STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086002	A. BUILDING: _____ B. WING _____	R 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL LONG TERM CARE FACILITY	340 SNOWHILL DRIVE 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 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on March 29, 2022 and March 30, 2022.	{D 000}		
D 213	10A NCAC 13F .0605 (b) Staffing Of Personal Care Aide Supervisors 10A NCAC 13F .0605 Staffing Of Personal Care Aide Supervisors (b) On first and second shifts in facilities with a capacity or census of 31 to 70 residents, the supervisor may provide up to four hours of aide duty per shift which may be counted as required aide hours of duty. The supervisor's hours on duty shall not be counted as required hours of aide duty except as specified in this Rule. Note: Supervisors may be involved in performing some personal care in facilities with a capacity or census of 71 or more residents, but their primary responsibility is the direct supervision of personal care aides and the time involved in performing any personal care cannot be counted as required aide hours. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure there were 8 supervisor hours on second shift for 3 of 14 sampled shifts when there was a census of 32 to 35 residents. The findings are: Review of the facility's 2022 license from the Division of Health Service Regulation revealed the facility was licensed as an Adult Care Home with a capacity of 54 beds.	D 213	The facility immediately reviewed and ensured sufficient staffing levels for 2nd and 3rd shifts. The Business Office Manager (BOM) is responsible for making the schedule and monitoring the schedules daily. The Resident Care Coordinator (RCC) reviews the schedules weekly to ensure sufficient staffing levels. In-services was held on 4-11-22 with all facility staff to reiterate the importance of having correct staffing needs on 2nd and 3rd shifts, along with correct supervisor hours. The in-service also included who and how to contact if more sufficient staffing is needed. The RCC and/or her designee will do weekly audits x4 weeks to ensure appropriate staffing levels are met.	

Reviewed and Acknowledged K.M. 05/10/22

Division of Health Service Regulation

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D 213	Continued From page 1 Interview with the Resident Care Coordinator on 03/29/22 at 9:20am revealed the current facility census was 34. Review of the resident census report and Staff time cards dated 03/02/22 revealed: -There was a census of 35 residents in the facility, which required 24 staff hours including 8 Supervisor hours on second shift. -There were 16 personal care aide (PCA) hours and 6 Supervisor hours provided on second shift. -There was a shortage of 2 Supervisor hours. Review of the resident census report and Staff time cards dated 03/03/22 revealed: -There was a census of 34 residents in the facility, which required 24 staff hours including 8 Supervisor hours on second shift. -There were 16 PCA hours and 3.75 Supervisor hours provided on second shift. -There was a shortage of 4.25 Supervisor hours. Review of the resident census report and Staff time cards dated 03/09/22 revealed: -There was a census of 33 residents in the facility, which required 24 staff hours including 8 Supervisor hours on second shift. -There were 14.75 total PCA hours provided on second shift. -There was a shortage of 8 Supervisor hours (from 3:00pm to 11:00pm). Interview with the Business Office Manager (BOM) on 03/30/22 at 12:29pm revealed: -She and the Resident Care Coordinator (RCC) were responsible to make the medication aides (MA) schedule. -All staff were scheduled to work the same shifts and same days every week.	D 213		

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D 213	Continued From page 2 -If a staff member was unable to work a scheduled shift, she tried to find someone to cover the shift of the person who was unable to work. Interview with the RCC on 03/30/22 at 12:57pm revealed: -She and the BOM were responsible to complete the MA's schedule. -The MA's were considered supervisors on the schedule. -If a staff member was unable to work a weekday shift, the RCC told the staff to call the BOM and let her know.	D 213	The facility immediately performed facility wide COVID testing on March 30th. All resident testing was negative. All results were sent to the local health department. Facility wide COVID testing was conducted on April 6th, all results were negative, results were sent to the local health department. When a resident tests positive, whether at the facility or at the hospital, the facility will perform testing immediately among all residents and then again 7 days later. All results will be sent to the local health department by the RCC or her designee. In-services will be conducted by the RCC and/or her designee with facility staff in regards to the importance of reporting any COVID positive resident or staff immediately, so the appropriate procedures/guidelines can be followed. The RCC and/or her designee will conduct audits any time there is a positive case among facility residents to ensure the facility follows all of the current/up to date CDC and DHHS guidelines.	
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 report suspected or	D 612		

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D 612	Continued From page 3 confirmed cases of COVID-19 to the local health department (LHD) immediately upon finding out the residents had been exposed with confirmed cases of positive COVID-19 testing. The findings are: Review of the current CDC guideline for the prevention and spread of the Coronavirus Disease in long term care (LTC) facilities dated 03/29/21 revealed the LHD should be notified immediately of a suspected or confirmed case of COVID-19. According to North Carolina Department of Health and Human Services (NCDHHS) a COVID-19 outbreak was defined as two or more positive cases identified through positive molecular (PCR) or positive antigen test result. This was measured for 28 days after the latest date of onset in a symptomatic person or the first date of specimen collection from the most recent asymptomatic person, whichever was later. If another case was detected in a facility after an outbreak was declared over, the outbreak was reopened. It was counted as a case in congregate living settings, and if second case was detected within 28 days in the same facility, it was considered a second, new outbreak in that facility. Review of the NCDHHS website for COVID-19 Ongoing Outbreaks in Congregate Living Settings on the morning of 03/28/22 revealed an update occurred on 03/22/22, and the facility was not listed on the dashboard as having confirmed positive COVID-19 cases. Interview with the Business Office Manager (BOM) upon entrance to the facility on 03/29/22 at 9:15am revealed that the facility had no	D 612		

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D 612	Continued From page 4 confirmed positive COVID-19 cases since January 2022. Review of Resident #4's hospital report dated 03/04/22 revealed: -The resident was taken to the hospital due to difficulty breathing. -The resident was hospitalized for pneumonia. -At the hospital on 03/04/22, Resident #4 tested positive for COVID-19. -Resident #4 returned to the facility on 03/07/22. Review of the facility's COVID-19 negative results revealed Resident #4 was tested for COVID-19 on 02/07/22 and tested negative. Interview with the Resident Care Coordinator (RCC) on 03/29/22 at 3:40pm revealed: -The hospital called to let her know that Resident #4 tested positive for COVID-19. -She did not think that she had to retest all residents at the facility because Resident #4 tested positive at the hospital. -She and the BOM were responsible for deciding when to test residents for COVID-19 and they performed in-house rapid tests. -The hospital had called and informed that Resident #4 tested positive for COVID-19 on 03/04/22. -She was unable to recall the exact date the hospital called to inform her that Resident #4 tested positive for COVID-19. -Prior to going to the hospital, Resident #4 had a roommate. -The roommate was not tested for COVID-19. -The roommate was moved to another room after she was notified that Resident #4 tested positive for COVID-19. -She did not contact the local health department to inform Resident #4 tested positive for	D 612		

Division of Health Service Regulation

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D 612	Continued From page 5 COVID-19. -She did not inquire of the health department nurse if she needed to test all the residents again because Resident #4 tested positive at the hospital. Interview with the BOM on 03/29/22 at 4:15pm revealed: -She and the RCC were responsible for testing residents for COVID-19. -She was aware that Resident #4 tested positive for COVID-19. -She did not test other residents because she did not think she had to test the other residents because the resident tested positive at the hospital. -The hospital called the facility and told them Resident #4 tested positive for COVID-19, but she was unable to recall the date when she was notified Resident #4 tested positive. -She did not call or notify the local health department that Resident #4 tested positive for the same reason. Interview with the nurse at the local health department on 03/30/22 at 10:24am revealed: -The facility did not contact her earlier in the month to inform they had a positive COVID-19 resident. -The RCC contacted her yesterday regarding a resident that tested positive for COVID-19 earlier in the month. -She provided guidance and informed the RCC that if they had only one positive resident then, they still needed to restart steps for a potential outbreak. -The steps included testing all the residents that were negative from their last testing date. -Prior to yesterday, she had not been contacted or informed of a positive COVID-19 resident at	D 612		

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D 612	Continued From page 6 the facility. Based on record review and attempted interview with Resident #4 on 03/29/22 at 3:55pm it was determined that Resident #4 was not interviewable.	D 612		