STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: _____ B. WING _____	R 07/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	1120 BENNING STREET DURHAM, NC 27703

(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 a follow-up survey on 07/09/21.	{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 and interviews, the facility failed to ensure recommendations and guidance established by the 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	C 612	All related policies have been reviewed by the administrator and staff in our monthly inservice training. Additional infection control training was provided via the CDC site online. The Health Department did a walk-through and provided recommendations in February 2021. The recommendations were reviewed by the administrator to ensure all guidelines were implemented. It was reiterated that all staff must wear masks while in common areas or with residents. The mask is to only be removed while eating, drinking, or while in the staff room. The Director and Administrator will monitor compliance through daily visits to the facility. SM 09/03/21	08/05/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Cheryl Mitchell TITLE Administrator (X6) DATE August 20, 2021

Reviewed and acknowledged with revision. SM 09/03/21

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C 612	Continued From page 1	C 612		

transmission and infection to residents as related to staff wearing facemasks.

The findings are:

Observation upon entry to the facility on 07/09/21 at 8:48am revealed:
-There was signage on the entry door related to COVID-19 precautions.
-The Supervisor-in-Charge (SIC) was not wearing a facemask.

Observations on 07/09/21 revealed:
-At 12:20pm, the SIC donned a facemask when receiving food from a delivery driver at the door to the facility.
-The SIC removed the facemask after receiving the food and closing the facility door.
-At 4:00pm, the SIC donned a facemask when a resident's mental health provider (MHP) entered the facility.
-The SIC kept the facemask on while the MHP was at the facility.

Review of the North Carolina Governor's Executive Order No. 215 dated 05/14/21 revealed:
-Healthcare personnel (HCP) were required to wear facemasks in healthcare facilities.
-HCP must follow the requirements in the 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:
-The guidance applied to all HCP while at work.
-Fully vaccinated HCP should continue to wear

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C 612	Continued From page 2 facemasks while at work. Interview with a resident on 07/09/21 at 8:55am revealed the SIC did not wear a facemask while in the facility. Interview with the SIC on 07/09/21 at 3:40pm revealed: -He did not wear a facemask while in the facility because everyone was fully vaccinated. -He wore a facemask whenever he took the residents out in public. -In 2020, at the beginning of the COVID-19 pandemic, staff were provided with CDC guidelines about wearing facemasks, temperature screening, sanitizing the environment, and isolation. -He "dropped the ball" by not wearing a facemask. -The Administrator was "very particular about protocol." -While the surveyor was in the building, neither the Administrator nor the facility's Registered Nurse (RN) instructed him to put on a facemask. Interview with the Administrator on 07/09/21 at 3:57pm revealed: -All staff were supposed to wear facemasks while in the facility. -The SIC should have been wearing a facemask unless he was eating or drinking. -The SIC could remove his facemask when he was in the staff room. -There was an in-service training "about 1-2 months ago" on the continued use of facemasks while in the facility. -All staff and the residents were fully vaccinated. -The Administrator and staff "got a little relaxed after we all got vaccinated."	C 612		