STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064006	A. BUILDING: _____ B. WING _____	08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIGHT'S FAMILY CARE HOME	3305 GREENFIELD DRIVE ROCKY MOUNT, NC 27804

(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 August 25-26, 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		

Reviewed and acknowledged with revisions- 10/01/21-SS

PRINTED: 09/10/2021
FORM APPROVED

Division of Health Service Regulation

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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 and screening of staff and residents. The findings are: 1. 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 North Carolina Department of Health and Human Services (NC DHHS) 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 of the staff upon entrance into facility on 08/25/21 from 8:05am revealed: -She came to the front door of the facility without a face mask. -She provided screening without a face mask.	C 612	Effective immediately, the Administrator will: 1. Require daily temperature check if staff and residents stay within the facility. 2. Require temperature checks for staff and residents each time they return from visits outside the facility. 3. Require and record temperature checks for all individuals who enter the facility each time they enter. 4. Require the SIC and/or MA to record each individual's temperature on the approved log. 5. Require the SIC and/or MA to initial the temperature log daily. 6. Require the SIC and/or MA to initial the temperature log daily. 7. Require, as needed, COVID-19 testing of staff and residents. 8. Require immediate COVID-19 testing of staff and/or residents if they have been exposed to someone with COVID or present with COVID-like symptoms. 9. Quarantine staff and/or residents who suspect they may have COVID until results are confirmed with an approved medical provider. 10. Require wearing masks for all staff and residents in the facility and staff vehicles at all times. 11. Provide CDC and NC DHHS Infection Control Policy training review for staff. 12. Schedule quarterly facility reviews for Infection Control adherence.	10/15/21 -amended- SS

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C 612	Continued From page 2 Observation of the Supervisor in Charge (SIC) on 08/25/21 at 8:30am revealed she did not have a face mask on when she entered the facility with bags of grocery. Observation of the medication aide (MA) and SIC on 08/25/21 at 9:04am revealed they came to a resident's room to speak with her without wearing a face mask. Observation of the facility on 08/25/21 at 3:10 pm revealed there were two case of surgical face masks with 50 face masks per box in the foyer near the front door. Interview with a resident on 08/25/21 at 8:48am revealed: -The residents and staff had received the COVID-19 vaccine. -The facility had a "big" supply of face masks. -Staff wore face masks when there were visitors in the facility, or when they went outside of the facility transporting residents to appointments or shopping. -Staff did not always wear a face mask inside the facility. Interview with a second resident on 08/25/21 at 9:14am revealed the SIC and the medication aide (MA) wore a face mask "once in a while" in the facility. Interview with the MA on 08/25/21 at 4:45pm revealed: -She had received training concerning COVID-19 from a consultant who came to the facility. -Face masks were worn to prevent the spread of the COVID-19 virus. -She told the residents to wear their face masks	C 612		

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C 612	Continued From page 3 when outside of the facility, stay away from people who were coughing, and social distance. -She did not wear a face mask because she did not leave the facility and her temperatures were normal. Interview with the SIC on 08/25/21 at 3:27pm revealed: -She was the SIC and she had worked at the facility since 1999. -She worked 3 days on and then 3 days off. -For COVID-19, she and the residents washed their hands constantly, and used hand sanitizer. -She had received training concerning COVID-19 from a consultant who came to the facility in May 2021. -The consultant reviewed hand washing, use of hand sanitizer, and sanitizing the counter tops. -There was no COVID-19 policy or infection control policy in the facility. -She wore a face mask in the facility throughout the day. -She wore a face mask in the facility when there were visitors. -She thought she had a face mask on today, but she took it off. -She thought the CDC guidelines were that a face mask was to be worn in the facility and when she left the facility. -She had not read the CDC guidelines concerning the wearing of face masks in LTC. Telephone interview with the Administrator on 08/26/21 at 8:09am revealed: -He planned to prepare a COVID-19 policy after he completed the COVID-19 presentation with the consultant who taught the MA and SIC. -Staff were expected to wear a face masks in the facility. -Staff received the COVID-19 vaccine and the MA	C 612		

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C 612	Continued From page 4 did not leave the facility. -He knew the current CDC guidelines for LTC facilities concerning wearing a face mask in the facility. -He had received and read the emails sent from NC DHHS concerning COVID-19. -He was responsible for following the CDC guidelines related to the use of face masks. 2. 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 all residents and staff 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 revealed staff and residents should be screened daily for fever, signs and symptoms of COVID-19. Observation of the facility on 08/25/21 at 8:05am revealed: -Staff provided screening upon entrance into the facility. -There was a screening station in the kitchen. -There was a thermal scan thermometer available for use on the table. Review of three residents' June 2021, July 2021, and August 2021 medication administration records (MARs) revealed there was no documentation of any temperatures.	C 612		

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C 612	Continued From page 5 Interview with the medication aide (MA) on 08/25/21 at 8:05am revealed there were 3 residents residing in the facility. Interview with a resident on 08/25/21 at 8:48 am revealed: -Staff took her temperature monthly and staff asked her how she was feeling every day. -She had her temperature checked at her primary care provider's office every three months. Interview with another resident on 08/25/21 at 9:14am revealed her temperature was checked in the morning or night, she was not sure. Interview with the medication aide (MA) on 08/25/21 at 4:45pm revealed: -She took the resident's temperatures if they left and returned to the facility. -She did not document the resident's temperatures. -She checked her temperature twice weekly, but she did not document it. Interview with the Supervisor in Charge (SIC) on 08/25/21 at 4:30pm revealed: -She obtained the resident's temperatures once weekly. -If they were not feeling well with a cough, she would take the resident for a COVID-19 test. -She did not document the resident's temperatures. -She screened herself by taking her temperature, but not every day. -She did not document her temperature. -She asked the residents how they were feeling. -She did not know the CDC guidelines related to screening of the residents and staff.	C 612		

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C 612	Continued From page 6 Interview with the Administrator on 08/26/21 at 8:16am revealed: -Visitors were screened and their temperatures were checked. -A consultant came to the facility this year and provided staff with a presentation on COVID-19. -If any staff or residents were exposed to COVID-19, they had to be tested for the coronavirus. -He expected staff to screen themselves daily and when they left and returned to the facility. -He did not know the staff were not documenting their temperatures. -Residents were screened when they left and returned to the facility by taking their temperatures -He knew the CDC guidelines related to staff and resident screening. -He was responsible for following the guidelines of the CDC for screening of staff and residents by taking temperatures daily and documenting the results on the screening log. -He was responsible for ensuring all staff were following the guidelines of the CDC by providing daily temperature screenings for residents and staff in the facility.	C 612		