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D 000	Initial Comments The Adult Care Licensure Section and the Surry County Department of Social Services conducted an annual and follow-up survey from 04/12/22 to 04/13/22.	D 000		
D 129	10A NCAC 13f .0404 (2) Qualifications Of Activity Director 10A NCAC 13f .0404 Qualifications Of Activity Director (2) The activity director hired on or after July 1, 2005 shall have completed or complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professionals meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the designated person for Activities Director had completed the basic course for assisted living Activities Director within 9 months of employment. The findings are: -Observation on 03/12/22 at 9:45am revealed	D 129		

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D 129	Continued From page 1 Staff A was standing in the common area completing the activities calendar. Review of Staff A's, personal care aide (PCA) personnel record revealed: -Staff A was hired in 2001. -Staff A was hired as the Activities Director (AD) in 2016. -Staff A had no documentation of completion of the activities training within 9 months of being hired as the AD. Interview with Staff A on 04/12/22 at 10:33am revealed: -She was responsible for completing daily activities with the residents in the facility. -She was aware the minimum number of scheduled activity hours was 14 hours per week. -She planned and created the activities calendar. -She had not completed training to be the AD. Interview with Staff A on 04/13/22 at 12:01pm revealed: -If facility was short staffed, she filled in as a PCA. -She had not done the 10:00am scheduled activity with residents that day because she had been helping residents with personal care as a PCA. -If she filled in as a PCA, sometimes she could not do the scheduled activities with the residents. Interview with a resident on 04/13/22 at 12:33pm revealed: -The facility had activities every day unless they were short staffed. -The AD filled in to help staff if the facility was short staffed. Interview with another resident on 04/13/22 at	D 129		

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D 129	Continued From page 2 12:42pm revealed the facility did not do activities every day. Interview with the Administrator on 04/12/22 at 11:55pm revealed: -Staff A had not completed activities training. -She assisted Staff A with completing the activities calendar. -She had planned to schedule Staff A for AD training before COVID-19 emerged in March 2020 but had not checked into the training since. - She was responsible for ensuring staff had completed the required trainings and filing the documentation in the personnel file.	D 129		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 medication aides (Staff B) had been competency validated for licensed health professional support tasks by return demonstration including checking finger stick blood sugars (FSBS) and transferring	D 161		

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D 161	Continued From page 3	D 161		

residents who needed assistance.

The findings are:

Review of Staff B's medication aide (MA) personnel record revealed:
-She was hired on 01/05/22.
-There was no documentation Staff B completed a Licensed Health Professional Support (LHPS) competency validation checklist.

Review of a resident's electronic medication administration record (eMAR) for March 2022 revealed Staff B had checked and recorded FSBS.

Staff B was not available for interview.

Interview with the Resident Care Coordinator (RCC) on 04/13/22 at 1:36pm revealed Staff B assisted residents with LHPS tasks such as transferring.

Interview with the Administrator on 04/13/22 at 9:30am revealed:
-She thought Staff B completed the LHPS task checklist the same day she completed MA clinical skills checklist, but she could not locate a LHPS task checklist for Staff B.
-She was responsible for telling the RCC and Supervisor when a staff needed to complete the LHPS competency validation, and they would schedule a test date.
-She was responsible for ensuring staff had completed the required trainings and competencies before starting duties for a MA.
-She was responsible for ensuring staff had completed required trainings and filing the documentation in personnel record.

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D 164	Continued From page 4	D 164		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff B) who obtained fingerstick blood sugars (FSBS) and administered insulin to residents completed training on the care of diabetic residents.	D 164		

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D 164	Continued From page 5 The findings are: Review of Staff B's medication aide (MA) personnel record revealed: -Staff B was hired on 01/05/22. -There was no documentation Staff B completed training on the care of diabetic residents. Review of a diabetic resident's March 2022 electronic medication administration record (eMAR) revealed staff B checked fingerstick blood sugars (FSBS) and administered insulin 3 times from 03/15/22 through 03/27/22. -Staff B was unavailable for interview. Interview with the Administrator on 04/13/22 at 9:30am revealed: -She did not know Staff B had not completed diabetic care training. -She was responsible for ensuring staff had completed the required trainings before starting the duties as a MA. -She was responsible for ensuring staff had completed the required trainings and filing the documentation in the personnel file.	D 164		
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	D 358		

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and procedures.

This Rule is not met as evidenced by:
Based on the findings, the previous Type B Violation was abated. Deficient practice continues.

Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered by the prescribing practitioner for 3 of 4 residents sampled (#1, #2, and #4) including errors with insulin administration (#1 and #4) and a probiotic supplement (#2).

The findings are:

1. Review of Resident #4's current FL2 dated 03/10/22 revealed:
-Diagnoses included diabetes mellitus.
-There was an order for Novolin Regular (R) (fast acting insulin used to control diabetes) sliding scale without parameters.

Review of Resident #4's medication orders dated 03/11/22 revealed:
-There was an order to check and record finger stick blood sugars (FSBS) before meals and at bedtime.
-There was an order for Novolin R sliding scale with parameters: 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; 401 or greater =10 units and call physician.

Review of a previous FL2 dated 10/27/21 revealed an order for Novolin R to check FSBS before meals and at bedtime and to administer insulin for 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10

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D 358	Continued From page 7 units; 401 or greater =10 units and call physician. Review of Resident #4's February 2022 electronic medication administration record (eMAR) revealed: -There was an electronic entry for Novolin R before meals and at bedtime scheduled daily at 7:30am, 11:30am, 4:30am and 8:00pm. -There was documentation Resident #4's FSBS were checked four times daily from 02/01/22 through 02/28/22. -Resident #4's FSBS were within range for Novolin R to be administered 56 out of 112 opportunities. -There was documentation Novolin R was administered on 02/12/22 at 8:00pm for FSBS of 167, 4 units documented as administered and should have received 2 units. -In February 2022, Resident #4's blood sugar ranged between 92 and 325. Review of Resident #4's March 2022 eMAR revealed: -There was an electronic entry for Novolin R before meals and at bedtime scheduled daily at 7:30am, 11:30am, 4:30am and 8:00pm. -There was documentation Resident #4's FSBS were checked four times daily from 03/12/22 through 03/31/22. -Resident #4's FSBS were within range for Novolin R to be administered 43 out of 80 opportunities. -There was no documentation Novolin R was administered as ordered on 03/19/22 at 11:30am for FSBS of 184, 0 units documented as administered and should have received 2 units. -There was no documentation Novolin R was administered as ordered on 03/22/22 at 4:30pm for FSBS of 177, 0 units documented as administered and should have received 2 units.	D 358		

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D 358	Continued From page 8 -There was no documentation Novolin R was administered as ordered on 03/29/22 at 11:30am for FSBS of 167, 0 units documented as administered and should have received 2 units. -In March 2022, Resident #4's blood sugar ranged between 86 and 262. Observation of Resident #4's medications on hand on 04/13/22 at 12:20pm revealed Novolin R was available for administration. Interview with Resident #4 on 04/13/22 at 12:42pm revealed: -He was a diabetic and his FSBS were checked and insulin administered since he moved into the facility -His FSBS was checked at least once daily in the morning. -Some days it was checked more but not every day. -Sometimes insulin was administered after his FSBS was checked but not every time. -Staff did not always tell him what his FSBS was, they just administered insulin. -He did not know his sliding scale dosage amounts (units) ordered. -He did not know when his insulin was high or low, he felt the same all the time. -He sometimes he felt dizzy when he stood up, but he did not think that had anything to do with his blood sugars being high or low. Interview with medication aide/supervisor (MA) on 04/13/22 at 12:51pm revealed: -She and the Resident Care Coordinator (RCC) reviewed the eMARs once every two weeks. -If they found errors when doing the eMAR review they pointed the error out to the MA, and then they corrected the eMAR. -If the MA did not document insulin was	D 358		

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administered as ordered or the MA documented that she gave the incorrect unit of insulin, then she went back in the eMAR and changed the incorrect unit to the correct amount.
-She was unable to recall if she had reviewed and made corrections to the March 2022 eMAR.
-The staff who did not document insulin on 03/19/22 and 03/22/22 was out sick.
-That staff would so be pulled off the medication cart when she returned to work.
-On 03/29/22 at 11:30am, she checked Resident #4's FSBS, but she was unable to recall why she did not document the units of insulin administered.

Telephone interview with a MA on 04/13/22 at 1:10pm revealed:
-She administered insulin to Resident #4 on 02/12/22 at 8:00pm and documented that she had administered 4 units, but she had meant to document that she administered 2 units per the sliding scale.
-She thought maybe she had gotten distracted while documenting the number of units of insulin she had administered and entered the number incorrectly.
-She always checked the sliding scale parameters three times prior to administering a dose of insulin.
-She did not know if there was a staff person responsible for completing audits on the MAR.
-She was unaware she had documented the incorrect units of insulin; nobody had asked her about it prior today's date (04/13/22).

2. Review of Resident #2's current FL2 dated 03/09/22 revealed:
-Diagnoses included acute respiratory failure with hypoxia, nausea, hypodermic, hiatal hernia, hypokalemia and diabetes mellitus type 2.

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D 358	Continued From page 10 -There was an order for two supplements, which included probiotic 3000 billion immucell once daily. Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed: -There was an electronic entry for probiotic 3000 billion immucell once daily scheduled for administration at 6:00am. -There was a note printed on the eMAR "pharmacy does not provide." -There was documentation probiotic 3000 billion immucell once daily was administered from 03/04/22 through 03/31/22. Review of Resident #2's April 2022 eMAR revealed: -There was an electronic entry for probiotic 3000 billion immucell once daily scheduled for administration at 6:00am. -There was a note printed on the eMAR "pharmacy does not provide." -There was documentation probiotic 3000 billion immucell once daily was administered from 04/01/22 through 04/12/22. Observation of Resident #2's medications on hand on 04/12/22 at 4:02pm revealed probiotic 3000 billion immucell once daily was not available for administration. Interview with Resident #2 on 04/13/22 at 11:03am revealed: -She was administered medications daily. -She did not know the medications ordered for her. -Her medications were handled by her power of attorney (POA) and the facility. -If she was ordered a probiotic supplement, she	D 358		

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did not know it or why it was ordered.

Telephone interview with Resident #2's POA on 04/13/22 at 10:21am revealed:
-Resident #2 had a couple of medications that he brought to the facility.
-He remembered bringing a probiotic to the facility maybe a month or more ago.
-If Resident #2 was out of the probiotic, no one at the facility had told him.
-He would get the supplement and bring it to the facility.

Telephone interview with a pharmacist at the facility's contract pharmacy on 04/13/22 at 10:25am revealed:
-The pharmacy dispensed a probiotic supplement for Resident #2, but it was not probiotic 3000 billion immucell.
-The pharmacy had a note on the eMAR that the resident's family was going to provide the supplement.

Telephone interview with Resident #2's Primary Care Provider (PCP) on 04/13/22 at 10:31am revealed:
-Off the top of his head, he could not say if Resident #2 was ordered a probiotic.
-He recently became the resident's PCP and he believed the resident was on the probiotic when he became her PCP.
-He was in the facility every week, and no one told him Resident #2 was not getting her probiotic.
-He would want to know if a resident was not getting a medication as ordered.

Interview with Resident Care Coordinator (RCC) on 04/13/22 at 10:49am revealed:
-Resident #2 had orders or two probiotic

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D 358	Continued From page 12 supplements. -One probiotic was dispensed by the pharmacy, the other probiotic the pharmacy did not dispense, it was brought by to the facility the resident's POA. -She did not think Resident #2 had ever been administered probiotic 3000 billion immucell. -There was a note on the eMAR that the pharmacy did not provide the supplement. -The resident's POA was supposed to buy the supplement. -Last month Resident #2's POA brought a probiotic supplement to the facility, but it was not the probiotic 3000 billion immucell, it was the one that was dispensed by the pharmacy. -Every month when batch medications were received, she checked each medication with the eMAR to ensure the medication was accurate. -A medication that was brought by the resident's family she did not check to ensure it was available. -Sometimes when family members brought medications the medication aides (MAs) did not tell her. -The MAs put the medication on the medication cart, and it was forgotten about. -She searched the medication cart and was unable to find Resident #2's probiotic 3000 billion immucell. -If a medication was not available on the cart the MA should let her know. Telephone interview with the MA on 04/13/22 at 11:18am revealed: -Resident #2's POA never brought the probiotic to the facility and gave it to her. -She administered Resident #2's medications every morning at 6:00am. -She knew that she administered Resident #2 a probiotic supplement.	D 358		

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-She was unable to recall if she administered the resident two probiotic supplements.
-If the medication was not available, then she was supposed to make a note on the eMAR and let the RCC and the medication aide/supervisor (MA/S) know.
-She was unable to explain why she did not document on the eMAR the medication was not available.

Interview with the Administrator on 04/13/22 at 11:37am revealed:
-The expectation was that medications were administered as ordered.
-He was not aware Resident #2's POA was providing a probiotic supplement.
-Someone should have contacted the resident's POA to inform the supplement was needed.

3. Review of Resident #1's FL2 dated 03/09/22 revealed:
-Diagnoses that included diabetes mellitus.
-There was an order to check and record finger stick blood sugar (FSBS) 4 times per day after meals and at bedtime.
-There was an order for sliding scale insulin lispro (a fast acting insulin used to control elevated blood glucose) Kwikpen 100 units/ml and inject per sliding scale: 150-200=5 units; 201-250=8 units; 251-300=10 units; 301-350=12 units; 351-400=14 units; 401 or greater=15 units and call provider.

Review of Resident #1's February 2022 electronic medication administration record (eMAR) revealed:
-FSBS ranged from 88-289.
-There was an electronic entry for insulin lispro Kwikpen 100units/ml scheduled after meals and at bedtime.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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 14 -Resident #1's FSBS were within range for insulin lispro Kwikpen 100units/ml to be administered 55 out of 112 opportunities. -There was documentation insulin lispro Kwikpen 100units/ml was administered on 02/13/22 at 11:30am for FSBS of 278, 5 units documented as administered and should have received 10 units. -There was documentation insulin lispro Kwikpen 100units/ml was administered on 02/15/22 at 4:30pm for FSBS of 208, 5 units documented as administered and should have received 8 units. Review of Resident #1's March 2022 eMAR revealed: -FSBS ranged from 89-302. -There was an electronic entry for insulin lispro Kwikpen 100units/ml scheduled after meals and at bedtime. -Resident #1's FSBS were within range for insulin lispro Kwikpen 100units/ml to be administered 61 out of 124 opportunities. -There was no documentation insulin lispro Kwikpen 100units/ml was administered on 03/08/22 at 8:00pm for FSBS 151, 0 units documented as administered, should have received 5 units. -There was documentation insulin lispro Kwikpen 100units/ml was administered on 03/13/22 at 11:30am for FSBS of 201, 5 units documented as administered and should have received 8 units. -There was no documentation insulin lispro Kwikpen 100units/ml was administered on 03/14/22 at 8:00pm for FSBS of 152, 0 units documented as administered and should have received 5 units. -There was no documentation insulin lispro Kwikpen 100units/ml was administered on 03/22/22 at 4:30pm for FSBS of 238, 0 units documented as administered and should have received 8 units.	D 358		

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D 358	Continued From page 15 Observation of Resident #1's medications on hand on 04/13/22 at 10:15am revealed insulin lispro Kiwkpen 100units/ml was available for administration. Interview with Resident #1 on 04/13/22 at 11:52am revealed: -He received insulin based on a sliding scale. -He always received insulin when his blood glucose was elevated. Telephone interview with Resident #1's primary care provider (PCP) on 04/13/22 at 12:22pm revealed: -He was not aware that Resident #1 received the incorrect amount of insulin lispro per the sliding scale a total of six times in February and March 2022. -There were no symptoms of hyperglycemia reported for Resident #1. -He would not expect any adverse effects to have occurred as a result of the incorrect number of units of insulin being administered. Telephone interview with a medication aide (MA) from a return telephone call on 04/13/22 at 12:28pm revealed: -She was not aware that she documented administration of the incorrect amount of insulin according to the sliding scale on the eMAR. -She thought she accidentally typed the incorrect number of units on the computer while documenting administration on the eMAR. Interview with the Resident Care Coordinator (RCC) on 04/13/22 at 1:00pm revealed: -She was not aware that Resident #1 received the incorrect number of units of sliding scale insulin a total of six times in February and March 2022.	D 358		

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D 358	Continued From page 16 -She normally audited the eMARs to ensure accuracy of medication administration. -She had not had time recently to audit the eMARs of the residents. -MAs had to manually input the number of units of insulin administered in the eMAR system. -MAs were responsible to administer the correct number of units of insulin according to the sliding scale ordered by the PCP. Interview with the Administrator on 04/13/22 at 1:18pm revealed: -He was not aware that Resident #1 received the incorrect amount of insulin lispro per the sliding scale a total of six times in February and March 2022. -The RCC tried to do monthly audits of the eMARs. -MAs were responsible to administer the correct number of units of insulin according to the sliding scale ordered by the provider.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration;	D 367		

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D 367	Continued From page 17 (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to accurately document administration of medications on the electronic Medication Administration Record (eMAR) for 1 of 4 residents (Resident #2). The findings are: Review of Resident #2's current FL2 dated 03/09/22 revealed: -Diagnoses included acute respiratory failure with hypoxia, nausea, hypodermic, hiatal hernia, hypokalemia and diabetes mellitus type 2. -There was an order for probiotic 3000 billion immucell once daily. Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed: -There was an electronic entry for probiotic 3000 billion immucell once daily scheduled for administration at 6:00am. -There was a note printed on the eMAR "pharmacy does not provide." -There was documentation probiotic 3000 billion immucell once daily was administered from 03/04/22 through 03/31/22. Review of Resident #2's April 2022 eMAR	D 367		

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D 367	Continued From page 18 revealed: -There was an electronic entry for probiotic 3000 billion immucell once daily scheduled for administration at 6:00am. -There was a note printed on the eMAR "pharmacy does not provide." -There was documentation probiotic 3000 billion immucell once daily was administered from 04/01/22 through 04/12/22. Observation of Resident #2's medications on hand on 04/12/22 at 4:02pm revealed probiotic 3000 billion immucell once daily was not available for administration. Interview with Resident Care Coordinator (RCC) on 04/13/22 at 10:49am revealed: -Resident #2 had orders or two probiotic supplements. -One probiotic was dispensed by the pharmacy, the other probiotic the pharmacy did not dispense, it was brought by the resident's POA. -She didn't believe Resident #2 had ever been administered probiotic 3000 billion immucell. -There was a note on the eMAR that the pharmacy did not provide the supplement. -The resident's POA was supposed to buy the supplement. -The family brought a probiotic supplement to the facility, but it was not the probiotic 3000 billion immucell, it was the one that was dispensed by the pharmacy. -She searched the medication cart and unable to find Resident #2's probiotic 3000 billion immucell. -If a medication was not available on the cart the MA should not document that she gave the medication. Telephone interview with the MA on 04/13/22 at 11:16am revealed:	D 367		

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D 367	Continued From page 19 -She administered Resident #2's medications every morning at 6:00am. -She knew that she administered Resident #2 a probiotic supplement. -She was unable to recall if she administered the resident two supplements. -If the medication was not available, then she was supposed to note on the eMAR and then let the RCC and the medication aide/supervisor (MA/S) know. -She was unable to explain why she documented on the eMAR she gave the medication if it was not available for administration.	D 367		
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 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	D 612		

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D 612	Continued From page 20 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 visitors. The findings are: 1. 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 were breathing, talking, sneezing, or coughing. -Cloth facemasks were not personal protective equipment (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. 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 PPE and should not be worn by staff. 1. Observation upon entrance to the facility and during tour of the facility on 04/12/22 from 9:40am to 12:30pm revealed:	D 612		

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D 612	Continued From page 21 -There was a sign posted to wear a face mask. -At 9:41am, the medication aide/supervisor (MA/S) greeted surveyors and did not have a face mask on. -At 9:55am, three visitors were observed in the common living area with the residents for one hour and never put on a face mask. -At 9:58am, the personal care aide/activity director (PCA) was observed in the common living area with residents' present, completing the activity calendar. -The PCA was not wearing a face mask. -At 10:20am, the housekeeper observed entering and cleaning residents' rooms. -The housekeeper had on a floral print cloth face mask and her nose was not covered. -At 11:40am, two dietary aides were observed serving residents' their lunch meal and did not wear a face mask. -At 11:57am, the housekeeper entered the kitchen through the dining room and got her a lunch tray. -The housekeeper sat at the dining table with three residents and took her face mask off. -The housekeeper consumed her meal and communicated with the three residents for 30 minutes without her face mask on. -At 12:11pm, a dietary aide was observed in the dining room talking with residents without a face mask on. Interview with 3 residents on 03/12/22 between 10:04 am and 10:20am revealed: -Some staff did not wear a mask and some staff did. -One stated he believed all staff should be required to wear a face mask because they went out into the public and could bring COVID-19 back to the residents at the facility. -Some staff wore cloth face masks.	D 612		

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D 612	Continued From page 22 -Some staff had a face mask on, but their nose was exposed. when they administered medication and served food in the dining hall. -Some visitors did not wear a face mask. Observation of the PCA on 04/12/22 at 10:25am revealed: -The PCA had on a cloth face mask. -The PCA was observed several times with her nose uncovered. Interview with the PCA on 04/12/22 at 10:28am revealed: -No one told her that she didn't have to wear a face mask. -The supervisor told her to wear a face mask. -She forgot to put her face mask on this morning. -The face mask that she currently had on was cloth. -The supervisor had given her permission to wear a cloth face mask. Interview with the supervisor on 04/12/22 at 11:25am revealed: -She did not tell the PCA it was okay to wear a cloth face mask. -The facility had surgical face masks. -She told staff to wear a face mask. -She usually wore a face mask and had no reason why she was not wearing a face mask this morning. Interview with a dietary aide on 04/12/22 at 12:23pm revealed: -She had not put on a face mask since she started working at the facility two months ago. -No one told her that she needed to wear a face mask. -She had not been vaccinated for COVID-19.	D 612		

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D 612	Continued From page 23 -She went to the resident's rooms twice daily to give snacks and did not wear a face mask. Interview with a second dietary aide on 04/12/22 at 12:27pm revealed: -No one had ever told her to wear a face mask when in the dining room with residents. -When she went in the hallway, she put on a face mask but not in the dining room. Interview with the housekeeper on 04/12/22 at 2:43pm revealed: -She had on a cloth face mask that was her personal face mask. -No one had said anything to her about not wearing a cloth face mask or told her that she had to wear another type of face mask. -When her face mask fell below her nose, he pulled it back up. -Months ago, she asked the owner if she could eat with the residents. -The owner gave her permission to eat with the residents. -No one at the facility had told her that she was not to take her face mask off when around the residents. -No one at the facility had said anything to her regarding not eating with the residents. Interview with the Administrator on 04/13/22 at 10:08am revealed: -She provided COVID-19 training to staff and went over wearing PPE several times. -The day before the surveyors came to the facility staff were again reminded to wear face masks. -There were signs posted for staff and visitors to wear face masks, but no one read the signs. -When there was a shortage on face masks, she allowed staff wear cloth face masks, but currently the facility had plenty surgical of face masks for	D 612		

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staff to wear.
-Visitors should be told to put on a face mask.
-There were signs posted instructing everyone to wear a face mask.
-They will be in-servicing again with staff to tell about wearing PPE.

Second interview with the Administrator on 04/13/22 at 11:07am revealed:
-She never really gave the housekeeper permission to eat with the resident.
-The housekeeper kind-of stared doing that on her own and nothing was said to her about eating with the residents.
-Today, she told the housekeeper that she could not eat with the residents.

2. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic dated 02/02/22 revealed facilities should have established a process to identify anyone entering the facility, regardless of 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 all staff should be screened for symptoms prior to every shift.

Observation upon entrance to the facility on 04/12/22 at 9:40am revealed:
-There was no information regarding COVID-19.
-There was no screening station for COVID-19.
-There were no screening questionnaires or a thermometer available for visitors to take their

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temperatures.
-Staff did not take the surveyors' temperature or ask screening questions.
-Surveyors asked to be screened and the medication aide/supervisor took surveyors temperatures.
-There was no questionnaire screening related to COVID-19, there was no place to document temperatures for visitors entering the facility.
-At 9:43am three visitors were observed entering the facility from a back door entrance.
-The visitors started to walk toward the common living area and the supervisor told the visitors she needed to get their temperatures.
-There was no screening process for the visitors.
-The visitors names or temperatures were not documented.
-There were hand sanitizer stations throughout the facility.

Interview with the supervisor on 04/12/22 at 9:55am revealed:
-The facility's screening process for visitors was to check their temperature.
-The temperatures were not documented and there was no screening process.
-Only the staff were required to document their temperatures and screen daily.

Interview with the Administrator on 04/13/22 at 10:08am revealed visitors entering the facility should be screened.