STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 a complaint investigation with a COVID-19 focused Infection Control Survey on 11/24/20.	C 000		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure referral and follow-up with the primary care provider (PCP) for 1 of 4 sampled residents as related to the withholding insulin (Resident #1). The findings are: 1. Review of Resident #1's current FL-2 dated 09/28/20 revealed diagnosis included sepsis, urinary tract infection and acute encephalopathy. Review of Resident #1's hospital discharge dated 09/28/20 revealed diagnoses included type 2 diabetes mellitus. Review of Resident #1's signed physician's orders dated 10/08/20 revealed: -There was an order for Lantus (a long-acting insulin used to lower elevated blood sugar levels) 60 units subcutaneously (SQ) every morning and 40 units SQ every evening. -There were no parameters ordered instructing when to hold insulin. Review of Resident #1's October 2020 electronic Medication Administration Record (eMAR)	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 246	Continued From page 1 revealed: -There was an entry for finger stick blood sugars (FSBS) checks 4 times a day at 8:00am, 12:00pm, 5:00pm, and 8:00pm. -There was an entry for Lantus 60 units in the morning and 40 units in the evening. -On 10/16/20 at 7:28pm, the FSBS result was 112 and the insulin was withheld, "sugar at 112, would drop sugar too low so withheld". -On 10/17/20 at 6:57pm, the FSBS result was 118 and the insulin was withheld, "held due to blood sugar being 118". -On 10/18/20 at 7:03pm, the FSBS result was 132 and the insulin was withheld, "withheld due to blood sugar only being 132". -On 10/19/20 at 7:16pm, the FSBS result was 144 and the insulin was withheld, "withheld due to blood sugar only being 144". -On 10/21/20 at 7:14pm, the FSBS result was 163 and the insulin was withheld, "withheld due to blood sugar dropping low at night". -On 10/25/20 at 7:03pm, the FSBS result was 140 and the insulin was withheld, "due to dropping sugar too low at night". -On 10/26/20 at 7:14pm, the FSBS result was 93 and the insulin was withheld, "withheld due to dropping sugar at night". -On 10/28/20 at 7:12pm, the FSBS result was 110 and the insulin was withheld, "due to dropping blood sugar too low". Interview with the Supervisor-in-Charge (SIC) on 11/24/20 at 2:20pm revealed: -He administered medications to Resident #1 during the month of October 2020. -He documented withholding Lantus for Resident #1 because her blood sugar was "too low". -He did not have orders for parameters to hold Lantus. -He withheld the insulin due to his "basic	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 246	Continued From page 2	C 246		

knowledge" that the blood sugar could get too low which would send the resident to the hospital.
-He attempted several times that get in contact with the primary care provider (PCP), however she could not be reached except for one time.
-He was able to speak to the PCP once and the nurse told him it was fine to hold the insulin; however, he was not always able to speak with them.
-He never attempted to fax the PCP or have the Administrator or other staff go to the physician office to notify of the concerns for low blood sugars.

Interview with the Administrator on 11/24/20 at 2:30pm revealed:
-She knew Resident #1 had orders for insulin.
-There were no parameters for Resident #1.
-The SIC was responsible for administering medications as ordered.
-The SIC was responsible for reaching out to the PCP if the FSBS was low and before withholding medication.
-The FSBS parameters should have come back from the hospital with the resident's discharge paperwork.
-The SIC had a hard time reaching the PCP, there were multiple phone calls and no answer.
-No one went to the PCP's office to get parameters for Lantus.

Review of Resident #1's Resident Register revealed she was discharged on 11/03/20.

Attempted telephone interview with Resident #1 on 11/24/20 at 3:00pm was unsuccessful.

Attempted telephone interview with the Primary Care Provider (PCP) on 11/24/20 at 1:31pm was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 264	10A NCAC 13G .0904(c)(1) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service (c) Menus in Family Care Homes: (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the Daily Food Requirements in Paragraph (d) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure menus were prepared at least one week in advance with serving quantities specified and in accordance with the Daily Food Requirements. The findings are: Observation of the kitchen area on 11/24/20 at 9:00am revealed there was no week-at-a-glance menu available. Observation of the breakfast meal service on 11/24/20 from 9:00am to 10:00am revealed the meal consisted of oatmeal, cereal with milk, toast with peanut butter, a cup of juice, a cup of milk, and each resident had a water bottle with the option to add powdered flavored drink mix. Observation of the lunch meal service on 11/24/20 from 1:00pm to 2:00pm revealed the meal was purchased from a local restaurant which consisted of cheeseburgers, French fries with ketchup, and soda beverage of choice. Interview with Resident #1 on 11/24/20 at 2:51pm revealed: -The facility only served sandwiches for several	C 264		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 264	Continued From page 4 days. -For 8 nights she had sandwiches which included grilled cheese, tuna salad, chicken salad with fruit cocktail and chips. - "We ate the same thing every night". Interview with the Supervisor-in-Charge (SIC) on 11/24/20 at 9:08am revealed: - "We don't post a menu" -He had not prepared a weekly menu. -All the residents were on a regular diet. -He worked most days and prepared the meals for the residents. -He filled out a substitution log daily when he prepared meals. -He tried to make sure each food group was prepared for the residents. -He was told by another state surveyor that a menu did not need to be posted in the facility. -A SIC who worked when needed purchased the food for the facility. Interview with the Administrator on 11/24/20 at 2:30pm revealed: -The same meals were not served daily, and they served the residents a variety of foods every week. -The SIC was responsible for preparing meals and ensuring each food group was provided at each meal. -She did not know why a menu was not posted in the facility. -She did not realize a menu was not created and posted. -The SICs would be responsible for ensuring a menu was prepared a week in advanced and posted in the kitchen. -The SIC had been completing substitutions daily and ensuring a log was available. -A SIC who worked as needed purchased food at	C 264		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 264	Continued From page 5 the store every week. Review of the facility menu provided 11/24/20 at 3:23pm revealed there was a menu which included lunch and dinner meals for 11/16/20-11/28/20, there were no breakfast meals listed on the menu.	C 264		
C 311	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record review, the facility failed to ensure 1 of 1 residents (Resident #1) was treated with dignity and respect related to being strip-searched by staff and by not allowing all residents supervised access to food and beverage in the kitchen. The findings are: 1. Review of Resident #1's current FL-2 dated 09/28/20 revealed diagnosis included sepsis, urinary tract infection and acute encephalopathy. Review of Resident #1's Resident Register revealed she was admitted on 10/01/20. a. Interview with Resident #1 on 11/23/20 at 2:51pm revealed: -She did not feel that she was treated fairly by the staff at the facility.	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 311	Continued From page 6 -She wanted to leave the facility on 11/02/20 because she was dissatisfied with her living environment. -She felt that the facility staff did not want her to leave, "they kept asking me where I was going". -She did not have a place to move to, however she wanted to leave the facility. -She asked the facility to call an ambulance, "I told them I would hurt myself". -Staff told her she was on suicide watch and threatened to restrain her if needed. -Staff would not let her leave and insisted that they needed to make sure she did not have a weapon on her that could be used to harm herself. -She took her clothes off in front of the Administrator and the supervisor-in-charge (SIC). - "I just took my own clothes off because they wouldn't leave me alone". -The Administrator and the SIC conducted a strip search while her clothes were removed. -She did not have a weapon on her and did not have a plan to harm herself. - "I just wanted to get out of there". Interview with a SIC on 11/24/20 at 3:38pm revealed: -She worked at the facility on 11/02/20. -Resident #1 made the comment that she would hurt herself. -Resident #1 wanted to leave the facility with a friend, however the friend was unable to find housing on 11/02/20 and agreed to pick her up on 11/03/20. -She was informed by the Administrator that the resident needed to be searched to ensure she did not have any weapon to harm herself. -Resident #1 took her clothes off voluntarily. - "We asked if we could check her and she agreed".	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 311	Continued From page 7 -She and Administrator observed the resident to make sure she did not a weapon on her body. -She, the resident, and the Administrator went to the back room and completed a search of the resident while her clothes were removed. -There was no weapon found on the resident. Interview with the Administrator on 11/24/20 at 2:30pm revealed: -Resident #1 wanted to leave the facility on 11/02/20. -Resident #1 stayed outside talking to a friend for a long time on 11/02/20, trying to get the friend to take her to another form of housing. -After Resident #1 spoke to her friend, it was determined she would not be able to leave the facility until 11/03/20 due to housing not being available. -The resident asked her and the SIC to call an ambulance so that she could go to the hospital. -She proceeded to tell the resident that she would not call for an ambulance without a medical need. -Resident #1 then told her "I'll just kill myself". -When the resident came inside, she told her she would need to be strip searched to ensure her safety and no weapon to harm herself. -The resident went to her bedroom to remove her clothing; no other residents were the room. -She and the SIC were present during the search and observed no weapon on the resident. - "I was not going to take a chance, I wanted to make sure the resident was safe". -She did not understand why it was an issue to have a resident strip down her clothing and check her for a weapon. -The resident stayed the night on 11/02/20 and left the facility on 11/03/20. -There was no way to determine if the resident would harm herself after the strip search. -She did not fall 911 because it took a long time,	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 311	Continued From page 8 they did not always adress mental health needs, "they would have sent her right back to the facility". b. Review of Resident #1's progress notes revealed: -On 09/29/20 at 11:00pm, the resident went into the kitchen to get orange juice "on her own and was caught by the SIC and she was told not to do that", the SIC informed that if the resident felt that her blood sugar was low she would need to go to him and get her blood sugar taken; the SIC checked the blood sugar and it was 156; he then poured out the orange juice and asked the resident to go back to bed. -On 10/04/20 at 8:45pm, the SIC found the seal for a peanut butter jar on the couch, the resident decided to get into the peanut butter without asking, the SIC asked the resident who admitted she ate it because she felt her blood sugar was low; the SIC informed the resident she needed to ask as "she could not just sit down and eat whatever food she determined she wanted". Interview with Resident #1 on 11/23/20 at 2:51pm revealed: -There was a night she felt her blood sugar was low and she went to the kitchen to get orange juice. -The SIC told her to stay out of the kitchen, poured the orange juice in the sink after he said her blood sugar was 158. -She did not understand why she could not go in the kitchen and get something to drink, "I could not do anything". -She did not see anything wrong with getting something to drink if she was thirsty. -There were no rules posted in the kitchen and she did not have the freedom to get what she wanted.	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 311	Continued From page 9 -She did not feel she had any rights in the facility. Observation of the kitchen on 11/24/20 from 8:45am-3:45pm revealed : -The home had an open floor plan, there was not a way to lock the kitchen. -The kitchen did not have any community rules with hours of operation posted for residents. Review of the "Home Policies" signed by all resident upon admission revealed there was no policy for the use of the kitchen. Confidential interview with a resident on 11/24/20 revealed: -Staff kept everything locked up in the home. -The resident did not know the rules for the kitchen. -The resident had to ask for any food or beverage. -The resident had to ask for a bottle of water if needed. -The resident did not know why access to food and beverage was not provided. Interview with the SIC on 11/24/20 at 2:56pm revealed: -Residents were not allowed in the refrigerator for sanitary reasons. -Since working as a SIC and obtaining guidance from state regulators, he thought residents were not allowed in the refrigerator because it was a health violation. -The restrictions prevented residents from eating and drinking from the container or packaging. -He provided residents with all their food and beverages. -Residents were not allowed to go into food storage cabinets. -Residents could buy their own snacks, however	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 311	Continued From page 10 he marked the items with the resident names and locked them in his office, and residents could ask for food when they needed it. -The restrictions prevented residents from going into food without washing their hands and from eating in their rooms. -The restrictions allowed him to have more oversight. -Anything the residents needed out of the kitchen, they needed to ask him before they obtained. -He read over the Resident Rights when he was hired, however he had no formal training. -He did not understand how the restrictions of food and beverages violated resident rights. -He did not know why rules were not posted in the kitchen for the residents. Interview with the Administrator on 11/24/20 at 2:30pm revealed: -Residents were not allowed to go into the kitchen and obtain food without the approval of the SIC. -The restriction was in place to prevent the residents from being unsanitary. -The facility had not tried to develop house rules, policies, or hours of operation to provide the residents with autonomy. -There needed to be an open/closed sign in the kitchen available for the residents, but she had not yet posted the sign. -Due to issues with residents in the past, she had to "lock down" the cabinets in the kitchen. -There was no kitchen policy available for the residents and it was not included in the house rules. -She and the SIC told the resident via word of mouth the restrictions in place for the kitchen. -She was not sure if the residents were explained the reasoning for restrictions in the kitchen. -The facility had never had a formal Resident Rights training.	C 311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 311	Continued From page 11 The facility failed to ensure residents were treated with respect, consideration, and dignity related to strip searching a resident (Resident #1) and by not allowing residents supervised access to food and beverage in the kitchen. This failure violated the dignity of the residents and was detrimental to the health and welfare of the residents which constitutes a Type B violation. A plan of protection in accordance with G.S. 131D-34 was requested on November 24, 2020 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 8, 2021.	C 311		
C 601	10A NCAC 13G .1701 (a) (b) Infection Prevention and Control Program 10A NCAC 13G .1701 Infection Prevention and Control Program (a) In accordance with Rule .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines on infection prevention and control. (b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human Services.	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 601	Continued From page 12 This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NC DHHS) were implemented when caring for 6 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors, the use of face coverings or masks, and practicing social distancing. Review of the Center for Disease Control (CDC) guideline for the prevention and spread of the Coronavirus (COVID-19) disease in long term care facilities revealed: -Personnel should always wear a face mask while in the facility. -All essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building. -Personnel should be screened for fever and symptoms of COVID-19 before starting each shift. -Screen residents daily for fever and symptoms of COVID-19. -All personnel should practice social distancing (remain at least 6 feet apart) when in common areas. -Implement social distancing among residents. Review of the NC DHHS guidance for smaller residential settings (6 or fewer beds) regarding visitation, communal dining, group and outside activities dated June 26, 2020 revealed: -Each facility must have a written plan which	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 601	Continued From page 13 outlines their facility's policy on visitation, communal dining, and group/outside activities. -The plan needs to include evaluations of the following factors: the current COVID status of residents and staff or the presence of any symptoms, visitation, communal dining, the physical layout of the facility and the ability to provide space for social distancing, procedures for conducting daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff. Review of the facility's 2020 infection control policy revealed the policy contained no infection prevention and control program consistent with the federal CDC and prevention guidelines on prevention and control of COVID-19. Review of staff and residents' records revealed no documentation of daily screenings and logs for COVID-19. Observations upon entry into the facility on 11/24/20 between 8:30am-2:00pm revealed: -A person who identified himself as Supervisor in Charge (SIC) greeted essential visitors on the porch of the facility. -There were six residents seated together at a dining table located in the kitchen. -All residents were seated less than approximately six foot apart eating their breakfast. -The SIC entered the kitchen with his cloth face covering below his chin around his neck. -The SIC left his cloth face covering around his neck below his chin and provided food service to all the residents. -A second SIC entered the facility to deliver a loaf of bread to the kitchen and exited the facility. -The second SIC was not wearing a face mask.	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 601	Continued From page 14 -The second SIC did not screen himself for signs and symptoms of COVID-19 upon entry to the facility. -The first SIC helped with activities of daily living to all residents and interacted with all residents with the cloth face covering below his chin around his neck interacting with them less than six feet away. -Activities of daily living consisted of assistance with a blind resident to locate food on her plate, safe ambulation, location of personal items, and removal of dishes from the table after the residents finished eating. -The first SIC walked through the facility with his cloth face covering below his chin around his neck. -None of the residents were prompted by the staff to put on face masks. -After prompting, the first SIC put on a surgical mask. -Five residents relocated to a common area seated themselves on a couch, love seat, and chair all within six feet of one another. -None of the residents were asked by staff to seat themselves six feet apart in the common area. -The Administrator and the Owner arrived and entered the facility without being screened. -The Administrator and the Owner were not wearing face coverings. -The Administrator and the Owner both greeted and hugged residents upon their entry into the facility. -The SIC left the facility and returned with lunch for the residents that he picked up from a local diner. -The Administrator and the Owner entered the kitchen and assisted with serving lunch to all the residents. -The Administrator and the Owner interacted with all residents without face masks on less than six	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 601	Continued From page 15 feet away from them. -The Administrator and the Owner did not wear a face mask throughout their visit to the facility. -After prompting, the Administrator and Owner did not put on face masks. Interview with a resident on 11/24/20 at 9:15am revealed: -She had not had her temperature taken by staff daily. -She could not remember the last time she had her temperature taken. -Staff asked her how she was doing all the time but never asked her if she was experiencing any symptoms of shortness of breath, diarrhea, headache or fatigue. -She knew some of the symptoms of COVID-19 but not all of them. -Staff never told her to wear a mask and keep her distance from other residents when she sat at the table to eat or on the couch to watch television. -Staff and residents never wore masks in the facility because everyone was considered "family". -She did not leave the facility except to go out to the hospital and return to the facility. -The first week of the month she was in the hospital for one week. -She tested negative for COVID-19 at the hospital. -The SICs stayed overnight at the facility. -The SICs could leave and go somewhere if another SIC was available to take care of the residents. Interview with a second resident on 11/24/20 at 10:00am revealed: -Staff took her temperature if she needed her temperature checked. -She knew the symptoms of COVID-19.	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 601	Continued From page 16 -She did not have to wear a mask because staff and residents were considered one "family". -No one asked her to wear a mask or social distance. -She might wear a mask if she had to go out for an errand or an appointment. -She had not left the facility since the pandemic started. Interview with the SIC on 11/24/20 at 9:30am revealed: -He would take his temperature if he felt like he had a fever. -If the residents told him they had symptoms of COVID-19 he would check their temperature and call their doctor. -He checked the residents' temperatures every few days, but he did not document them. -The residents did not leave the facility unless they went to the hospital. -The residents were not allowed any visitors except essential medical staff or providers. -He did not have hands on COVID-19 training provided by a trained instructor with return demonstration. -Because residents were treated like family the residents and staff did not have to wear masks and social distance according to what the Administrator told him. -He stayed overnight at the facility and if he had to leave another SIC would relieve him. -He left the facility to run errands when it was necessary. Interview with a second SIC on 11/24/20 at 2:45pm revealed: -The staff were not prescreened prior to coming into the facility. -Staff were not required to take their temperatures prior to beginning work.	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 601	Continued From page 17 -He did not have hands on COVID-19 training provided by a trained instructor with return demonstration. -Staff and residents did not have to wear masks and social distance because the Administrator and the Owner said everyone was like a family, so it was not required. Interview with the Administrator on 11/24/20 at 10:45am revealed: -She was aware of the CDC and NC DHHS guidelines, but she did not know they applied to the facility's living arrangement. -She read all her emails with updates from the CDC and NC DHHS. -She did not create an infection prevention and control program consistent with the federal CDC and prevention guidelines on prevention and control of COVID-19 because she did not know it was required. -She did not ensure all staff received hands on training by a trained instructor on COVID-19 guidelines and appropriate use of PPE. -She traveled back and forth to another state every month since the pandemic began and arrived back in town the first week of November 2020. -She did not expect staff and residents to social distance and wear masks because she did not feel they were being exposed to COVID-19. -The only time the residents left the facility was to go to the hospital and they were not readmitted unless they had a negative COVID-19 test result. -She restricted visitors to only essential health care providers who were screened upon entry to the facility. -She found it was very difficult for the population of residents due to their mental health needs to quarantine, wear masks, and social distance because they all lived together in a building that	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 601	Continued From page 18 was not large enough to adequately allow them to do so. -She felt any changes to the residents' routines and environment would have been disruptive and cause them more mental distress. Interview with the Owner on 11/24/20 at 9:30am revealed: -He was not going to wear a mask because they were not mandated. -He believed COVID-19 was a "fake" virus. -The Administrator was responsible for managing the facility. -He came to the facility when he was needed to assist the Administrator. -He traveled back and forth to another state every month since the pandemic began and arrived back in town the first week of November 2020. _____ The facility failed to adhere to the Centers for Disease Control (CDC) and North Carolina Division of Health and Human Services (NC DHHS) guidelines for COVID-19 to include recommendations for use of face masks for staff, no screening of staff and residents and encouraging social distancing. The facility's failure placed the residents at risk for infection and transmission of the deadly COVID-19 virus. This failure resulted in substantial risk of physical harm and neglect which constitutes a Type A2 Violation. _____ A plan of protection was provided by the facility in accordance with G.S. 131D-37 on November 24, 2020 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 24, 2020.	C 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	C 11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 914	Continued From page 19	C 914		
C 914	G.S 131D-21(4) Declaration Of Resident's Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents were free of neglect. The findings are: 1. Based on observations and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NC DHHS) were implemented when caring for 6 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors; the use of face coverings or masks, and practicing social distancing. [Refer to Tag 0601 10A NCAC 13 G .1701 Infection Prevention and Control Program (Type A2 Violation)]. 2. Based on observations, interviews and record reviews, the facility failed to ensure Resident #1 was treated with dignity and respect as related to being strip searched by staff and by not allowing residents supervised access to food and beverage in the kitchen. [Refer to Tag 0311 10 A NCAC 13G .0909 Resident Rights (Type B Violation)].	C 914		