

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/25/2021
NAME OF PROVIDER OR SUPPLIER BETHANY TENDER LOVE AND CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 532 GREENWOOD DRIVE BURLINGTON, NC 27215		
(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 follow-up survey on 06/23/21 and 06/25/21.	{C 000}		
{C 202}	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #3) were tested for tuberculosis (TB) upon admission. The findings are: 1. Review of Resident #2's current FL2 dated 08/15/20 revealed diagnoses included paranoid schizophrenia, GERD (gastroesophageal reflux disease), and high blood pressure. Review of Resident #2's Resident Register revealed Resident #2 was admitted to the facility on 07/11/17. Review of Resident #2's records revealed:	{C 202}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 202}	Continued From page 1 -There was documentation of a chest x-ray that was done on 07/11/17. -The clinical data results indicated active TB. -There was no further documentation of TB testing. Interview with Resident #2 on 06/25/21 at 10:41am revealed: -He received several TB skin tests over the years. -He did not remember if he received a TB skin test when admitted to the facility. -He never received a chest x-ray to evaluate for TB. -He was never told he had active TB. Interview with the Administrator on 06/25/21 at 10:50am revealed: -Resident #2 did not have TB when he was admitted to the facility. -Resident #2 did not receive treatment for TB when he was admitted to the facility. -Resident #2 did not receive further tests for TB after he was admitted to the facility. 2. Review of Resident #3's current FL2 dated 11/24/20 revealed diagnoses included antisocial personality disorder, schizoaffective disorder, bipolar type, psychoactive substance dependence, nicotine dependence, and vitamin D deficiency. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 07/15/19. Review of Resident #3's record revealed: -There was documentation of a tuberculosis (TB) skin test dated 07/19/19. -The result of the 07/19/19 TB skin test was negative; there was no documentation of the date	{C 202}		

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{C 202}	Continued From page 2 the TB skin test was read. -There was no documentation of further TB testing. Interview with Resident #3 on 06/25/21 at 10:45am revealed: -He received a TB skin test when he was first admitted to the facility. -He did not remember if he received a second TB skin test. Interview with the Administrator on 06/25/21 at 10:50am revealed: -Resident #3 had a second TB skin test after he was admitted to the facility. -She could not locate the documentation of Resident #3's second TB skin test.	{C 202}			
{C 231}	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires	{C 231}			

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{C 231}	Continued From page 3 referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that an annual care plan and assessment had been completed for 1 of 3 sampled residents (#3). The findings are: Review of Resident #3's current FL2 dated 11/24/20 revealed diagnoses included antisocial personality disorder; schizoaffective disorder, bipolar type; psychoactive substance dependence; nicotine dependence; and vitamin D deficiency. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 07/15/19. Review of Resident #3's record revealed there was no care plan available for review. Interview with Resident #3 on 06/25/21 at 10:45am revealed he was independent with his activities of daily living. Interview with the Administrator on 06/25/21 at 10:50am revealed: -During the coronavirus (COVID-19) pandemic, Resident #3's PCP visits were completed virtually. -Resident #3's care plan was not completed. -"I don't know why" Resident #3's care plan was not completed.	{C 231}		

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{C 612}	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 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: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) during the global coronavirus (COVID-19) pandemic were implemented and maintained to	{C 612}			

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{C 612}	Continued From page 5 provide protection and reduce the risk of transmission and infection to residents as related to visitor screening and staff and resident temperature screening. The findings are: 1. Observation upon entry to the facility on 06/23/21 at 9:27am revealed: -There was signage on the entry door related to COVID-19 precautions. -There was an area next to the entry of the facility designated for screening of visitors. -The SIC did not ask any COVID-19 screening questions or take the surveyor's temperature. Review of the CDC interim infection prevention and control recommendations to prevent COVID-19 spread in nursing homes and long-term care facilities dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -Visitors were to be assessed for symptoms of and exposure to COVID-19. Review of the CDC updated healthcare infection prevention and control recommendations in response to the COVID-19 vaccination dated 04/27/21 revealed visitors should be screen for symptoms of and exposure to COVID-19 regardless of their vaccination status. Interview with the SIC on 06/23/21 at 9:45am revealed: -None of the residents had tested positive for the coronavirus (COVID-19). -The Administrator told her in March 2021 to screen visitors for COVID-19 exposure and symptoms.	{C 612}		

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{C 612}	Continued From page 6 -She was supposed to take visitors' temperatures and ask about COVID-19 exposure and symptoms . -When visitors came to see the residents, they sat outside; visits did not take place inside the facility. -She did not take the visitors' temperatures because they did not come inside the facility. -She was supposed to make sure visitors who came into the facility wore a facemask. -She did not know why she did not screen the surveyor. -She did not know if she was supposed to screen the surveyor. Interview with the Administrator on 06/23/21 at 9:52am revealed: -She knew visitors were previously required to be screened. -She thought screening was no longer required for visitors. -She had not instructed staff to screen visitors. -No visitors were coming inside the facility; visits took place outside. -She went outside to talk with anyone who came to the facility. Refer to the interview with the Administrator on 06/23/21 at 9:52am. 2. Observations of the staff temperature logs on 06/25/21 revealed the Administrator and staffs' temperatures were documented from 04/05/21-04/18/21, 04/27/21-04/28/21, and on two days that did not have a date documented. Review of the CDC interim infection prevention and control recommendations to prevent COVID-19 spread in nursing homes and long-term care facilities dated 03/29/21 revealed:	{C 612}		

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{C 612}	Continued From page 7 -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -Healthcare personnel (HCP) were to be assessed for symptoms of COVID-19, including fever, and for exposure to COVID-19 upon entering the facility. Interview with the SIC on 06/23/21 at 9:27am revealed: -She worked at the facility two days each week. -The Administrator did not tell her she needed to take her temperature at the start of each shift. -She did not take her temperature when she arrived at work this morning. -She contacted the local social services department to get work-related information about COVID-19. Interview with the Administrator on 06/23/21 at 9:52am revealed: -She thought screening was no longer required for staff. -The last time the staffs' temperatures were taken was on 05/08/21. Refer to the interview with the Administrator on 06/23/21 at 9:52am. 3. Observations of the resident temperature logs on 06/25/21 revealed the residents' temperatures were documented from 04/05/21-04/21/21, 04/27/21-04/28/21, and 05/01/21-05/08/21. Review of the CDC interim infection prevention and control recommendations to prevent COVID-19 spread in nursing homes and long-term care facilities dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the	{C 612}		

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{C 612}	Continued From page 8 facility. -The residents were to have their temperatures taken daily. Interviews with the SIC on 06/23/21 at 9:27am and 9:45am revealed: -There were six residents in the facility. -The Administrator took the residents' temperatures daily. Interview with the Administrator on 06/23/21 at 9:52am revealed: -She thought screening was no longer required for the residents. -The last time the residents' temperatures were taken was on 05/08/21. -She thought she could stop daily temperature monitoring because everyone was fully vaccinated. Refer to the interview with the Administrator on 06/23/21 at 9:52am. Interview with the Administrator on 06/23/21 at 9:52am revealed: -She received COVID-19 guidance through email from a state assisted living organization. -She could not locate the most recent email from the state assisted living organization. -She had not been receiving COVID-19 guidance through email from the state agency. -She needed to "clean through" her emails so she would not "miss anything." -She thought screening was no longer required for staff, residents, and visitors. The failure of the facility to assess the residents' for signs and symptoms of COVID-19, including taking their temperature daily, to require staff to take their temperature upon arrival to the facility,	{C 612}		

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{C 612}	Continued From page 9 and to screen visitors to the facility for exposure to, and symptoms of, COVID-19, including a fever, was detrimental to the health, safety, and welfare of the residents and constitutes a Type B violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/25/21 for this violation.	{C 612}		
{C 912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to infection prevention and control. The findings are: 1. Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents as related to visitor screening and staff and resident temperature screening. [Refer to Tag D610, 10A	{C 912}		

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{C 912}	Continued From page 10 NCAC 13G .1701(c) Infection Prevent and Control Program (Type B Violation).]	{C 912}		