

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/20/2021
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 209 E SIXTH STREET 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
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 10/19/21.	{D 000}		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 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: 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 (NCDHHS) and the facility's infection prevention and control policy were implemented when caring for residents during the global Coronavirus (COVID-19) pandemic as related to screening of visitors, staff wearing the required personal protective equipment (PPE) and restricting contact with residents during an active occurrence of COVID-19.	D 612		

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

TITLE

(X6) DATE

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D 612	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review of the NC Department of Health and Human Services COVID-19 Long Term Care (LTC) Infection Control and CDC guidance when caring for a resident with COVID-19 dated 09/10/21 revealed to increase PPE including use and disposal, contact restrictions and management of staff and residents that have tested positive for COVID-19 and had close contact with the infected resident.</p> <p>Review of the Centers for Disease Control and Prevention (CDC) Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 03/10/21 revealed:</p> <ul style="list-style-type: none"> -Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19. -Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19. <p>Review of the facility's Infection Prevention and Control policy revealed:</p> <ul style="list-style-type: none"> -There was no date on the policy. -Staff were to don gowns and gloves upon entry into the isolation room and properly discarding before exiting the isolation room. <p>Interview with the Administrator on 10/19/21 at 8:45am revealed:</p> <ul style="list-style-type: none"> -There were 2 residents who tested positive for COVID-19 on 10/19/21. -The two residents were isolated in Room 2. -All residents were tested weekly for COVID-19. -All residents had received their COVID-19 	D 612		

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D 612	<p>Continued From page 2</p> <p>vaccines, including the two who were positive.</p> <p>Observation of the facility on 10/19/21 at 9:00am revealed:</p> <ul style="list-style-type: none"> -The door to Room 2 was closed. -There was no signage designating Room 2 as a restricted COVID-19 room or an isolation room. -There was no signage instructing staff to don PPE or wash their hands prior to entering Room 2. -There was no PPE available on the outside of Room 2. <p>Interview with a personal care aide (PCA) on 10/19/21 at 9:10am revealed:</p> <ul style="list-style-type: none"> -There were 2 residents in Room 2 who tested positive for COVID-19 about a week ago. -The 2 residents had not shown signs or symptoms of COVID-19. -The 2 residents had received their COVID-19 vaccine. -She was not aware that she needed to don PPE when entering Room 2. -She knew she had to wear her mask all the time when in the facility. -She knew there was PPE available in the medication room. <p>Observation of available PPE on 10/19/21 at 9:45am revealed:</p> <ul style="list-style-type: none"> -There was an unopened case of isolation gowns. -There was a zip lock bag of 5 isolations gowns. -There were 2 boxes of opened gloves and an unopened box of gloves. -There was a sleeve of shoe coverings. -There was a zip lock bag with about 20 masks. <p>Observation on 10/19/21 at 9:50am revealed:</p> <ul style="list-style-type: none"> -A visitor entered the facility not wearing a mask. -She walked down the hall and into a resident's 	D 612		

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D 612	<p>Continued From page 3</p> <p>room who tested negative for COVID-19 and then she walked into Room 2, where the two residents who tested positive for COVID-19 were isolated.</p> <ul style="list-style-type: none"> -The door to Room 2 was left open. -The PCA directed the visitor to leave Room 2, the positive COVID-19 room, and the facility. <p>Interview with the visitor on 10/19/21 at 9:53am revealed:</p> <ul style="list-style-type: none"> -She was a resident at the facility next door. -She needed a dollar for the vending machine. <p>Observation of Room 2 on 10/19/21 at 9:56am revealed:</p> <ul style="list-style-type: none"> -A resident who was in isolation exited Room 2 and walked about 6 feet to the men's bathroom. -The resident was not wearing a mask. <p>Second interview with the PCA on 10/19/21 at 10:00am revealed:</p> <ul style="list-style-type: none"> -There was not a bathroom in Room 2, the isolation room. -The closest bathroom was about 6 feet from Room 2. -The residents would come to the room door and call for the PCA and ask for a mask to don when they needed to go to the bathroom. -The masks were located in the medication room. -There was no PPE available in or outside of Room 2, the isolation room. <p>Observation of the men's bathroom next to Room 2 on 10/19/21 at 10:31am revealed:</p> <ul style="list-style-type: none"> -There was no signage designating the men's bathroom as a restricted COVID-19 bathroom. -There was no signage instructing residents not to enter the men's bathroom. <p>Third interview with the PCA on 10/19/21 at 10:35 revealed:</p>	D 612		

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D 612	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She did not know the residents who tested negative for COVID-19 should not use the same bathroom as the residents who tested positive for COVID-19. -There were two resident bathrooms in the facility. -There were two shower rooms in the facility. -The shower rooms had toilets for the residents to use. -The 2 residents in isolation used the shower that was about 16 feet from their room. -They received their showers on second shift. -Other male, non-COVID residents would use the same shower. <p>Observation on 10/19/21 at 11:35am revealed:</p> <ul style="list-style-type: none"> -A resident who tested positive for COVID-19 exited Room 2 and went to the men's bathroom. -The resident was not wearing a mask. <p>Observation on 10/19/21 at 11:53am revealed:</p> <ul style="list-style-type: none"> -The same resident who tested positive for COVID-19 walked out of Room 2 and into the hallway about 6 feet. -The resident asked to go to the living room to watch TV. -The PCA re-directed him to go back into his room because he was on isolation. <p>Interview with the medication aide (MA) on 10/18/21 at 12:00pm and 1:25pm revealed:</p> <ul style="list-style-type: none"> -She worked at the Adult Care Home (ACH) across the parking lot. -She had to give a 12:00pm medication to a resident in the ACH. -The resident who received the 12:00pm medication was one of the residents who tested positive for COVID-19. -She did not know the residents in Room 2 were the residents who tested positive for COVID-19. 	D 612		

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D 612	<p>Continued From page 5</p> <ul style="list-style-type: none"> -The Administrator would communicate with the facility regarding residents who tested positive for COVID-19. -She had administered medication at 12:00pm to the residents who tested positive for COVID-19 in the past week. <p>Observation on 10/19/21 at 12:08pm revealed:</p> <ul style="list-style-type: none"> -The MA donned a gown and gloves in the medication room. -The MA was wearing a mask when she entered the facility. -The MA entered the resident's room who tested positive for COVID-19 to administer medication. -The MA exited the resident's room still wearing with her gown, gloves and mask. -The MA walked approximately 20 feet down the hall to the medication room still wearing her gown, glove and mask. -The MA asked the PCA where they disposed of the PPE. -The PCA did not know where to dispose of the PPE. -The MA found a red, biohazard bag in the medication room and placed it in the men's bathroom, next to Room 2. -The MA removed her PPE and placed it in the red, biohazard bag. <p>Observation on 10/19/21 at 12:40pm revealed:</p> <ul style="list-style-type: none"> -There were 2 PCAs serving lunch. -One of the PCAs entered Room 2, where two residents were isolated, wearing a gown, gloves and mask to deliver a lunch plate. -The PCA exited Room 2 and walked through the dining room, where non-isolated residents were eating lunch, still wearing her gown, gloves and mask. -The PCA retrieved servings of tea and water and re-entered Room 2, where two residents were 	D 612			

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D 612	<p>Continued From page 6</p> <p>isolated.</p> <p>-The PCA exited Room 2 again, walked through the dining room, where the non-isolated residents were eating lunch, still wearing her gown, gloves and mask.</p> <p>-The PCA obtained a bedside table and re-entered the Room 2, where two residents were isolated, for the third time to set up the resident's lunch meal.</p> <p>-The PCA exited Room 2 again, walked down the hall, retrieved another bedside table, still wearing the same gown, gloves and mask.</p> <p>-The PCA re-entered Room 2, where two residents were isolated, for the fourth time to place a second bedside table in the room for the second resident.</p> <p>-A second PCA entered Room 2, where two residents were isolated, wearing a gown, gloves and mask to deliver a lunch plate to the second resident.</p> <p>-The second PCA exited Room 2 and walked through the dining room, where non-isolated residents were eating lunch, still wearing the same gown, gloves and mask.</p> <p>-The second PCA retrieved servings of tea and water and re-entered Room 2, where the two residents were isolated.</p> <p>-The second PCA exited Room 2 again, walked through the dining room, where the non-isolated residents were eating lunch, still wearing the same gown, gloves and mask.</p> <p>Interview with the residents who tested positive for COVID-19 on 10/19/21 at 12:45pm revealed:</p> <p>-This was the first meal they had eaten in their room.</p> <p>-They had been allowed to eat in the dining room with the other residents.</p> <p>Observation of the kitchen on 10/19/21 at 1:00pm</p>	D 612		

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D 612	<p>Continued From page 7</p> <p>revealed a blue isolation gown lying on a counter.</p> <p>Fourth interview with the PCA on 10/19/21 at 1:05pm revealed:</p> <ul style="list-style-type: none"> -The residents who were isolated had eaten in the dining room for breakfast on 10/19/21. -The residents who were isolated had eaten in the dining room for breakfast and lunch on Monday, 10/18/21. -She did not realize the residents who tested positive for COVID-19 were to eat in their room. -She had removed her isolation gown and placed it on the "dirty" sink in the kitchen. -She thought she may need to wear it again. <p>Interview with the Wellness Nurse at the Department of Social Services on 10/19/21 at 1:44pm revealed:</p> <ul style="list-style-type: none"> -She was aware of the positive COVID-19 cases in the facility. -The Administrator notified her of any positive COVID-19 cases. -She gave instructions on testing the residents. -The facility was to test each resident every 3 to 7 days until there were 14 days without any positive cases. -All the residents who tested positive for COVID-19 should be isolated. -She gave no guidance for signage for PPE or isolation precautions. <p>Interview with the Administrator on 10/19/21 at 9:20am and 2:37pm revealed:</p> <ul style="list-style-type: none"> -There were isolation gowns, gloves, masks and shoe coverings in the medication room. -The PCAs and MAs donned their PPE in the medication room prior to entering the resident's room who tested positive for COVID-19. -The PCAs and MAs doffed their PPE and placed it in the trash can in the medication room. 	D 612		

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D 612	<p>Continued From page 8</p> <ul style="list-style-type: none"> -The staff wore the PPE as instructed for the first few days. -The staff stopped wearing the PPE after a few days. -The staff did not like wearing the gowns and mask. -She had to constantly remind the staff to wear the PPE as instructed. -A resident in the other ACH tested positive for COVID-19 at the hospital. -Her family member, who resided in this facility, had visited her prior to her hospitalization. -She tested all the residents once she was notified that the hospitalized resident was positive for COVID-19. -All residents were tested for COVID-19 on 10/11/21. -There were 2 residents who tested positive for COVID-19 on 10/11/21. -The 2 residents who tested positive for COVID-19 were isolated in room 2. -All residents had received the COVID-19 vaccine. -The 2 residents who tested positive for COVID-19 received their vaccines on 01/18/21 and 02/15/21. -The resident from the FCH had been told not to enter the ACH. -She did not have one on one staff to resident ratio to ensure the resident did not enter the facility. -She was not aware that the resident came to the dining room for meals. -She did not think signage for the doors were necessary since the staff was aware that there were positive COVID-19 residents in the facility. -Staff could not keep the residents in their room. <p>The facility failed to follow the Centers for</p>	D 612		

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D 612	Continued From page 9 Disease Control (CDC), North Carolina Department of Health and Human Services (NC DHHS) guidelines and recommendations, and the facility's policies for coronavirus (COVID-19) during the global pandemic which resulted in inappropriate use of PPE related to wearing and changing PPE when providing care to residents and restricting contact with residents identified as positive for COVID-19 and negative for COVID-19 who resided in the same area of the facility which could increase transmission and exposure of COVID-19 to residents. This failure placed residents at substantial risk of physical harm and neglect which constitutes a type A2 violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/19/21 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED 11/18/21.	D 612		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 personal care and supervision.	{D912}		

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{D912}	Continued From page 10 The findings are: 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 (NCDHHS) were implemented when screening visitors upon entering the facility and caring for the residents during the global Coronavirus (COVID-19) pandemic as related to facility staff not wearing the required personal protective equipment (PPE) while in the COVID positive quarantine area. [Refer to Tag D 0612, 10A NCAC 13 F .1801(c) Infection Prevention and Control (Type A2 Violation)]	{D912}			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL001026	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/20/2021
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0079	Correction	ID Prefix D0309	Correction	ID Prefix D0310	Correction
Reg. # 10A NCAC 13F .0306(a) (5)	Completed	Reg. # 10A NCAC 13F .0904(e) (3)	Completed	Reg. # 10A NCAC 13F .0904(e) (4)	Completed
LSC	08/15/2021	LSC	08/25/2021	LSC	08/25/2021
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE		DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/4/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			