Creekside Manor of Forsyth, LLC
6206 Reidsville Road
Kernersville, North Carolina 27284
Phone: 336-595-9889

March 23, 2022

Catherine Prater, Licensure Consultant
NCDHHS – Adult Care Licensure Section
2708 Mail Service Center
Raleigh, North Carolina 27699

Via Email catherine.prater@dhhs.nc.gov

Re: Annual and Follow-up Survey completed February 17, 2022 (ASPEN Event ID R0PD11)
Facility: Creekside Manor
Licensure Number: HAL-034-060
County: Forsyth

Dear Ms. Prater,

We have received your Statement of Deficiencies resulting from your survey completed February 17, 2022.

I have provided the response Statement of Deficiencies/Plan of Correction for your review. Please be assured we strive to maintain a high quality of care, and ensure our residents are receiving the care and attention they deserve and need.

We appreciate your time and assistance. We look forward to hearing your acceptance to our response. If you need anything further, please do not hesitate to contact us.

Sincerely,

CPHammonds

Candace P. Hammonds, Officer

Cc: Mary Sauls, Facility Administrator
File

Attachment: Statement of Deficiencies/Plan of Correction

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey and follow up survey on February 16, 2022 and February 17, 2022.	D 000		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (#2) related to an antifungal medication. The findings are: Review of Resident #2's current FL2 dated 08/17/21 revealed: -Diagnoses included spina bifida, muscle weakness, abnormal posture, and hypoplasia and dysplasia of the spinal cord. -Resident #2 was non-ambulatory and used a wheelchair. Review of Resident #2's physician's order dated 12/09/21 revealed there was an order for nystatin 100,000 unit/gram powder apply to irritated area on groin one daily until healed (a medicated powder used to treat infections of the skin).	D 358		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: C Mammonds — TITLE: Ex Offices — (X6) DATE: 3/23/22

Reviewed and acknowledged 03/25/22 Catherine Prater

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 358	Continued From page 1 Review of Resident #2's electronic Medication Administration Record (eMAR) for January 2022 revealed: -There was an entry for nystatin 100,000 unit/gram powder apply to irritated area on groin once daily until healed. -There was no documentation nystatin was applied for 6 of 31 opportunities on 01/11/22, 01/15/22, 01/21/22, 01/27/22, 01/29/22, and 01/30/22. -There was documentation nystatin was not applied due to "withheld per doctor's orders." Review of Resident #2's eMAR for February 2022 revealed: -There was an entry for nystatin 100,000 unit/gram powder apply to irritated area on groin once daily until healed. -There was no documentation nystatin was applied for 3 of 15 opportunities on 02/3/22, 02/08/22, and 02/09/22. -There was documentation nystatin was not applied due to "withheld per doctor's orders." Interview with a representative from the facility's contracted pharmacy on 02/17/22 at 1:15pm revealed: -There was an order dated 12/10/21 for nystatin 100,000 unit/gram powder apply to irritated area on groin once daily until healed. -There was a previous order for nystatin 100, 000 unit/gram powder apply to irritated area once daily until healed dated 09/01/21. -Nystatin was dispensed to the facility on 09/01/21, 10/19/21, and 02/10/22. -It could not be determined how long nystatin powder should have lasted because it depended on how long it took for the irritated area to heal. Interview with Resident #2 on 02/17/22 at	D 358	Resident's prior skin breakdown had healed, and med tech incorrectly noted reason for not giving med on MAR. Physician's order to properly discontinue medication has been obtained. Pharmacy RN conducted a refresher in-service for med staff to go over proper documentation during med passes.	2/18/22 3/11/22 & 3/12/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 358	Continued From page 2 12:47pm revealed: -She had an order for nystatin powder for skin irritation in her groin area. -She did not know if her skin was still irritated because she had no feeling in the irritated area and she could not see it. -Staff applied the nystatin powder when she needed it. -She had not refused to have the nystatin powder applied and she was not aware of any times the facility ran out of nystatin powder. Interview with a medication aide (MA) on 02/17/22 at 11:49am revealed: -She documented nystatin powder was not administered to Resident #2 in January and February 2022 and that it was withheld per doctor's orders. -She did not apply nystatin powder to Resident #2 once because the medication was not in the facility; she did not know why she did not document the medication was not in the facility. -She did not apply nystatin to Resident #2 on another occasion because the resident refused the medication; she did not know why she did not document Resident #2 refused the medication. -Resident #2 had only refused nystatin powder once. -She did not know why nystatin powder was not applied the other times. -There may have been a glitch at times when she documented in the eMAR system. -Resident #2 still had irritation to her skin. Interview with the Resident Care Coordinator (RCC) on 02/17/22 at 11:53am revealed: -She did not know there were times when Resident #2's nystatin was not applied. -To her knowledge, Resident #2 still had irritation to her skin.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 358	Continued From page 3 -There had not been any physician orders to withhold nystatin powder. -She reviewed residents' medications once a month, but she did not review the eMAR routinely to check for missed doses of medication or refusals. Interview with the Administrator on 02/17/22 at 12:14pm revealed: -She did not know Resident #2 missed applications of nystatin powder in January and February 2022 and it was documented withheld per doctor's orders. -She knew there had not been any physician's orders to withhold nystatin powder for Resident #2. -The RCC was responsible for reviewing the eMARs for accuracy and missed doses of medication, but she did not know how often. -She expected medications to be administered as ordered by the physician. Attempted interview with Resident #2's primary care provider (PCP) on 02/17/22 at 1:02pm was unsuccessful.	D 358		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 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	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 4 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 (NCDHHS) were implemented and maintained to provide protection to residents during the global coronavirus (COVID-19) pandemic as related to the proper use of facemasks (source control) and routine screening for signs and symptoms of COVID-19 by staff. The findings are: Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic dated 02/02/22 revealed: -Source control measures were to be implemented for HCP. -Source control referred to the use of a well-fitting facemask to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. -Cloth facemasks were not PPE appropriate for use by HCP. -Fully vaccinated HCP should wear source control when they were in areas of the facility where they could encounter residents. -Facilities should have established a process to identify anyone entering the facility, regardless of	D 612	Infection Control Training was conducted by the Facility RCC, and will be routinely provided as a refresher. CDC documents were followed for Bloodborne Pathogens, as well As the OSHA Fact Sheets for Bloodborne Pathogens. A more detailed screening log for staff has been implemented and will be monitored by RCC, Shift Supervisor and/or the Administrator for completion by all staff upon the start of their shift. Facility RCC and Pharmacy RN conducted an in-service for Proper Use of PPE and Hand Hygiene for all staff. Facility RCC, Shift Supervisor and/or Administrator will continue to monitor proper use of well-fitting, surgical facemasks.	3/1/22 3/14/22 3/7/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 5 their vaccination status, who has a positive test for COVID-19, symptoms of COVID-19, or close contact/higher risk exposure to COVID-19. Review of the North Carolina Department of Health and Human Services (NCDHHS) COVID-19 Infection Prevention for Long-Term Care Facilities dated 11/19/21 revealed: -Source control referred to the use of well-fitting facemasks to cover a person's mouth and nose. -Cloth masks were not considered personal protective equipment (PPE) and should not be worn by staff. -All staff should be screened for symptoms prior to every shift. Review of the facility's protocols related to COVID-19 revealed: -Staff should wear a facemask while in the facility to cover the mouth and nose. -There was no information regarding screening of staff for signs and symptoms of COVID-19. -The NCDHHS COVID-19 Long-Term Care Infection Control Assessment and Response (ICAR) Tool dated 05/2020 was included with the facility's protocols and revealed: HCP should actively screen for fever and respiratory symptoms before starting each shift and cloth masks were not considered PPE and should not be used instead of a surgical mask or respirator. 1. Observation of the facility upon entrance on 02/16/22 between 8:39am and 8:45am revealed there were 5 staff who walked through the hallway with no mask or with their masks below their nose. Observation of the activity room on 02/16/22 between 3:56pm and 4:30pm revealed: -There was a medication aide (MA) and a	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 6 personal care aide (PCA) sitting at a table in the activity room. -There were residents at other tables around them and one resident stopped to talk to the staff and was not wearing a mask. -The PCA was wearing a cloth mask and it was below her mouth; the MA was wearing her surgical facemask below her nose. -The PCA got up and went to assist a resident who was playing a game and continued to wear her cloth mask below her mouth. -There was a MA/Supervisor sitting at a different table, and she was wearing her facemask below her nose. Interview with the PCA on 02/16/22 at 4:34pm revealed: -Staff were supposed to wear a facemask at all times in the facility due to the COVID-19 pandemic. -The proper way to wear a facemask was to cover the nose and mouth. -She had not worn her facemask to cover her nose and mouth because it was hard to breathe. -She tried not to take her mask down when she was around residents, and she tried to go outside to get a breather throughout the day. -She was not told she needed to wear a surgical facemask opposed to a cloth mask. -She sometimes wore a surgical facemask under a cloth mask, but she only had on a cloth mask today. -The Resident Care Coordinator (RCC) was responsible for COVID-19 protocols and provided training related to COVID-19. Interview with the MA/Supervisor on 02/16/22 at 4:46pm revealed: -She had training on COVID-19 when she started working at the facility in August 2021.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 7 -Her training included proper use of PPE. -Facemasks should be worn to cover the nose and the mouth. -Her facemask slipped down under her nose at times because she had a small face. -She had tried to tie the facemask loops, but they hurt the back of her ears. -She wore her own cloth masks sometimes. -No one told her staff should wear surgical masks. Interview with the MA on 02/17/22 at 9:05am revealed: -Staff were to wear facemasks to cover their nose and mouth at all times when in the facility. -Her facemask fell down when she talked, and the loops irritated the back of her ears when she tried to tie them to make them tighter. -She had not told anyone her facemasks were too loose and fell down. -She noticed other staff's facemasks came down when they talked as well. Interview with five residents between 8:45am and 12:53pm revealed: -Staff wore face masks daily, but sometimes staff were seen with their facemasks below their nose. -Staff did not wear face masks when they were outside smoking while in the presence of other staff and residents. Observation of the dining hall on 02/16/22 between 5:14pm and 5:37pm revealed: -A MA was serving plates to residents wearing her mask below her nose. -The Administrator was serving plates with her mask below her nose. -The Administrator came out of the dining room without a mask on, and she was holding her	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 8 mask in her hand. Interview with the Administrator on 02/17/22 at 12:15pm revealed: -She had been outside meeting with the Dietary Manager. -Someone told her she was needed in the facility and she ran into the facility with her mask in her hand. -She did not think to put her mask back on when she came back inside the facility. -She knew she should have had her mask on in the facility. Interview with the RCC on 02/17/22 at 11:18am revealed: -She was responsible for providing COVID-19 training and in-services to staff with updated COVID-19 information. -COVID-19 training included proper use of PPE, disinfection, and washing and drying clothes/linen. -Staff were to take their temperature at the front door and document their temperature on the daily temperature log. Staff were to wear their mask at all times while in the facility. -Face masks were to be worn to cover the nose and the mouth. -Some staff had told her their masks fall below their nose and she advised them to tie their ear loops to tighten them. -Staff complained that when they tie the ear loops, it hurt their ears. -No staff told her they pull their mask below their nose or mouth because they could not breathe. Observation of the facility on 02/17/22 at 12:12pm revealed: -A PCA walked up the hallway towards the front	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 9 door with his nose and mouth covered by the inside of his elbow. -The PCA did not have a face mask on. Interview with a PCA on 02/17/22 at 1:05pm revealed: -He was not wearing a face mask in the hallway because he just came back in the facility from taking a break in his car and he left the face mask in his car. -When he finished his break, he ran into another staff who reminded him to put his mask on. -He was on his way back out to his car to get his mask when he passed the surveyor in the hallway. -Staff were supposed to wear a mask at all times while in the facility. Second interview with the Administrator on 02/17/22 at 12:13pm revealed: -The PCA threw his mask away before he came up the hallway. -The RCC was responsible for COVID-19 training for staff upon hire and for providing refreshers to staff when new guidance came out from the CDC. -She received COVID-19 updates from the owner of the facility and passed the updates along to the RCC. -She and the RCC shared updates with the staff. -She expected staff to wear their mask throughout their entire shift. -Staff were to wear their masks to cover their nose and mouth. -Sometimes the masks slid down below the nose when staff were talking and especially when they were working and sweating. -Since there were no positive cases of COVID-19 in the facility, she did not think it mattered whether staff wore cloth masks or surgical	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 10 facemasks. 2. Review of the Daily Staff Temperature Logs revealed: -There was an entry for the medication aide (MA)/supervisor, MA, and 4 personal care aides (PCA) for the time period of 7:00am to 7:00pm. -There were 2 entries for PCAs for the time period of 3:00pm to 11:00pm. -There was an entry for 3 PCAs for the time period of 7:00pm to 7:00am -There was an entry for the cook, dietary assistant, housekeepers, activity staff, laundry staff, office assistant/transportation staff, Resident Care Coordinator (RCC), and the Administrator. -There was a column to document the staff's name, temperature and O2 stat. -On 02/03/22 there was documentation 8 staff logged their temperatures. -On 02/04/22, there was documentation 5 staff logged their temperatures. -On 02/05/22, there was documentation 6 staff logged their temperatures. -On 02/06/22, there was documentation 5 staff logged their temperatures. -On 02/07/22, there was documentation 6 staff logged their temperatures. -On 02/08/22, there was documentation 4 staff logged their temperatures. -On 02/09/22, there was documentation 6 staff logged their temperatures. -On 02/10/22, there was documentation 8 staff logged their temperatures. -On 02/12/22, there was documentation 3 staff logged their temperatures. -On 02/13/22, there was documentation 3 staff logged their temperatures. -On 02/14/22, there was documentation 6 staff logged their temperatures.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 11 -On 02/15/22 upon entrance to the facility, there was documentation 2 staff logged their temperatures. -There was no documentation staff screened for any other signs or symptoms of COVID-19 or completed any screening questionnaires. Interview with the PCA on 02/16/22 at 4:34pm revealed: -Staff checked their temperatures at the front door when they entered the facility and wrote their temperature on the temperature log. -She thought she checked her temperature today, but she did not write it down in the temperature log. -Staff did not complete any other screenings or questionnaires for COVID-19 besides checking temperature. Interview with a MA/Supervisor on 02/16/22 at 4:46pm revealed: -Staff checked their temperatures at the front door prior to starting their shifts and documented it on the temperature log. -If a staff had a temperature over 99.1, they had to go home. -The facility was also testing once a week. -Staff did not complete any other screening for signs or symptoms of COVID-19 other than temperatures. Interview with the MA on 02/17/22 at 9:05am revealed: -Staff checked their temperatures at the front door and recorded the temperature on the daily temperature log. -There were no screening questions on the temperature log. Interview with the RCC on 02/17/22 at 11:18am	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

(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
D 612	Continued From page 12 revealed: -She was responsible for providing COVID-19 training and in-services to staff with updated COVID-19 information. -COVID-19 training included proper use of PPE, disinfection, and washing and drying clothes/linen. -Staff were to take their temperature at the front door and document their temperature on the daily temperature log. -If staff had a temperature of 99 or above or did not feel their normal self, they were sent home and not allowed back at work until they presented a negative COVID test. -Staff did not screen for any other symptoms other than a fever and did not have to complete a COVID-19 questionnaire. -She thought staff only had to screen for temperatures, and she did not know staff should be screened for other signs and symptoms of COVID-19. Interview with the Administrator on 02/17/22 at 12:14pm revealed: -She thought staff only had to screen for temperatures if there were no positive COVID-19 cases in the facility. -Staff did not currently screen for any other signs or symptoms other than fever. -If a staff had a fever of 99 or above, the staff would need to leave the facility. -There had not been any positive cases of COVID-19 among residents since December of 2020. -The last positive case of COVID-19 among staff was in January 2022, that staff tested positive outside of the facility and did not return until she tested negative for COVID-19.	D 612		

EMPLOYEE Daily Wellness Check / Screening Log

CREEKSIDE MANOR ASSISTED LIVING

DATE	TIME IN	EMPLOYEE NAME **(PRINT)**  SURGICAL MASKS ARE REQUIRED	CURRENT BODY TEMPERATURE (ENTER ◦F)	SYMPTOMS? (Y or N)	By signing this log you attest to reading the COVID-19 symptoms and exposure risks below, confirm that you are free from any known symptoms or risks and acknowledge that you have received adequate in-servicing about COVID-19. **(SIGNATURE REQUIRED)**

CORONAVIRUS GUIDANCE

PRIOR TO PROCEEDING FURTHER AND BEFORE SIGNING THE SCREEN LOG,
YOU MUST READ AND ATTEST TO THE ABSENCE OF THE FOLLOWING

FEVER GREATER THAN 99.9◦
COUGH
SHORTNESS OF BREATH
REPEATED SHAKING WITH CHILLS
HEADACHE
NEW LOSS OF TASTE OR SMELL
DIARRHEA
CHILLS
MUSCLE PAIN
SORE THROAT
VOMITING

If you have been DIAGNOSED w/ COVID-19 or INFUENZA-A
OR, if you are CURRENTLY BEING TESTED FOR COVID-19
OR, if you have been IN CONTACT WITH SOMEONE BEING SCREENED OR TESTED FOR COVID-19
OR, if your HOUSEHOLD IS CURRENTLY BEING QUARANTINED
OR, if you have TRAVELED TO AREAS, FOREIGN OR DOMESTIC, WITH LARGE OUTBREAKS OF COVID-19
OR, if you have TRAVELED BY AIRPLANE OR CRUISE SHIP IN THE PAST 14 DAYS
OR, if you have WORKED IN A HEALTHCARE SETTING THAT HAS A KNOWN OR SUSPECTED CASE OF COVID-19

If any of the above symptoms or exposure risks apply to you, further screening is required and you may be asked to go home in order to consult with your personal physician or local Health Department. **Prior to returning to work, please speak with Administration.**