STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023049	A. BUILDING: _____ B. WING _____	09/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAN'S 3 FAMILY CARE HOME	309 WILSON STREET SHELBY, NC 28150

(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 09/03/20 and a desk review survey on 09/03/20 to 09/04/20 and a telephone exit on 09/04/20.	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 established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to appropriate screening of visitors and staff, maintaining adequate cleaning supplies, and practicing infection control procedures to reduce the risk of transmission and infection. The findings are: Review of the DHHS Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings including Family Care Homes updated 07/16/20 revealed: -The facility should have an updated written Infection Control or Preparedness plan for	C 311		

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C 311	Continued From page 1 COVID-19 that can be made available to the appropriate overseeing agency upon request. -The facility must conduct daily screening for temperature check, presence of symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), and known exposure to COVID-19 of all residents and staff. Review of the undated, hand-written resident roster revealed there were 5 residents residing in the facility. Review of the facility's Infection Control Policy and Procedures dated 09/01/15 revealed there was no updated Infection Control Policy and Procedures related to COVID-19. 1. Review of the CDC guidelines for the prevention and spread of the coronavirus in long-term care (LTC) facilities revealed: -Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 personal protective equipment (PPE). -Testing residents upon admission could identify those who are infected but otherwise without symptoms. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Review of a discharge summary for Resident #1 dated 08/27/20 revealed: -He was admitted to the hospital on 08/24/20 due to an incarcerated hernia. -The resident was discharged on 08/27/20 to the	C 311		

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C 311	Continued From page 2	C 311		

facility.
-The resident was tested for COVID-19 on 08/24/20, the result was "not detected".

Observation of Resident #1 on 09/03/20 at 1:35pm revealed:
-The resident was sitting in the living room approximately six feet away from two other residents watching television.
-The resident was observed wearing a mask throughout the facility.

Interview with Resident #1 on 09/03/20 at 1:35pm revealed:
-He recently had surgery at the emergency room due to abdominal pain.
-Since returning from the hospital, he had not been quarantined nor in isolation.
-He shared a room with another resident, however spent most of his time out of his room.
-He did not wear a mask while eating, sleeping, or in his bedroom.
-His roommate did not wear a mask in his room either.

Telephone interview with a supervisor-in-charge (SIC)/medication aide (MA) on 09/03/20 at 3:18pm revealed:
-The resident was not quarantined after he returned from the hospital because he tested negative for COVID-19 before being readmitted.
-She did not know the resident needed to be quarantined when he returned.
-She had not spoken with the local health department.
-The Administrator was responsible for contacting the local health department.
-The resident should have been quarantined and could have used the extra bedroom used for staff and records.

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C 311	Continued From page 3 Telephone interview with the Communicable Disease (CD) Nurse at the local health department on 09/04/20 at 10:00am revealed: -She had not received a call from the facility regarding readmission of a resident. -Resident #1 was discharged from the hospital would be expected to quarantine and be isolated for 14 days for onset of symptoms. -If she received a call from the facility staff, she would have provided them with guidance regarding quarantine. -The resident was tested "too soon" prior to readmission to the facility, the resident would need to be tested 6 days after exposure to get an accurate result. -Any room where the resident could reside independently could have been used to quarantine the resident for 14 days. -If the facility was unable to quarantine the resident, the local health department would have been able to provide guidance on another placement to ensure quarantine. Interview with the Administrator on 09/03/20 at 11:45am revealed: -There was a resident who went to the hospital and had a procedure 08/24/20-08/27/20. -The resident was not placed on quarantine when he returned to the facility. -The resident tested negative for COVID-19 at the hospital. -She had not contacted the local health department for any guidance related to the resident returning to the facility. -She had not reviewed guidance provided by the CDC. -She did not know the resident needed to be quarantined or placed in isolation.	C 311		

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C 311	Continued From page 4 A second interview with the Administrator on 09/04/20 at 12:17pm and 2:12pm revealed: -The COVID-19 pandemic was new to her and she was still trying to learn. -She did not have space to quarantine the resident who was discharged from the hospital. -She would not use the staff bedroom to quarantine the resident. -There was "no way" to quarantine someone with possible COVID-19 in the facility. -Resident #1 was tested in the hospital and had a negative COVID test prior to discharge. -She thought that she was only required to get the resident tested prior to his readmission. 2. Review of the CDC guidelines for the prevention and spread of the coronavirus in LTC facilities revealed: -It was recommended that LTC facilities should immediately implement screening which includes temperature check and should be asked about COVID-19 symptoms for every individual regardless of the reasoning for entering the facility including residents, staff, visitors, outside healthcare workers, vendors etc. -Designate one or more facility employees to ensure all residents have been asked daily about fever and symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). -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.	C 311		

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C 311	Continued From page 5 Observation of the outside of the facility on 09/03/20 at 1:15pm revealed the front entrance of the facility was locked and there was a sign posted which read: "All visitors are restricted until further notice, please call the Administrator [phone number] for further assistance". Observation of the facility upon entrance on 09/03/20 at 1:15pm revealed: -Surveyors temperatures were not taken. -Surveyors were not asked any COVID-19 screening questions. Observation of the supervisor-in-charge (SIC) on 09/03/20 at 1:47pm revealed he took the temperatures of both surveyors without being prompted. Interview with the SIC on 09/03/20 at 1:47pm revealed: -He forgot to take the temperatures of the surveyors upon arrival. -He felt he needed to take the temperatures so that it could be recorded. -When he arrived at work, he took his temperature, however he did not answer any screening questions. -There were no screening questions to ask visitors, staff, or residents. Telephone interview with a SIC/MA on 09/03/20 at 3:18pm revealed: -When she arrived at work, she washed her hands and took her temperature. -She recorded her temperature on a notepad. -There were no screening questions that she needed to answer. -She never displayed any symptoms of COVID-19.	C 311		

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C 311	Continued From page 6 Interview with the Administrator on 09/03/20 at 1:52pm revealed: -Staff were supposed to check their temperatures and record the results on the notepad before beginning their shift. -Staff were supposed to check the residents' temperature everyday and record on the medication administration record (MAR). -She expected staff to notify her if they were not feeling well or displayed symptoms of COVID-19. -There were no screening questions for staff or residents. -There were no screening questions for visitors because they were currently restricted and were not coming into the building. -COVID-19 was new to her and she did not know that screening questions were required. 3. Review of the CDC guidelines for the prevention and spread of the coronavirus in LTC facilities revealed: -Ensure adequate cleaning and disinfection supplies are available. Provide EPA-registered disposable disinfectant wipes so that commonly used surfaces can be wiped down. -Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. -Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an Environmental Protection Agency (EPA) registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for coronavirus in healthcare settings. Observation of the cleaning supplies on 09/03/20 from 1:15pm-2:30pm revealed: -There was no bleach or disinfectants in the	C 311		

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C 311	Continued From page 7	C 311		

facility.
-On the kitchen counter, there was a container of wipes that smelled of water.
-The container of wipes had a label ripped off and did not smell of any cleaning solution.
-It could not be determined the concentration of cleaning solution in the wipes or if the wipes were registered with the EPA and on the "N list"(a list of disinfectants that are to eradicate the coronavirus).
-There was no other cleaning supplies available.

Interview with the SIC on 09/03/20 at 1:15pm revealed:
-He wiped down all appliances daily with bleach wipes 2-3 times per shift.
-He used the bleach wipes in the container that had the label ripped off.
-He mopped daily and uses bleach and water to mop.
-He ran out of bleach yesterday and the Administrator said she would bring more "today".
-The kitchen cabinet was where all cleaning supplies were located.
- "What you see is what we have."
-Supplies were not located anywhere else in the facility.
-The Administrator was responsible for purchasing cleaning supplies.

Telephone interview with the SIC/MA on 09/03/20 at 3:18pm revealed:
-She used bleach and disinfectant wipes to clean when she worked.
-All supplies were labeled with the exception of the bleach water spray that she mixed.
-She would put half water and half bleach in a spray bottle and wipes everything down in the facility throughout the day when she worked.
-She would spray the solution, allow it to sit for a

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C 311	Continued From page 8 minute before wiping down the surface. -There was always cleaning supplies available. -She last worked on 09/02/20 and there was a container of disinfectant wipes with a label applied that she used to clean the facility. Observation of the Administrator on 09/03/20 at 1:45pm revealed she arrived at the facility with a medium sized container of bleach and a small bottle of multi-purpose cleaner, review of the EPA registered "N list" revealed this cleaner was not on the list. Interview with the Administrator 09/03/20 at 1:45pm revealed: -She went to pick up items prior to coming to the facility today. -The staff were to use disinfectant wipes and multipurpose cleaner to sanitize the facility. -She thought the wipes were appropriate disinfectant wipes that could be used to sanitize the facility. -She did not know why the wipes smelled of water or why the label was removed. -She tried to make sure the facility had all the supplies they needed to sanitize. -She did not know multi-purpose cleaner was not listed on the EPA's website as an approved cleaner. -She had not reviewed the EPA website to determine the approved cleaners. -She thought the multipurpose cleaner included clorox. _____ 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 quarantine and isolation of resident who was readmitted after an	C 311		

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C 311	Continued From page 9 hospitalization, screening of staff and visitors, and residents for fever and signs and symptoms of COVID-19; and failed to have adequate cleaning supplies for use against COVID-19. The facility's failure placed the residents at substantial risk of harm and neglect of infection and transmission of the COVID-19 virus which constitutes a Type A2 Violation. A plan of protection was provided by the facility in accordance with G.S. 131D-37 on September 4, 2020 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 1, 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 assure residents were free of neglect as related to residents' rights. The findings are: Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19)	C 914		

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C 914	Continued From page 10 pandemic as related to appropriate screening of visitors and staff, maintaining adequate cleaning supplies, and practicing infection control procedures to reduce the risk of transmission and infection. [Refer to Tag 0311 10A NCAC 13G .0909 Resident Rights (Type A2 Violation)].	C 914		