STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	10/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 COVID-19 focused Infection Control survey with an onsite visit on 10/21/20 and a desk review survey from 10/21/20 to 10/22/20 and a telephone exit on 10/22/20.	D 000		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult 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 and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS), and the Local Health Department (LHD) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic and practicing recommended infection prevention and control practices to reduce the risk of transmission and infection as related to staff and residents not wearing proper personal protective equipment (PPE), staff not conducting screening of staff, residents and visitors, and not following social distancing during communal dining and other activities. The findings are: Review of the CDC guidelines for the prevention and spread of the coronavirus (COVID-19) disease reveal:	D 338		

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-Personnel should always wear a face mask when in the facility.
-Cloth face coverings are not PPE and should not be worn instead of a face mask or respirator.
-Residents should always wear a face mask or face covering (if tolerated) when not in their rooms.
-The facility must establish procedures for conducting visitations including requiring visitors to wear a mask or face covering for the entire visit.
-The facility must conduct daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff.

Review of the NC DHHS Guidance on Communal Dining for Adult Care Homes dated 07/06/20 revealed the facility must ensure appropriate social distancing of at least six feet between residents for any type of activities including communal dining.

1. Observation of the Administrator entering the facility on 10/21/20 at 10:05am revealed the Administrator was not wearing a mask.

Observation of four residents seated in the TV sitting area on 10/21/20 from 10:00am to 11:22am revealed they were not wearing masks.

Observation of the housekeeper entering in and out of multiple resident rooms on 10/21/20 at 10:24am revealed she was wearing a cloth face covering.

Observation of the personal care aide (PCA) and Activities Director (AD) interacting with residents on 10/21/20 at 10:30 am revealed, they were not wearing masks.

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D 338	Continued From page 2 Observation of a resident getting her hair washed by a volunteer in the beauty salon on 10/21/20 at 10:32 am revealed, they were not wearing masks. Observation of the Dietary Aide preparing lunch in the kitchen on 10/21/20 at 11:25am revealed she was not wearing a mask. Interview with a resident seated in the TV sitting area on 10/21/20 at 10:22am revealed: -She did not have a mask. -She did not wear a mask in the hallway, TV sitting area or dining room. Interview with the housekeeper on 10/21/20 at 10:25am revealed: -She was not required to wear a mask. -She was told she did not need to wear a mask by the Administrator a few months ago but she could not recall the exact date. -She wore a cloth face covering because it was her "choice but not required". -The residents were not required to wear a mask. -She was told by the Administrator residents were not required to wear masks anymore. -She does not remember when residents were not required to wear a mask but believed it was around August 2020 when visitation was allowed. Interview with the Dietary Aide on 10/21/20 at 11:26am revealed: -She tested positive for COVID-19 in March 2020 when the LHD came to the facility to test the residents and staff. -She was told by the Administrator it was not necessary to wear a mask around the beginning of reopening visitation but was not sure of an exact date. -She did not wear a mask while in the facility but	D 338		

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will usually put a mask on to answer the front door.

Interview with a PCA on 10/21/20 at 10:22am revealed:
-She was not required to wear a mask but chose to wear a mask.
-The residents were not required to wear masks inside of the facility.
-Visitors were not required to wear masks when visiting with a resident inside of the resident's room.

Interview with a medication aide (MA) at 10/21/20 at 9:55am revealed:
-The staff was instructed by the Administrator that residents were not required to wear a mask anymore since the quarantine was over after the facility's COVID-19 outbreak in March 2020.
-She was informed by the Administrator that staff was not required to wear masks around the same time that residents were not required to wear masks.
-She could not recall when the quarantine was over, but it had been a couple months.
-She chose to wear a mask while in the facility.

Interview with the Activities Director on 10/21/20 at 10:18am:
-She was not required to wear a mask.
-Residents did not wear masks during activities.
-She did not know if she had received training on proper PPE use.

Interview with the Resident Care Coordinator (RCC) on 10/21/20 at 12:02pm revealed:
-She was told by the Administrator that staff was not required to wear a mask while in the facility.
-She was unsure when she was told staff no longer had to wear a mask.

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-The Administrator was responsible for training staff on COVID-19 precautions.
-It was her expectation that staff followed the CDC and NC DHHS guidelines.

Interview with the Administrator on 10/21/20 at 10:07am revealed:
-Residents and staff were not required to wear masks.
-Visitors wore a mask in the hallway to the residents' room and could remove their masks during the visit.
-Staff was not required to wear a mask but they can wear one if they chose to.
-She was in close contact with the LHD Director and he informed her there were no instances of someone catching COVID-19 twice.
-Since the facility had an outbreak of COVID-19 earlier this year, she did not think staff and residents needed to wear masks.
-All but one of the residents and two or three staff members tested positive for COVID-19 in March 2020.
-She was not aware of the date that they were tested but it was in March of 2020.
-She had been able to navigate the CDC and NC DHHS websites for guidance on COVID-19 precautions, but she was unsure of the last time she visited the websites.
-She was unsure if she could legally enforce staff to wear a mask.

Refer to the telephone interview with the Local Health Department (LHD) Health Director on 10/22/20 at 9:07am.

2. Observation of a resident returning to the facility on 10/21/20 at 11:15am revealed:
-He was not asked the screening questions and he did not have his temperature taken upon

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return to the facility.
-He was not wearing a mask but did have a surgical mask in his hand.

Interview with a MA on 10/21/20 at 9:55 am revealed:
-The residents were not currently being screened for the presence of fever and symptoms consistent with COVID-19.
-The staff were not currently being screened for the presence of fever and symptoms consistent with COVID-19 before starting their shift.
-She was instructed by the Administrator that screening for staff prior to the start of their shift and daily resident screenings was not required anymore since the facility outbreak was over.
-When residents returned to the facility they were not having their temperatures checked or asked the screening questions.
-If residents complained of not feeling well or demonstrated symptoms such as a cough, she would check their temperature.
-She can not recall the date that staff and resident screening was stopped.
-She continued to check her temperature daily.

Interview with the Housekeeper at 10:25am revealed:
-Staff was not required to complete the screening process any longer.
-Staff were told they did not need to continue to do the screening process by the Administrator a few months ago but could not recall exactly when.

Interview with the Dietary Aide on 10/21/20 at 11:26am revealed:
-The staff were screened including a temperature check before entering the facility for work in the past but were not currently being screened.
-She was unsure when the staff screening

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stopped but staff received direction from the Administrator that it was no longer necessary to complete the screening.

Interview with RCC 10/21/20 at 12:02pm revealed:
-The staff had completed screening questions and a temperature check at the start of their shift during the time COVID-19 was active in the facility.
-She was unsure of the date that they stopped completing staff screening, but they continued it longer than resident screening.
-The Administrator was responsible for training staff on COVID-19 precautions.
-It is her expectations that staff would follow CDC and NC DHHS guidelines.

Interview with the Administrator on 10/21/20 at 10:07am revealed:
-She was unsure if the residents were being screened daily for signs and symptoms of COVID-19 to include temperature checks.
-Staff was not being screened to include temperature check since the facility outbreak was over.
-She was unsure of the date that staff screening stopped at the facility, but she knew that some staff continued to self-screen prior to work.
-Visitors were required to complete the screening process upon entrance to the facility including completing the screening questions and a temperature check.
-She was in close contact with the LHD Director and he informed her there were no instances of someone catching COVID-19 twice.
-Since the facility had an outbreak of COVID-19 earlier this year, she did not think staff needed to continue with the screening.
-All but one of the residents and two or three staff

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members tested positive for COVID-19 in March 2020.
-She was not aware of the date that they were tested but it was in March of 2020.
-She had been able to navigate the CDC and NC DHHS websites for guidance on COVID-19 precautions, but she was unsure of the last time she visited them.

Refer to the telephone interview with the Local Health Department (LHD) Health Director on 10/22/20 at 9:07am.

3. Observation of the tv sitting area on 10/21/20 at 11:22am revealed:
-There were two residents not seated within 6 feet apart from each other.
-There were four chairs placed side by side and not spaced 6 feet apart.

Observation of the dining hall on 10/21/20 at 10:20am revealed:
-There were five tables set up with place settings and the tables were not placed 6 ft apart from each other.
-There were two tables that seated two residents, one table that seated four residents, one table that seated five residents, and one table that seated seven residents.

Observation of the dining hall on 10/21/20 at 12:15pm revealed:
-There were fourteen residents dining in the dining hall and they were not seated 6 ft apart from each other.
-There were two residents seated at two separate tables and they were not seated 6 ft apart from each other.
-There were three residents seated at a table and they were not seated 6 ft apart from each other.

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D 338	Continued From page 8 -There were seven residents seated at a table and they were not seated 6 ft apart from each other. Interview with a fourth PCA on 10/21/20 at 10:22am revealed: -She had not redirected the residents to sit 6 ft apart when in the tv sitting area. -Residents dine in the dining hall together at each meal. -There was only one resident who dined in her room due to her being bedridden. -The tables and chairs were not rearranged to seat residents 6 ft apart. -She had not been instructed to seat the residents 6 ft apart in the tv sitting area or in the dining room since late April 2020. -She had completed training about COVID-19 but could not recall which training had been completed and when the training was completed. Interview with a medication aide (MA) on 10/21/20 at 11:08am revealed: -The residents did not sit 6 ft apart in the tv sitting area. -She had not redirected the residents to sit 6 ft apart while in the tv sitting area. -She did not know to keep the residents apart. -The residents had their meals in the dining hall. -The residents were not seated 6 ft apart. -The residents began dining in the dining hall around the end of April 2020. Interview with the Resident Care Coordinator (RCC) on 10/21/20 at 12:02pm revealed: -Residents were not redirected to social distance since there had not been another positive testing for COVID-19 among the residents and staff. -The residents who sat in the tv sitting area did not sit 6 ft apart.	D 338		

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-All of the residents had their meals in the dining hall at each meal.
-The dining hall tables and chairs were not rearranged for social distancing.
-She had training relating to PPE use and on social distancing.
-The Administrator was responsible for staff training.

Interview with the Administrator on 10/21/20 at 11:36am revealed:
-The dining hall had not been set up for social distancing for meals.
-The residents began eating all of their meals in the dining hall a few months ago (did not provide an exact date).
-The residents were not placed 6 ft apart from each other during meals.
-She received guidance relating COVID-19 policies from the LHD.

Refer to the telephone interview with the Local Health Department (LHD) Health Director.

_____

Telephone interview with the LHD Health Director on 10/22/20 at 9:07am revealed:
-He had last been inside the facility in April of 2020.
-During his last trip inside the facility in April he observed staff and residents wearing masks and adhering to CDC guidelines including social distancing and in room dining.
-He spoke with the facility's Administrator two to three times a month via telephone.
-He had provided the facility with multiple deliveries of personal protective equipment (PPE) including masks.
-He and the County Medical Director conducted onsite testing of all residents and some staff

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D 338	Continued From page 10 members in March of 2020. -He was unsure of exact number of residents and staff that tested positive for COVID-19 but thought it was between twenty to twenty-three total cases. -The residents and staff had not been retested because it was not required by the CDC. -He advised the Administrator during regular communication of two to three times a month to continue with current CDC guidelines which include staff wearing proper PPE including masks while in the facility, continuing to monitor and screen staff and residents for temperatures and symptoms, and ensuring six feet of distance between residents during communal dining or other group activities. -He received the information that he shared with the Administrator from the CDC and NC DHHS websites. -He did not share with the Administrator that no one had ever contracted COVID-19 twice in the United States. _____ The facility failed to adhere to the Centers for Disease Control (CDC) and North Carolina Department of Health and Human Services (NC DHHS) and Local Health Department (LHD) guidelines for COVID-19 including recommendations related to staff and residents not wearing facial masks, facility not conducting screening on staff and residents, and residents not directed to be socially distanced during communal dining and other activities. This failure resulted in substantial risk of serious physical harm and neglect and constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/21/20 for this violation.	D 338		

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D 338	Continued From page 11 THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED NOVEMBER 21, 2020.	D 338		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 and interviews, the facility failed to ensure residents were free from neglect as related to residents' rights pertaining to COVID-19 infection control. The findings are: Based on observations and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS), and the Local Health Department (LHD) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic and practicing recommended infection prevention and control practices to reduce the risk of transmission and infection as related to staff and residents not wearing proper personal protective equipment (PPE), staff not conducting screening of staff, residents and visitors, and not following social distancing during communal dining and other activities. [Refer to Tag 338 10 NCAC 13F .0909 Residents Rights (Type A2 Violation)].	D914		

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