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If continuation sheet 1 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/07/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOUSE OF BLESSINGS FAMILY CARE HOME

**1421 ROSS MILL ROAD
HENDERSON, NC 27537**

(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 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 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 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 facility's front entrance door on	{C 612}		

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**1421 ROSS MILL ROAD
HENDERSON, NC 27537**

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{C 612}	Continued From page 2 07/07/21 at 8:16am revealed: -There was a sign on the front storm door indicating the facility was not receiving visitors due to COVID-19. -Staff answered the front door without a face mask. Observation upon entrance to the facility on 07/07/21 from 8:17am to 8:40am revealed: -Staff provided screening related to COVID-19 and took a temperature without wearing a face mask. -There were three residents in the facility. -Staff walked throughout the facility and completed tasks without a face mask. Observation of the facility's driveway on 07/07/21 at 8:41am revealed staff walked out to the facility's vehicle without a face mask and got into the vehicle with three residents. Interview with the Supervisor in Charge (SIC) on 07/07/21 at 8:17am revealed there were five residents who resided in the facility and two of the residents attended a day program. Observation of the facility's driveway on 07/07/21 at 2:36pm revealed: -The Administrator went out to greet the facility's van. -The SIC who drove the facility's vehicle was not wearing a face mask. -There were two residents in the facility's vehicle with the SIC. Interview with a resident on 07/07/21 at 4:17pm revealed: -The SICs who worked at the facility wore face masks during residents' primary care provider (PCP) appointments, and when shopping.	{C 612}		

Division of Health Service Regulation

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If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/07/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOUSE OF BLESSINGS FAMILY CARE HOME

**1421 ROSS MILL ROAD
HENDERSON, NC 27537**

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{C 612}	Continued From page 3 -He had not seen either SIC wearing a face mask in the facility. Interview with another resident on 07/07/21 at 4:28pm revealed: -He did not wear a face mask when he went to the day program because he had been vaccinated. -He had not seen the SICs wearing a face mask when he was taken to his PCP's office and shopping in the facility van. -He had not seen the SICs wearing a face mask in the facility. -He had seen the SICs wearing a face mask inside of stores and inside the PCP office. Interview with a third resident on 07/07/21 at 5:00pm revealed: -He went to the day program daily Monday through Friday from 7:30am to 3:45pm. -He had seen the SICs wearing a face mask in the facility. -He thought the SIC did not wear a face mask in the facility and in the van on 07/07/21 because she was busy doing other tasks. Interview with the Supervisor-in-Charge (SIC) on 07/07/21 at 4:37pm revealed: -Her PCP told her about COVID-19 precautions. -She ensured the residents washed their hands and encouraged them to wear a face mask. -She ensured residents had a face mask when leaving the facility. -She did not receive any training concerning COVID-19 at the facility. -The local health department (LHD) nurse came to the facility on 07/02/21 to administer a dose of the COVID-19 vaccination to a resident. -The LHD nurse did not provide any training for her or leave any literature.	{C 612}		

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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1421 ROSS MILL ROAD HENDERSON, NC 27537		
(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 -Her understanding of the CDC guidelines related to wearing face mask was it should be worn when there was a visitor in the facility. -She should have had a face mask on when she answered the front door this morning on 07/07/21. -She thought that she did not have to wear a face mask inside of the facility. -She was not sure if a face mask had to be worn inside the facility if staff and the residents were vaccinated. -The Administrator told her if anyone came into the facility a face mask should be worn. -Most visitors remained outside, but she placed a face mask on whenever there were visitors at the facility. Interview with the Administrator on 07/07/21 at 4:53pm revealed: -She told staff to wear a face mask inside the facility as indicated by the CDC guidelines. -A LHD nurse came in April 2021 to provide training to another SIC and herself. -She did not know staff was not wearing a face mask in the facility on 07/07/21. -She held the staff on duty in the facility responsible for following the CDC guidelines related to the use of face masks.	{C 612}	See Attached	

Americares Health Services LLC (DBA)
House of Blessings Family Cares Home at Ross-Mill Road
1421 Ross-Mill Road
Henderson, NC 27537

License # FCL-091-018
July 18, 2021

RE: Plan of Corrections For 1 Deficiency Cited

1. C 612: 10A NCAC 13G .1701 (c) Infection Prevention & Control Program (Temp)

This citation was corrected immediately. The SIC explained to me that she was in her room, heard the doorbell at 8am in the morning, and rushed to the door without her mask on and she apologized. This is not the practices in the home. All staffs are very much aware at this point of the pandemic, that they are to wear mask within the house, and around the residents. They are only not to wear mask when they are in their room. We are all fully vaccinated, however. We continue to do our best in following the CDC guideline against COVID-19. All residents were trained to wash hands frequently, wear mask, give distance to one and others. The facility continues not to receive nor encourage visitors since the pandemic outbreak, this was explained to the examiner.

This citation was corrected immediately.

On the 7/8/2021, Administrator called for all staffs meeting, and it was further explained the importance of all staffs always wearing mask within the home. All staff's members now completely understand that it is mandatory to wear mask in the home.

Going forward and how to prevent this from happening again; Administrator will come in without announce, to the facility, monitor the staffs, and continue to remind, and encourage the staffs to wear their mask till further notice according to the CDC guideline.

FB Anderson

7/18/2021