Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL017038 | A. BUILDING: _____ B. WING _____ | 07/14/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BEVERLY RUCKER FAMILY CARE HOME # 9 | 6912 NC HWY 150 REIDSVILLE, NC 27320 |

| (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 |
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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted a Follow-Up and Annual survey on July 14, 2021. | C 000 | | |
| C 246 | 10A NCAC 13G .0902(b) Health Care<br><br>10A NCAC 13G .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure referrals were completed for 1 of 1 sampled resident related to a diabetic resident whose toenails needed to be trimmed, to a podiatrist (#1).<br><br>The findings are:<br><br>Review of Resident #1's current FL-2 dated 09/16/20 revealed diagnoses included diabetes, hypertension, and dementia.<br><br>Review of Resident #1's care plan dated 05/01/21 revealed Resident #1 needed assistance with bathing and dressing.<br><br>Observation of Resident #1's left foot on07/14/21 at 3:58pm revealed:<br>-The first toenail on his left foot extended over the end of the toe by ½ inch and had curled toward the second toe.<br>-The toenails on the rest of his toes on the left foot extended over the end of his toes by ¼ inch and all the toenails were curved toward the adjacent toe.<br><br>Interview with Resident #1 on 07/14/21 at 3:58pm revealed: | C 246 | | |

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| C 246 | Continued From page 1<br>-He had not been to a podiatrist.<br>-The last time his toenails were cut, a staff member cut the toenails.<br>-He could not recall when his toenails had been cut.<br><br>Interview with the Supervisor-in-Charge (SIC) on 0714/21 at 4:25pm revealed:<br>-Resident #1 had complained a few months back about his toenails hurting and another staff member cut the resident's toenails.<br>-She had not noticed Resident #1's toenails needed to be cut again.<br><br>Interview with the Administrator on 07/14/21 at 4:01pm revealed:<br>-Diabetic residents needed to have their toenails trimmed by a podiatrist.<br>-She had not seen Resident #1's toenails.<br>-No one had told her Resident #1's toenails needed to be trimmed.<br>-If someone had told her Resident #1's toenails needed to be trimmed, she would have made an appointment with a podiatrist.<br>-She expected the staff to tell her when a resident needed their toenails trimmed.<br><br>Attempted telephone interviews with Resident #1's PCP on 07/14/21 at 3:30pm unsuccessful. | C 246 | Administrator will Make sure diabetics toe nails are trimmed by a Podiatrist. Administrator has set up appointment for the resident to be on a scheduled Podiatrist appointments to assure that residents toe nails are monited as well as their feet to assure Proper foot care. Administrator will check every residents feet every 2 months to assure toenails are trimmed and no soreson feet. | 8/2/21 |
| C 254 | 10A NCAC 13G .0903(c) Licensed Health Professional Support<br><br>10A NCAC 13G .0903 Licensed Health Professional Support<br>(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care | C 254 | | |

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| C 254 | Continued From page 2<br>plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:<br>(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;<br>(2) evaluating the resident's progress to care being provided;<br>(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and<br>(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure a quarterly Licensed Health Professional Support (LHPS) evaluation had been completed by a licensed health professional for 1 of 3 sampled residents (#1) with an LHPS task of finger stick blood sugars (FSBS).<br><br>The findings are:<br><br>Review of Resident #1's current FL-2 dated 09/16/20 revealed:<br>-Diagnoses included diabetes, hypertension and dementia.<br>-There was an order to check finger stick blood sugar (FSBS) once a day.<br><br>Review of Resident #1's medication administration record (MAR) for May 2021, June 2021 and July 2021 revealed: | C 254 | Administrator will assure to have residents assess by that newly admitted resident has been properly assessed by a RN. Administrator will assure to have LHPS done for newly admitted residents to assure that they get proper care administrator will contact RN to do LHPS on any health care changes of any residents to have LHPS done. Administrator will monitor for any changes of any Resident during the daily call from staff. | 8/2/21 |

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| C 254 | Continued From page 3<br>-There was an entry to check Resident #1's FSBS daily.<br>-There was documentation Resident #1's FSBS was checked daily.<br><br>Review of Resident #1's record revealed there was no Licensed Health Professional Support (LHPS) evaluation available for review.<br><br>Interview with Resident #1 on 07/14/21 at 4:00pm revealed a nurse had not been in to see him at the facility.<br><br>Interview with the Administrator on 07/14/21 at 11:34am revealed:<br>The LHPS nurse had been to the facility on 05/10/21 and completed LHPS reviews on all the residents.<br>-She did not know why Resident #1's LHPS evaluation was not in the resident's record.<br><br>Telephone interview with the LHPS nurse on 07/14/21 at 3:37pm revealed:<br>-When they are at the facility, they ask if there were any new residents or residents who have new LHPS tasks.<br>-They did not see Resident #1 when they were at the facility in May 2021.<br>-They rely on the staff at the facility to tell them when a resident needs a LHPS evaluation. | C 254 | Administrator will let the LHPS nurse know if there is a new admission to the facility so that the new admission can be assessed properly. | 8/2/21 |
| C 330 | 10A NCAC 13G .1004(a) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: | C 330 | | |

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| C 330 | Continued From page 4<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 3 sampled residents (#1 and #2) related to an inhaler medication (#2) and an eye drop (#1).<br><br>The findings are:<br><br>1. Review of Resident #2's current FL-2 dated 04/27/21 revealed:<br>-Diagnoses included chronic obstructive pulmonary disease (COPD), vitamin D deficiency, schizoaffective disorder, and intellectual disability.<br>-There was an order for Elipta 62.5mcg/25mcg, inhale one puff daily. (Elipta is used to control and prevent symptoms such as wheezing and shortness of breath).<br><br>Review of Resident #2's medication administration record (MAR) for May 2021 revealed:<br>-There was an entry for Elipta 62.5mcg/25mcg, inhale one puff daily with a scheduled administration time of 8:00am.<br>-Elipta 62.5mcg/25mcg was documented as administered from 05/01/21-05/31/21 at 8:00am.<br><br>Review of Resident #2's MAR for June 2021 revealed:<br>-There was an entry for Elipta 62.5mcg/25mcg, inhale one puff daily with a scheduled administration time of 8:00am.<br>-Elipta 62.5mcg/25mcg was documented as | C 330 | | |

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| C 330 | Continued From page 5<br>administered from 06/01/21-06//30/21 at 8:00am.<br><br>Review of Resident #2's MAR for July 2021 revealed:<br>-There was an entry for Elipta 62.5mcg/25mcg, inhale one puff daily with a scheduled administration time of 8:00am.<br>-Elipta 62.5mcg/25mcg was documented as administered from 07/01/21-07/14/21 at 8:00am.<br><br>Review of Resident #2's medications on hand on 07/14/21 at 11:35am revealed:<br>-There was an Elipta 62.5mcg/25mcg inhaler with a dispensed date of 01/11/21.<br>-The Elipta inhaler count window was red.<br><br>Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 07/14/21 at 1:17pm revealed:<br>-Resident #2 had a current order for Elipta 62.5mcg/25mcg, inhale one puff daily.<br>-Resident #2's Elipta had been dispensed on 10/08/20, 11/23/20, and 01/11/21.<br>-The Elipta inhaler would last 30 days if used once a day.<br>-If the counter window was red, the inhaler would be empty.<br>-When there were less than ten doses left, the window would start showing red, until it was empty and would then be solid red.<br>-No one had requested Resident #2's Elipta inhaler to be refilled since 01/11/21.<br><br>Interview with the Supervisor-in-Charge on 07/14/21 at 2:14pm revealed:<br>-She allowed Resident #2 to hold the inhaler and administer the medication during the medication pass.<br>-She did not know Resident #2's Elipta inhaler was empty. | C 330 | Administrator will make sure to do a follow-up behind the Med Tech to see if they are giving out medication correctly. Adm. will do a monthly check to see if inhalers etc are being given out during each days as ordered. Administrator will do a check to make sure medications are not empty. Administrater will audit the cart (Medication) monthly. 8/2/21 | |

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| C 330 | Continued From page 6<br>-She had not administered medications at the home since 07/04/21.<br><br>Interview with Resident #2 on 07/14/21 at 2:57pm revealed:<br>-His Elipta 62.5mcg/25mcg inhaler was empty.<br>-He had told someone who worked at the facility the inhaler was empty, but he did not recall who, it was a long time ago.<br>-He could tell he had not been using his Elipta inhaler because he had increased shortness of breath when walking between the facilities.<br><br>Interview with the Administrator on 07/14/21 at 4:01pm revealed:<br>-She was not aware Resident #2's Elipta inhaler was empty.<br>-If the SIC's had told her the inhaler was empty, she would have reordered it.<br>-She had done a cart audit in May 2021.<br>-She looked to make sure Resident #2's medications were on hand, but she did not look at the count to see how many inhales were available to be administered.<br><br>Attempted interview with Resident #2's primary care provider on 07/14/21 at 3:27pm was unsuccessful.<br><br>2. Review of Resident #1's current FL-2 dated 09/16/20 revealed:<br>-Diagnoses included diabetes, hypertension, and dementia.<br>-There was an order for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily. (Olopatadine is used to treat itching of the eye caused by a condition known as allergic conjunctivitis).<br><br>Review of Resident #1's medication | C 330 | Administrator did a meeting with Medication Techs Concerning going out meds and making sure inhalers and PRN are being checked ~~Regularly~~ Regularly 8/21/21 | |

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| C 330 | Continued From page 7<br>administration record (MAR) for May 2021 revealed:<br>-There was an entry for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily with a scheduled administration time of 8:00am.<br>- Olopatadine HCL 0.2% was documented as administered from 05/01/21-05/31/21 at 8:00am.<br><br>Review of Resident #1's MAR for June 2021 revealed:<br>--There was an entry for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily with a scheduled administration time of 8:00am.<br>- Olopatadine HCL 0.2% was documented as administered from 06/01/21-06//30/21 at 8:00am.<br><br>Review of Resident #1's MAR for July 2021 revealed:<br>-There was an entry for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily with a scheduled administration time of 8:00am.<br>- Olopatadine HCL 0.2% was documented as administered from 07/01/21-07/14/21 at 8:00am.<br><br>Review of Resident #1's medications on hand on 07/14/21 at 3:54pm revealed:<br>-There was a bottle of Olopatadine HCL 0.2% with a dispensed date of 05/14/21.<br>-The bottle contained liquid, but the amount could not be determined based on the bottle was white in color and the contents could not be viewed.<br><br>Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 07/14/21 at 1:25pm revealed:<br>-Resident #1 had a current order for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily.<br>-Resident #1's Olopatadine HCL 0.2% eye drop had been dispensed on 03/18/21, 05/14/21, and | C 330 | | |

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| C 330 | Continued From page 8<br>06/28/21.<br>-The Olopatadine HCL 0.2% eye drop would last 25 days if used once a day.<br>-The prescription bottle dispensed on 05/14/21 should be empty if the medication had been administered as ordered.<br><br>Interview with Resident #1 on 07/14/21 at 1:56pm revealed:<br>-Sometimes he got eye drops, but it was "a long time ago."<br>-He could not recall the last time he had received eye drops.<br>-His had not asked for the eye drops because his eyes felt fine.<br><br>Interview with the Medication Aide (MA) on 07/14/21 at 3:46pm revealed:<br>-She had been administering medications at the facility since 07/04/21.<br>-Resident #1 did not receive eye drops.<br>-She did not know Resident #1 had an order for eye drops.<br>-No one had told her Resident #1 had an order for eye drops and she had missed it on the MAR.<br><br>Interview with the Administrator on 07/14/21 at 4:01pm revealed:<br>-She did not know Resident #1's eye drops had not been administered as ordered.<br>-The MAs were supposed to read the MAR and administer the medications as ordered.<br>-She was concerned the MAs were not reading the MAR to know what medications needed to be administered, such as creams, inhalers, and eye drops.<br><br>Attempted telephone interviews with Resident #1's PCP on 07/14/21 at 3:30pm unsuccessful. | C 330 | | |

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| C 342 | Continued From page 9 | C 342 | | |
| C 342 | 10A NCAC 13G .1004(j) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and<br>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure the accuracy of the medication administration records (MARs) for 1 of 3 sampled residents (#2).<br><br>The findings are:<br><br>Review of Resident #1's current FL-2 dated 09/16/20 revealed:<br>-Diagnoses included diabetes, hypertension, and dementia. | C 342 | Administrator had a meeting for all Medication aids to read the MAR's, orders, label on medications, and PRNs, to make sure every thing matches up together. Administrator discuss the importance of Residents receiving the correct medications and making sure medications are being administered correctly. Administrator discuss for med tech to make sure medications are ordered before they give out. administrator will do a medication cart audit monthly and monitor the mars as well. 8/02/21 | |

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| C 342 | Continued From page 10<br>-There was an order for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily. (Olopatadine is used to treat itching of the eye caused by a condition known as allergic conjunctivitis).<br><br>Review of Resident #1's medication administration record (MAR) for May 2021 revealed:<br>-There was an entry for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily with a scheduled administration time of 8:00am.<br>- Olopatadine HCL 0.2%.was documented as administered from 05/01/21-05/31/21 at 8:00am.<br><br>Review of Resident #1's MAR for June 2021 revealed:<br>--There was an entry for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily with a scheduled administration time of 8:00am.<br>- Olopatadine HCL 0.2% was documented as administered from 06/01/21-06//30/21 at 8:00am.<br><br>Review of Resident #1's MAR for July 2021 revealed:<br>-There was an entry for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily with a scheduled administration time of 8:00am.<br>- Olopatadine HCL 0.2% was documented as administered from 07/01/21-07/14/21 at 8:00am.<br><br>Review of Resident #1's medications on hand on 07/14/21 at 3:54pm revealed:<br>-There was a bottle of Olopatadine HCL 0.2% with a dispensed date of 05/14/21.<br>-The bottle contained liquid, but the amount could not be determined based on the bottle was white in color and the contents could not be viewed.<br><br>Telephone interview with a pharmacy technician | C 342 | | |

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| C 342 | Continued From page 11<br>at the facility's contracted pharmacy on 07/14/21 at 1:25pm revealed:<br>-Resident #1 had a current order for Olopatadine HCL 0.2% eye drop instill one drop in each eye daily.<br>-Resident #1's Olopatadine HCL 0.2% eye drop had been dispensed on 03/18/21, 05/14/21, and 06/28/21.<br>-The Olopatadine HCL 0.2% eye drop would last 25 days if used once a day.<br>-The prescription bottle dispensed on 05/14/21 should be empty if the medication had been administered as ordered.<br><br>Interview with Resident #1 on 07/14/21 at 1:56pm revealed:<br>-Sometimes he got eye drops, but it was "a long time ago."<br>-He could not recall the last time he had received eye drops.<br>-His had not asked for the eye drops because his eyes felt fine.<br><br>Interview with the Medication Aide (MA) on 07/14/21 at 3:46pm revealed:<br>-She had been administering medications at the facility since 07/04/21.<br>-Resident #1 did not receive eye drops.<br>-She did not know Resident #1 had an order for eye drops.<br>-No one had told her Resident #1 had an order for eye drops and she had missed it on the MAR.<br>-She had documented on the MAR that the eye drops had been administered; it was a mistake.<br><br>Interview with the Administrator on 07/14/21 at 4:01pm revealed:<br>-She did not know the MA had documented administering a medication when it had not been administered. | C 342 | Administrator will assure Staff to document when they give out medication to assure proper documentation for med techs to make sure Resident get medication as the doctor have prescribe them to get it. | 8/2/21 |

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| | FCL017038 | A. BUILDING: _____ B. WING _____ | 07/14/2021 |

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| C 342 | Continued From page 12<br>-The MA should not document medication had been administered if the medication had not been administered.<br>-She expected the MA to only document when medication had been administered or exceptions. | C 342 | | |
| C 612 | 10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp)<br><br>10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM<br>(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.<br><br>This Rule is not met as evidenced by:<br>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 | C 612 | | |

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| C 612 | Continued From page 13<br><br>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) by staff to reduce the risk of transmission and infection and screening of residents, staff and visitors.<br>The findings are:<br><br>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:<br>-Personnel should wear a face mask while in the facility and for protection during resident care encounters.<br>-Personnel who worked in areas with minimal to no community transmission of the coronavirus should use a well-fitting face mask for source control.<br><br>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.<br><br>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.<br><br>Observation at the entrance to the facility on 07/14/21 at 8:30am revealed the staff who identified herself as the Supervisor-in-Charge (SIC) answered the door without a face mask. | C 612 | | |

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| C 612 | Continued From page 14<br><br>Observation of the facility living room at 8:36am revealed:<br>-A female entered the facility, dropped something off, and left the facility.<br>-The female was not wearing a mask.<br><br>Interview with the SIC on 07/14/21 at 8:36am revealed the female was the SIC in the sister facility next door.<br><br>Interview with three residents on 07/14/21 between 8:38am-8:49am revealed:<br>-The staff did not wear masks.<br>-The staff from the sister facilities did not wear masks.<br>-The staff "did wear masks" but not anymore.<br>-The staff had not worn a mask in "weeks."<br>-The staff wore masks when they went out to stores.<br><br>Observation of the facility living room between 8:40am-9:10am revealed:<br>-The same female entered the home, accompanied by a male SIC from a third sister facility.<br>-Neither wore face masks.<br>-Two residents from the sister facility entered the home and sat down to watch television.<br>-Neither resident wore a face mask.<br><br>Interview with the SIC on 07/14/21 at 11:02am revealed:<br>-She was supposed to wear a face mask while working.<br>-Wearing a mask made it hard for her to breathe.<br><br>Observation of the sister facility between 12:21pm and 12:40pm revealed:<br>-The SIC and all the residents walked to the sister | C 612 | | |

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| C 612 | Continued From page 15<br>facility to have meals.<br>-The SIC at the sister facility was not wearing a mask.<br>-The residents were not wearing masks.<br>-There were residents from three facilities in the home having lunch.<br>-The SIC from the third facility entered and was not wearing a mask.<br><br>Interview with the Administrator on 07/14/21 at 11:45am revealed:<br>-Staff were supposed to wear masks.<br>-All the staff had the two COVID vaccinations.<br>-Three of the four residents in the home had the two COVID vaccinations.<br><br>2. Review of the Centers for Disease Control and Prevention (CDC) Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 03/10/21 revealed:<br>-This guidance applies to all healthcare personnel (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting.<br>-Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19<br>-Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19.<br>-Screening for fever and symptoms should also be incorporated into daily assessments of all admitted patients.<br><br>Observations upon entering the facility on 07/14/21 at 8:30am revealed:<br>-The supervisor in charge (SIC) met the surveyor at the facility entrance. | C 612 | | |

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| C 612 | Continued From page 17<br>to be screened with questions and temperature checks.<br>-There had been no visitors into the facility.<br><br>Telephone with the facility's contracted Licensed Health Professional Support (LHPS) Nurse on 07/14/21 at 6:37pm revealed:<br>-She had completed quarterly LHPS reviews at the facility in May 2021.<br>-She was not screened by the SIC upon entering the facility. | C 612 | Administrator will assure that all facilities Stop each and everyone that comes to the facility and ask them the screening questions, take their temperature and give the hand sanitizer and Document that whoever comes into the facility their temp, name and if questions were asked, All people entering facilities has to wear a mask. Administrator has had a meeting to discuss that all staff has to wear their mask the entire Day. administrator will Review the screening of the Logs weekly to monthly to assure temperature and questions are being done. | 8/2/21 |

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| C 612 | Continued From page 16<br>-The SIC did not offer or request to check the surveyor's temperature or ask any screening questions upon entry.<br><br>I Interview with three residents on 07/14/21 between 8:38am-8:49am revealed:<br>-No one had taken their temperatures.<br>-No one asked screening questions about symptoms of COVID-19.<br><br>Interview with the Supervisor-in-Charge (SIC) on 07/14/21 revealed:<br>-She did not check the resident's temperatures daily.<br>-She did not check her temperature.<br>-No one had instructed her to take temperatures.<br>-She had not asked screening questions.<br>-Most of the resident's visitors, visited outside with the residents.<br>-She could only recall one visitor coming inside to drop something off and was only in the facility for a few minutes.<br><br>Observation of the main entrance on 07/14/21 at 1:39pm revealed:<br>-There was a covered tote sitting on the floor beside a chair.<br>-There was a bottle of hand sanitizer sitting on top of the container.<br>-When opened the container contained personal protective equipment supplies, cleaning supplies, and a thermometer.<br>-The thermometer was in its original box underneath other supplies.<br><br>Interview with the Administrator on 07/14/21 at 11:45am revealed:<br>-She did not know the resident's temperatures were supposed to be checked daily.<br>-She did not know visitors into the home needed | C 612 | Administrator will assure to Make Sure Staff wear their mask all Day and make Sure they Check temperatures and ask Screening Questions. None is to enter the facility unless they are masked and screen and the documentation is written down daily on the Clip board. 8/2/21 | |