STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl035032	A. BUILDING: _____ B. WING _____	06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE AT HILLSBORO STREET	502 HILLSBORO STREET YOUNGSVILLE, NC 27596

(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 an annual and follow-up survey on June 17, 2021.	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, 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	C 612	C612 Infection Prevention and control program Per the guidance established by the CDC, the Administrator/Owner (Chris Tsiyola) Shall ensure that ~~the~~ Staff shall wear a face shield and mask all times when providing care to a resident. when a staff is not providing care	7/6/21-amended SS

Reviewed and accepted with revisions-7/6/21-SS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl035032	A. BUILDING: _____ B. WING _____	06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE AT HILLSBORO STREET	502 HILLSBORO STREET YOUNGSVILLE, NC 27596

(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 612	Continued From page 1 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. The findings are: 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 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 at the entrance to the facility on 06/16/21 at 8:15am revealed: -The entrance of the facility lead into the kitchen area. -Staff answered the door without a face mask. -The same facility staff was assisting two residents who were eating their breakfast meal.	C 612	to a resident, Such staff shall wear his/her MASK at all times while in the facility. However, when a staff is in the office / staff room, such staff will not be obligated in putting on a mask or face shield.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl035032	A. BUILDING: _____ B. WING _____	06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE AT HILLSBORO STREET	502 HILLSBORO STREET YOUNGSVILLE, NC 27596

(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 612	Continued From page 2 -The staff identified herself as the Supervisor-in-Charge (SIC). Observation of the SIC on 06/16/21 at 9:26am revealed she did have a face mask on pulled below her nose walking throughout the facility. Observation of the SIC and the personal care aide (PCA) on 06/16/21 at 12:45pm revealed they removed their face masks within the facility after the lunch meal service was completed and the residents were taken to the front porch. Observation of the SIC on the front porch of the facility on 06/16/21 at 1:25pm revealed she came outside without a face mask and approached a resident and his hospice nurse (she wore a face mask) who was changing a dressing. Observation of the PCA on the front porch of the facility on 06/16/21 at 1:40pm revealed she came outside to assist a resident back into the facility without a face mask. Observation of the PCA and SIC within the facility on 06/16/21 at 3:15pm revealed they were not wearing a face mask and two residents were in the facility. Observation of the personal protective equipment supply at the facility on 06/16/21 at 4:35pm revealed there was one opened plastic wrapped package of face masks on the medication cart. Interview with the PCA on 06/16/21 at 3:25pm revealed: -She worked at the facility daily from 9:00am to 5:00pm. -She wore a face mask when there were visitors in the facility.	C 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl035032	A. BUILDING: _____ B. WING _____	06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE AT HILLSBORO STREET	502 HILLSBORO STREET YOUNGSVILLE, NC 27596

(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 612	Continued From page 3 -The reason she took off her face mask on 06/16/21 was because she had been vaccinated. -She and all the residents had received the COVID-19 vaccine. -She received training concerning COVID-19 from the owner of the facility. -The owner told staff to ensure they washed their hands, restrict visitors into the facility, and social distance. -She thought the CDC guidelines concerning COVID-19 were to wear a face mask when there were visitors in the facility, that were unfamiliar to staff. -She had not read the CDC guidelines. -Visitors had to wear a face mask, but some of the visitors who they were familiar with and were vaccinated did not wear a face mask when they visited. -These visitors who did not wear a face mask were the resident's family members. -She was unsure if the facility had a COVID-19 policy. Interview with the SIC on 06/16/21 at 3:55pm revealed: -The Administrator and owner were not available for interview. -Due to the pandemic, no visitation was allowed and once the state of NC recommended visitation could resume it occurred outside of the facility. -Visitors had to wear face masks during visits as well as the residents. -Staff wore face masks when there was a visitor in the facility. -Staff had received the COVID-19 vaccination. -Staff and residents wore face masks when outside of the facility. -The state of NC sent people from the CDC who provided the facility staff with training and they came to the facility twice in 2021.	C 612	C612 CDC Visitation guidance Per the CDC visitation guidance, all visitors will enter and exit the facility via the building's West side door.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl035032	A. BUILDING _____ B. WING _____	06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE AT HILLSBORO STREET	502 HILLSBORO STREET YOUNGSVILLE, NC 27596

(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 612	Continued From page 4 -She did not recall the exact dates in 2021. -The trainer from the CDC provided literature concerning COVID-19. -The owner gave an in-service to staff and presented a COVID-19 policy to them. -The owner had them sign the COVID-19 policy and she had an email with the policy attached. -The CDC guidelines were socially distance residents from other people, allowed vaccinated people to meet together, visitors had to wear a face mask. -She was not wearing a face mask within the facility, because she had a medical emergency the previous week. -She knew staff was supposed to wear a face mask while in the facility. -She had a face mask in her pocket. Based on observations, record reviews, and interviews it was determined the three residents who resided in the facility were not interviewable. Attempted interview with the Administrator and the owner on 06/17/21 at 4:30pm was unsuccessful.	C 612	Visitors will be screened upon entering the facility. Any visitor when screened and is noted to have fever or other symptoms will be instructed to leave the facility. Visitors will be asked to follow the CDC guidance by putting on their mask either inside or outside of the facility while visiting their loved ones.	7/6/21- amended SS