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	HAL060111	A. BUILDING: _____ B. WING _____	R 12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 12/07/21-12/08/21.	{D 000}	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in the state of deficiencies or corrective action report; the plan of correction is prepared solely as a matter of compliance state law.	
D 611	10A NCAC 13F .1801 (b) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following: (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics, including: (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or	D 611	10A NCAC 13F .1801 Infection Prevention and Control Program On 12/16/2021, All staff attended a training conducted by an infection prevention support team member that included hand washing, donning and doffing of PPE, disposal of PPE and quarantine precautions. Staff will be reminded and re-educated at daily stand-up meetings of infection control practices to follow daily. In the event of an outbreak or quarantine, staff will be educated each shift of the quarantine requirements to follow and the location of PPE supplies. This will include all care staff, housekeeping staff, dietary staff and management. Administrator or Care Coordinator or designee will make rounds during the day to ensure proper infection control practices including handwashing, PPE and any needed quarantine precautions are being followed. Administrator, Care Coordinator and/or designee will make rounds during the day to ensure staff have adequate PPE needed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Klyshia Fuller — TITLE: executive director — (X6) DATE: 1/10/2022

Reviewed and Acknowledged on 01/10/22
by DMS.

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condition, or communicable disease outbreak in accordance with Rule .1802 of this Section;
(3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by
the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen;
(4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
of illness, as well as posting signage for visitors regarding screening and restriction procedures;
(5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
from working;
(6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs
of the residents during a communicable disease outbreak;
(7) The annual review and update of the facility ' s IPCP to be consistent with published CDC guidance
on infection control; and
(8) a process for updating policies and procedures to reflect guidelines and recommendations by the
CDC, local health department, and North Carolina Department of Health and Human Services
(NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency

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D 611	Continued From page 2 declared by the State of North Carolina. This Rule is not met as evidenced by: TYPE B VIOLATION 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 (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to staff not wearing N95 facemasks, eye protection and appropriately removing personal protective equipment (PPE). The findings are: Review of the Center for Disease Control (CDC) guidelines for the prevention and spread of COVID-19 in long term care (LTC) facilities, updated 09/10/21, revealed: -Eye protection (i.e., goggles or a face shield that covers the front and sides of the face), and an N95 should be worn during all patient care encounters. -The PPE should be removed and placed in the trash before exiting the COVI-19 positive room. Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of COVID-19 in LTC facilities, updated 09/10/21, revealed: -Eye protection (i.e., goggles or a face shield that covers the front and sides of the face), and an N95 should be worn during all patient care encounters. -The PPE should be removed and placed in the trash before exiting the COVI-19 positive room.	D 611		

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D 611	Continued From page 3 Review of the facility's Infection Control Policy dated 01/29/21 revealed; -The staff were to wear a disposable gown, gloves, N95 mask and face shield or goggles with resident who were COVID-19 positive. -The staff were to doff (remove) the disposable gown, gloves, inside the COVID 19 positive resident's room and place in the garbage bag inside the room. Review of the facility's Safety Committee Meeting dated 11/18/21 revealed there was training provided to the administration staff and lead medication aides (MAs) on the required PPE to care for COVID-19 positive residents which consisted of a disposable gown, gloves, N95 mask, and face shield or goggles. Review of the facility's All Staff Meeting notes dated 11/22/21 revealed: -There were 16 staff members were trained on the PPE to wear while caring for COVID-19 positive residents which consisted of a disposable gown, gloves, N95 mask and face shield or goggles. -There were 16 staff members were trained to remove PPE before exiting the COVID-19 positive room. Review of the recommendations provided by the local Health Department (LHD) on 12/07/21 revealed: -Staff were to wear a disposable gown, gloves, N95 mask and face shield or goggles for all resident interactions with COVID-19 positive residents. Telephone interview with the LHD Nurse on 12/08/21 at 12:17pm revealed:	D 611		

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D 611	Continued From page 4 -On 12/03/21, the facility contacted the LHD to inform them of the two residents who tested positive for COVID-19. -The recommendations given was for the two COVID -19 positive residents to be quarantined to one room. -The required PPE to be worn with all COVID-19 positive encounters was a disposable gown, gloves, N95 mask, and face shield. -All PPE was to be removed prior to exiting the COVID-19 positive resident's room and placed in the garbage can inside the room. -She sent a follow up email to the facility on 12/07/21 with links for COVID-19 guidance. Telephone interview with a second LHD infectious disease nurse on 12/08/21 at 12:30pm revealed: -She assisted other LHDs to provide COVID-19 infection control training to local facilities. -On 12/03/21, she was contacted to assist with COVID-19 infection control training for the facility. -On 12/03/21, she instructed the Administrator to inform the staff to wear a disposable gown, gloves, N95 mask, and face shield or goggles. -On 12/03/21, she made an appointment for training that was to be completed at the facility on 12/08/21 but was rescheduled on 12/08/21 in the morning to educate staff on appropriate use of PPE. -The training included proper PPE to wear with COVID-19 positive residents during encounters. -Improper use of the required PPE could lead to the risk of the spread of COVID-19 to other residents/staff. Observation of the facility's PPE supply on 12/08/21 at 10:39am revealed there were approximately 300 disposable gowns, 13,000 gloves, 400 N95 face masks, and 100 face shields.	D 611		

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D 611	Continued From page 5 Interview with the Business Office Manager (BOM) on 12/07/21 at 8:15am revealed there were two COVID-19 positive residents quarantined in room 113. Observation of room 113 on 12/08/21 from 9:38am to 9:50am revealed: -There was a sign on the door that read, "before entering the room please put on full PPE. Before leaving the room please remove PPE and put in garbage can in the room". -The housekeeper (HK) cleaned room 113 and was not wearing an N95 face mask or eye protection. -The HK walked in and out of the room while wearing the same PPE, to retrieve items from the housekeeping cart in the hallway. -The HK wore a gown, gloves, shoe covers and two surgical face masks. -The HK finished cleaning the room and walked into the hallway wearing the same PPE she put on prior to cleaning room 113. -The HK took off her gown and placed it in an empty plastic bag, not in the room before she left the resident's room. -The HK walked across the hall and sat in a chair and then took off her shoe covers. -The HK disposed of her shoe covers and gloves in the same plastic bag that the gown was in. -The medication aide (MA) removed her gown, gloves and shoe covers before she exited the room. -The MA exited room 113 with out an N95 face mask or eye protection. Interview with a housekeeper on 12/08/21 at 11:00am revealed: -She cleaned/disinfected room 113 daily where the COVID-19 positive residents resided.	D 611		

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D 611	Continued From page 6 -She was supposed to wear a disposable gown, gloves, N95 and a face shield when she entered the COVID-19 positive resident's room. -There was a note on the door instructing her to wear full PPE which included a disposable gown, gloves, N95 mask, and face shield to wear in that room. -When she was ready to clean room 113 where the COVID-19 positive residents resided, there were no face shields in the PPE storage container outside of the room for her to put on. -She wore the face shields the last time she cleaned/disinfected room 113 where the COVID-19 positive residents resided because the face shields were located outside the room. -She did not ask anyone for a face shield. Interview with the MA on 12/08/21 at 9:45am revealed: -She removed her gown, gloves and shoe covers before she exited the room. -She did not wear any eye protection in the room. -The facility did not provide surgical face masks and an N-95. Interview with the Administrator on 12/08/21 at 10:00am revealed: -The first COVID-19 positive case reported was a staff member on 11/29/21. -The second and third COVID-19 positive cases were residents on 12/03/21. -Their outbreak began on 12/03/21 and the COVID-19 positive residents were moved to a designated COVID-19 positive room. -There were 41 out of 43 residents who were fully vaccinated. -On 12/03/21 she called the LHD and the recommendations were given to cohort the COVID-19 positive residents and to use a disposable gown, gloves, N95 mask, face shield	D 611		

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D 611	Continued From page 7	D 611		

or goggles during resident encounters.
-On 12/03/21 the LHD was notified and recommendations were given to remove PPE inside the COVID-19 positive resident's room prior to exit.
-On 12/03/21, during the telephone conversation with the LHD, the LHD Nurse informed her, she would email all of the recommendations.
-On 11/18/21, training was completed to all the administration and the lead MAs.
-On 11/18/21, administration and lead MAs instructed the staff of the proper PPE to wear during interactions and when to remove PPE after completing care to the COVID-19 positive residents.
-On 11/22/21, during the all staff meeting, 16 staff members including the MA were trained on the proper PPE to wear during interactions and removal of PPE with the COVID-19 positive residents.
-She was not sure the date of when the housekeeper was trained on the proper PPE to wear during interactions with the COVID-19 positive residents.
-On 12/07/21, she received an email from the LHD which included recommendations on the proper PPE to wear during interactions with the COVID-19 positive residents which included a disposable gown, gloves, N95 mask, face shield or goggles during resident encounters and when to remove PPE.
-On 12/08/21, an LHD infectious disease nurse was scheduled to complete training on the proper PPE to wear during interactions with the COVID-19 positive residents which included a disposable gown, gloves, N95 mask, face shield or goggles during resident encounters, and when to remove PPE.
-On 12/08/21, the LHD infectious disease nurse called and rescheduled the training to 12/09/21.

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D 611	Continued From page 8 -She was responsible for replacing disposable gowns, gloves, N95 masks, and face shield in the cart outside of the COVID-19 positive resident's room. -On 12/08/21, she replenished the PPE and placed three face shields for the three staff members providing care and services for the COVID-19 positive residents. -On 12/03/21, and after with staff as they worked, she instructed the staff to use a disposable gown, gloves, N95 mask, and face shield in the COVID-19 positive resident's room at all times and to remove PPE prior to exiting the room. -She posted a sign on the COVID-19 positive resident's room instructing the staff to wear full PPE before entering the room and to remove the PPE prior to leaving the resident's room and put the used PPE in the garbage can in the room. -There was a designated garbage can in the COVID-19 resident's room for the used PPE and expected the staff to remove the PPE prior to exiting. -There was enough PPE to use and expected the staff to use the full PPE during resident interactions with COVID-19 positive residents. The failure of the facility to adhere to the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and local health department (LHD) recommendations and guidance resulted in staff not wearing the appropriate PPE and removing their PPE after providing personal care and housekeeping services for the residents with a diagnosis of COVID-19. This failure was detrimental to the residents' health, safety and welfare and constitutes a Type B Violation. The facility provided a Plan of Protection in accordance with G.S. 131D-34 on December 8,	D 611		

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D 611	Continued From page 9 2021. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 25, 2022.	D 611		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to infection prevention and control program. The findings are: 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 (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to staff not wearing N95 facemasks, eye protection and appropriately removing personal protective equipment (PPE). [Refer to Tag 0611 10 A NCAC 13F .1801(b)(1)(E) Infection Prevention and	{D912}	G.S 131D-21(4) Declaration of Residents' Rights ED conducted Resident Rights Training to all staff by 12/16/2021. ED educated staff on the importance of following Infection control procedures and following protocol of PPE for quarantine units or rooms for the safety of staff and residents. All staff will receive a copy of the Declaration of Residents Rights by 12/17/2021 and will sign an acknowledgement of receipt and agreement will be placed in staff file.	

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{D912}	Continued From page 10 Control Program (Type B Violation)].	{D912}		