a resident on 06/25/21 at 9:05am revealed as far as he knew staff wore face masks every day.

Interview with the Supervisor-in-Charge (SIC) on 06/25/21 at 1:26pm revealed:
-She wore a face mask when there were visitors in the facility.
-The reason she was not wearing a face mask on 06/25/21 in the kitchen was because she was alone and it was early in the morning.
-She and all the residents had received the COVID-19 vaccine.
-She received training concerning COVID-19 at a former job.
-She thought the CDC guidelines concerning COVID-19 were to wear a face mask when there were visitors in the facility, when residents were in the room with her, and when there was a large group of people.

Interview with the Administrator on 06/25/21 at 1:07pm revealed:
-She received and read the emails from NC DHHS concerning COVID-19.
-There were signs providing guidance to visitors related to COVID-19 on the front door, but she was in the process of transitioning ownership of the facility.
-The new Owner was in the process of renovating some areas of the facility.

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C 612	Continued From page 5 -The signs were removed from the front door and placed on the wall behind the front door. -She knew staff needed to wear face mask within the facility and when outside of the facility. -Staff and residents wore face masks when outside of the facility. -There were several boxes of face masks available for use in the facility. -She expected staff to wear a face mask when working in the facility. -She knew the COVID-19 CDC guidelines were to wear a face mask while in the facility. 2. 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 all residents and staff should screen 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 NC Department of Health and Human Services COVID-19 Long Term Care (LTC) Infection Control Assessment and Response Tool for LHD dated 10/2020 revealed staff and residents should be screened daily for fever, signs and symptoms of COVID-19. Review of the facility screening logs revealed there were no screening logs for any resident, or staff. Review of two residents' April 2021, May 2021, and June 2021 medication administration records (MARs) revealed there was no documentation of any temperatures.	C 612		

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C 612	Continued From page 6 Observation of the staff desk in the living room on 06/25/21 at 8:45am revealed there was an infrared thermometer available for use in the facility. Interview with a resident on 06/25/21 at 11:05am revealed staff had not taken his temperature on 06/25/21 or yesterday on 06/24/21. Interview with a Supervisor in Charge (SIC) on 06/25/21 at 1:35pm revealed: -She began working at the facility on June 22, 2021. -She did not take the residents' temperatures daily when she worked, and she did not document the resident's temperatures. -There was a thermometer for use at the facility. -While at work, she had not screened herself daily . -She had screened visitors to the facility by checking their temperatures, asking them to sanitize their hands with hand sanitizer and ask about COVID-19 signs and symptoms. -She had not read the entire CDC guidelines for COVID-19 for long term care facilities. -She knew some of the CDC guidelines were to wash your hands, use hand sanitizer and distance yourself from others. Telephone interview with the Administrator on 06/25/21 at 1:07pm revealed: -There was a screening station placed near the front door but that was also disassembled. -Staff and residents had received the COVID-19 vaccine. -Prior to the COVID-19 vaccine, staff screened the residents daily by checking temperatures and asking the residents about symptoms of COVID-19. -Staff stopped screening the residents daily for	C 612		

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C 612	Continued From page 7 COVID-19, because the residents had received the COVID-19 vaccine. -After the COVID-19 vaccine, the residents were screened monthly for a period of time. -Staff screened the residents when the residents had a complaint of not feeling well. -When oncoming staff came to work, they screened themselves for one week. -If staff had no symptoms of COVID-19, then staff stopped screening themselves . -Staff and residents were screened if they left the facility and returned later. -She made the decision to stop screening residents and staff daily a month after they received the second dose of COVID-19 vaccine. -Staff wrote their temperatures on the same questionnaire used by the visitors. -She knew the CDC guidelines were to screen staff and residents daily by checking temperatures and asking about COVID-19 symptoms. -She was responsible for ensuring all staff were following the guidelines of the CDC concerning COVID-19 screenings with daily temperatures for residents, and staff in the facility.	C 612		