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PRINTED: 06/28/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ADULT CARE LICENSURE SECTION RALEIGH B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT BENSON VII		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BUILDING 7 BENSON, NC 27504		
(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 survey on 06/10/21.	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, interviews and record reviews, the facility failed to ensure recommendations and guidance established by 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	10A NCAC 13G.1701 (C) Infection Prevention & Control Program (temp) The Facility will continue to Ensure implementation of Infection prevention and Control program (IPCP) as It relates to its policies And procedures and all Related published guidance Issued by the CDC and NC DHHS or local health Department.	6/11/21

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Elybone

TITLE *Administrator*

(X6) DATE

7/20/21

STATE FORM

6899

111211

If continuation sheet 1 of 3

Reviewed and acknowledged. SM 07/26/21

Division of Health Service Regulation

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C 612	Continued From page 1 transmission and infection to residents as related to staff not wearing facemasks. The findings are: Observations on 06/04/21 between 9:20am and 3:25pm revealed the Resident Care Director did not wear a facemask while she was inside the facility. Review of the CDC interim infection prevention and control recommendations to prevent COVID-19 spread in long-term care facilities (LTCF) dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -Even as LTCF resumed normal practices and began relaxing restrictions, core infection prevention practices were to be maintained. -Universal source control measures were to be implemented in facilities. -Source control referred to the use of well-fitting facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions when they breathed, spoke, sneezed, or coughed. -The use of facemasks offered protection against exposure to infectious droplets and particles produced by people infected with COVID-19. -Healthcare personnel (HCP) should always wear well-fitting source control while they were in the healthcare facility. Review of the CDC guidance related to updated healthcare infection prevention and control recommendations in response to the COVID-19 vaccination dated 04/27/21 revealed: -Recommendations for use of personal protective equipment by healthcare personnel (HCP)	C 612	The entire staff of The Villas at Benson, VII Have been re-trained To continue wearing face Mask regardless of the Vaccination status. Training was provided By the facility Administrator On Friday June 11th, 2021. Resident Care Coordinator Is responsible for monitoring Compliance. Resident Care Coordinator Will monitor and observe Daily to ensure continued compliance.	4/11/21

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C 612	Continued From page 2 remained unchanged. -Fully vaccinated HCP should continue to wear source control while at work. Interview with the SIC on 06/10/21 at 3:03pm revealed: -Staff were supposed to wear facemasks at all times inside the facility. -The RCD wore a facemask until the requirement was lifted. -He learned from news reports about the facemask requirement being lifted. Interview with the RCD on 06/10/21 at 3:16pm revealed: -Her understanding was that fully vaccinated individuals did not have to wear facemasks. -She heard the Governor and the state Department of Health and Human Services (DHHS) Secretary make the announcement about facemasks no longer being required for fully vaccinated individuals. -She continued to take her temperature whenever she entered the facility. Interview with the Administrator on 06/10/21 at 3:23pm revealed: -She followed the COVID-19 guidance provided by the state DHHS and the CDC -Staff were supposed to wear facemasks "all the time" when they were inside the facility. -The RCD "occasionally" wore a facemask at the facility. -There were enough facemasks available for staff.	C 612		