

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OR SUPPLIER AGAPE CARE FAMILY HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 BRITTON STREET GREENSBORO, NC 27406		
(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 COVID-19 focused Infection Control survey with an onsite visit on August 19, 2020 and a desk review survey on August 19-21, 2020 and August 24-25, 2020, with a telephone exit on August 25, 2020.	C 000		
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 A2 VIOLATION Based on observations, record reviews 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 (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 personal protective equipment (PPE); and practicing social distancing. The findings are: 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 dated 05/29/20 revealed: -Personnel should always wear a face mask while in the facility. -All essential visitors should be screened for the	C 311		

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

TITLE

(X6) DATE

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C 311	<p>Continued From page 1</p> <p>presence of fever and symptoms of the virus when entering the building.</p> <p>-Personnel should be screened for fever and symptoms of COVID-19 before starting each shift.</p> <p>-Screen residents daily for fever and symptoms of COVID-19.</p> <p>-All personnel should practice social distancing (remain at least 6 feet apart) when in common areas.</p> <p>-Implement social distancing among residents.</p> <p>Review of the facility's Infection Control Policy revealed:</p> <p>-The policy included recommendations regarding the proper handling of equipment to prevent transmission of blood borne pathogens.</p> <p>-The policy had no information specific to the COVID-19 regarding the use of personal protective equipment, increased hand hygiene, cough etiquette, or screening of staff, residents and visitors.</p> <p>Observation upon entrance of the facility on 08/19/20 at 1:37pm revealed:</p> <p>-There was one staff working at the facility identified as the Supervisor-in-Charge (SIC).</p> <p>-The SIC was not wearing a mask when he came to the door.</p> <p>-Facility staff did not screen the survey staff for COVID-19 symptoms, including checking temperature, prior to entrance of the facility.</p> <p>-There were no signs posted alerting visitors to COVID-19 recommendations for restricted visitation.</p> <p>-There was no thermometer available to screen visitors or staff.</p> <p>-There was a partially used box of gloves available for use by staff.</p>	C 311		

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C 311	<p>Continued From page 2</p> <p>Observation during the initial tour on 08/19/20 at 1:45pm revealed:</p> <ul style="list-style-type: none"> -There were 2 residents sitting in the common area. -One resident was sitting in the right (from the front entrance) corner watching television while a second resident was seated on a sofa across the room. The residents were seated more than 6 feet apart but neither resident was wearing a mask. -The kitchen area had a seven foot long oblong table that was approximately 46 inches across with 6 chairs spaced in a pattern of two chairs on each side and one chair on each end. <p>Continued observation during the facility tour on 08/19/20 at 1:55pm revealed:</p> <ul style="list-style-type: none"> -There were 6 residents residing at the facility. -None of the six residents in the facility were wearing a mask. -There were 3 bedrooms for residents. -Bedroom #1 had 2 beds spaced 4 feet apart with 2 residents located inside the room (neither resident was wearing a mask). -Bedroom #2 had 2 beds spaced 6 feet apart with 1 resident located inside the room (the resident was not wearing a mask). -Bedroom #3 had 2 beds spaced 6 feet apart with 1 resident located inside the room (the resident was not wearing a mask). -There were 2 bathrooms, one on the right side of the facility that had a pump soap dispenser on the sink, but no paper towels or cloth towels. -There was a second bathroom on the left side of the facility with a liquid soap dispenser and six cloth towels hanging on towel racks around the walls of the bathroom. -There was no alcohol based hand sanitizer visible at any location during the tour. -The facility had a partially used bottle of an 	C 311		

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C 311	<p>Continued From page 3</p> <p>Environment Protection Agency (EPA) approved disinfectant spray.</p> <p>-All 6 residents had a mask in their rooms available for use.</p> <p>Further observation during the initial tour on 08/19/20 at 2:24pm revealed:</p> <p>-There were 3 residents sitting in the common area.</p> <p>-One resident was sitting in the right (from the front entrance) corner watching television, a second resident was seated on a love seat to the right of the resident (4 feet from the first resident) while a third resident was seated on a sofa across the room (6 feet from the second resident and 10 feet from the first resident). None of the 3 residents was wearing a mask.</p> <p>Interview with the SIC on 08/19/20 at 1:45pm revealed:</p> <p>-There were 6 residents currently residing at the facility.</p> <p>-None of the residents currently had signs or symptoms of COVID-19 virus (coughing, loss of taste, diarrhea, shortness of breath, chills, or muscle aches) or had been tested for COVID-19.</p> <p>-Residents did not wear a mask inside the facility because this was their home and they only came in contact with each other.</p> <p>-Residents wore a mask if they went out to a physicians appointment.</p> <p>-There was no thermometer available to screen visitors, staff or residents.</p> <p>-There were no gowns or goggles readily available for use by the staff because none of the residents had complained of any symptoms for COVID-19 virus or had been diagnosed with the virus.</p> <p>Interview with Administrator on 08/19/20 at</p>	C 311		

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C 311	Continued From page 4 1:45pm revealed: -There were 6 residents currently residing at the facility. -The facility did not allow visitors at this time. -The facility did not screen visitors for signs and symptoms of COVID-19, because no visitors were allowed. -The facility did not have a no touch thermometer for screening residents, staff or visitors. -Staff on duty monitored residents for signs or symptoms of COVID-19, but did not document that information. -Temperatures were not monitored because the facility did not have a no touch thermometer. -The staff wipe surfaces and door knobs "constantly", at least 10 to 15 times daily. -The surfaces are wiped down with an EPA approved disinfectant. -None of the residents currently had signs or symptoms of COVID-19 virus. -None of the current residents had been tested for COVID-19. -Residents did not wear a mask inside the facility because "the facility is their home". -Residents wore a mask if they went outside the facility to a physician's appointment. -Residents were transported to medical appointments by facility staff and all occupants of the vehicle wore a mask while being transported. -The facility's hand sanitizer was kept in the office, because some of the residents may be unsafe with use, and not know how to use the hand sanitizer safely. -Hand sanitizer was available upon request by a resident. -All 6 residents currently ate at the same dining room table at the same time. -The residents still practiced communal dining within the facility, but no longer ate out in public restaurants. She thought eating out at public	C 311		

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C 311	<p>Continued From page 5</p> <p>restaurants was what was meant by communal dining.</p> <p>-The facility did not currently have a COVID-19 policy available for review.</p> <p>Telephone interviews with 3 residents on 08/21/20 revealed:</p> <p>-Facility staff did not perform COVID-19 screening on the residents when the residents returned to the facility from an outside appointment.</p> <p>-Facility staff did not check temperatures of the residents.</p> <p>-Each of the residents had a mask.</p> <p>-The masks were worn when the residents left the facility for an appointment.</p> <p>-The masks were not worn inside the facility.</p> <p>-The residents ate meals together at the facility dining room table.</p> <p>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 personal protective equipment (PPE) for staff and residents, screening of staff and visitors, and residents for fever and signs and symptoms of COVID-19; and failed to provide training to staff on CDC guidelines for COVID-19. 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 harm and neglect which constitutes a Type A2 Violation.</p> <p>A plan of protection was provided by the facility in accordance with G.S. 131D-37 on August 19, 2020 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE A2</p>	C 311		

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C 311	Continued From page 6 VIOLATION SHALL NOT EXCEED September 24, 2020.	C 311		
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 ensure residents were free from neglect related to residents' rights. The findings are: 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 (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 personal protective equipment (PPE); and practicing social distancing. [Refer to Tag 0311 10A NCAC 13 G .0909 Residents' Rights (Type A2 Violation)].	C 914		