STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092017	A. BUILDING: _____ B. WING _____	10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWNDALE MANOR	601 LAKESIDE DRIVE GARNER, NC 27529

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on October 12, 2021 and October 13, 2021.	D 000		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 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 during the global coronavirus (COVID-19) pandemic as related to the screening of residents for COVID-19 signs and symptoms including daily temperature checks. The findings are:	D 612		

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D 612	Continued From page 1	D 612		

Review of the Centers for Disease Control and Prevention (CDC) Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities dated 09/10/21 revealed all residents 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 local health department (LHD) dated 10/2020 residents should be screened daily for fever, signs and symptoms of COVID-19.

Review of the facility's COVID-19 policy revealed there was not a policy to review.

Review of five residents' August 2021, September 2021, and October 2021 medication administration records (MARs) revealed there was no documentation of daily temperatures or COVID-19 signs and symptoms.

Review of the resident's temperature logs on 10/13/21 at 11:00am revealed the residents' temperatures had not been documented since July 2021.

Interview with a resident on 10/12/21 at 9:45am revealed:
-She did not have her temper taken by staff.
-The last time her temper was taken was 3-4 weeks ago.

Interview with the Resident Care Coordinator (RCC) on 10/13/21 at 11:03am revealed:

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D 612	Continued From page 2 -There was a housekeeper on light duty that was taking the residents temperatures and documenting them into a logbook. -The housekeeper took them every day she worked; she worked Monday through Friday. -The medication aides (MAs) took the residents' temperatures on the weekends. -The housekeeper went room to room and took the residents' temperatures. -Residents were also screened at the entrance of the facility when they returned from leaving the facility for any reason. Interview with the facility's Licensed Practical Nurse (LPN) on 10/13/21 at 11:12am revealed: -The local department of health recommended daily temperature checks and screening residents for symptoms related to COVID-19. -She thought the screening and temperature checks were still being done. -She had not monitored the residents' temperature logs to ensure they were done. Interview with the Administrator on 10/13/21 at 11:17am revealed: -She thought the residents' temperatures were taken and documented at least once daily. -The LPN and RCC were responsible for checking the temperature logs for completion. -She did not know the residents' temperatures were not being taken. -The facility had not had any positive cases of COVID-19. -Staff were monitoring the residents for symptoms of COVID-19 and were supposed report concerns to the RCC or LPN. -She knew the residents were supposed to be monitored for symptoms of COVID-19 and have temperatures taken.	D 612		