

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL011326</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>01/05/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ST MARY ROSA'S FAMII CARE HOME</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>483 CARIBOU ROAD</b><br><b>ASHEVILLE, NC 28803</b> |  |  |
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| C 000   | Initial Comments<br><br>The Adult Care Licensure Section conducted a complaint investigation and a follow-up survey on 01/04/22 and 01/25/22.   | C 000  |  |  |
| C 330   | 10A NCAC 13G .1004(a) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record review the facility failed to administer medications as ordered for 1 of 3 residents (Resident #1) related to an anti-anxiety medication.<br><br>The findings are:<br><br>Review of Resident #1's current FL-2 dated 03/23/21 revealed diagnoses included hypertension and post-traumatic stress disorder.<br><br>Review of Resident #1's physician's orders revealed:<br>-There was an order dated 08/10/21 for lorazepam 0.5mg tablet - one tablet twice daily (bid).<br>-There was a physician's order received via phone on 11/02/21 to change to lorazepam 0.5mg tab in the morning (am) and a second order for lorazepam 0.5mg tab as needed (prn) for anxiety. | C 330  |  |  |

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

TITLE

(X6) DATE

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| C 330   | <p>Continued From page 1</p> <p>Review of the December 2021 Medication Administration Record (MAR) for Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-Lorazepam was documented as administered for 31 of 31 opportunities from 12/01/21-12/31/21.</li> <li>-The Administrator had documented her initial for the administration of medication from 12/01/21-12/28/21 and 12/30/21-12/31/21.</li> <li>-The Supervisor-in-Charge (SIC) had documented her initials for the administration of medication on 12/29/21.</li> </ul> <p>Review of the January 2022 MAR for Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-Lorazepam was documented as administered for 3 of 3 opportunities from 01/01/22 - 01/03/22.</li> <li>-The Administrator had documented her initial for the administration of lorazepam 0.5mg from 01/01/22 - 01/03/22.</li> <li>-The SIC had not documented her initials for administration of lorazepam 0.5mg during 01/01/22 - 01/03/22.</li> </ul> <p>Review of the front page of Resident #1's controlled substance (CS) log for lorazepam 0.5mg revealed:</p> <ul style="list-style-type: none"> <li>-Lorazepam 0.5mg was documented as administered on 12/27/21 at 10:30am with 27 remaining tablets.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/27/21 at 8:45pm with 26 remaining tablets.</li> </ul> <p>Review of the back page of Resident #2's CS log for lorazepam 0.5mg revealed there was no documentation that lorazepam 0.5mg had been administered and no number of remaining tablets indicated from 01/01/22 - 01/03/22</p> | C 330  |  |  |

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| C 330   | <p>Continued From page 2</p> <p>Observation of medications on hand for Resident #1 on 01/04/22 at 11:30am revealed:</p> <ul style="list-style-type: none"> <li>-There were two bubble backs of lorazepam 0.5mg tablets with Resident #1's name printed on the affixed label.</li> <li>-The first bubble pack had 18 lorazepam 0.5mg tabs available from an original pack of 60 tablets.</li> <li>-The second bubble pack had 60 lorazepam 0.5mg tabs available from an original pack of 60 tablets.</li> </ul> <p>Based on calculations involving date and dosages the lorazepam was administered, after the morning dose was given on 01/03/22 there should have been 15 lorazepam 0.5 tablets available to be administered from the first bubble pack.</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 01/04/22 at 1:55pm was unsuccessful.</p> <p>Interview with the SIC on 01/04/22 at 2:10pm and 3:05pm revealed:</p> <ul style="list-style-type: none"> <li>-She had administered the lorazepam to Resident #1 for the 3 doses in January but had forgotten to write them on the CS log.</li> <li>-The staff who administered the medication signed off on the MAR.</li> </ul> <p>Telephone interview with the Administrator on 01/04/22 at 4:11pm revealed she did not audit the CS logs for accuracy on a daily basis or with each shift change.</p> | C 330   |  |  |  |
| C 342   | <p>10A NCAC 13G .1004(j) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration</p>  | C 342   |  |  |  |

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| C 342   | <p>Continued From page 3</p> <p>(j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> <li>(1) resident's name;</li> <li>(2) name of the medication or treatment order;</li> <li>(3) strength and dosage or quantity of medication administered;</li> <li>(4) instructions for administering the medication or treatment;</li> <li>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</li> <li>(6) date and time of administration;</li> <li>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and</li> <li>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</li> </ol> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews and record reviews the facility failed to ensure the Medication Administration Record (MAR) was accurate for 3 of 3 sampled residents.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of Resident #2's current FL2 dated 03/02/21 revealed diagnoses included traumatic brain injury, mood disorder, gastroesophageal reflux disease, asthma, allergies and arthritis.</li> <li>a. Review of Resident #2's record revealed: <ul style="list-style-type: none"> <li>-There was an order for losartan-HCTZ (used to treat high blood pressure) 50-12.5mg daily.</li> <li>-There was an order for lamotrigine (used to treat</li> </ul> </li> </ol> | C 342  |  |  |

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| C 342   | <p>Continued From page 4</p> <p>mood disorder) 200mg, 2 tablets daily.<br/>-There was an order for montelukast (used to treat allergies) 10mg daily.<br/>-There was an order for carbamazepine (used to treat nerve pain) 200mg twice daily.<br/>-There was an order for metoprolol (used to prevent migraines) 25mg twice daily.<br/>-There was an order for metformin (used to treat elevated blood sugars) 1000mg twice daily.<br/>-There was an order for paroxetine (used to treat depression) 30mg daily.</p> <p>Review of Resident #2's November 2021 MAR revealed:<br/>-There was no documentation losartan-HCTZ 50-12.5mg was administered at 9:00am on 11/30/21.<br/>-There was no documentation lamotrigine 200mg, 2 tablets daily was administered at 9:00am on 11/30/21.<br/>-There was no documentation montelukast 10mg was administered at 9:00am on 11/30/21.<br/>-There was no documentation carbamazepine 200mg was administered at 9:00am on 11/29/21 or 11/30/21.<br/>-There was no documentation metoprolol 25mg was administered at 9:00am on 11/30/21.<br/>-There was no documentation metformin 1000mg was administered at 9:00am on 11/29/21 or 11/30/21.<br/>-There was no documentation paroxetine 30mg was administered at 9:00am on 11/30/21.</p> <p>Review of Resident #2's December 2021 MAR revealed:<br/>-There was an entry for Losartan-HCTZ 50-12.5mg to be administered daily.<br/>-There was no documentation Losartan-HCTZ 50-12.5mg was administered from 12/01/2021-12/31/21.</p> | C 342  |  |  |

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| C 342   | <p>Continued From page 5</p> <p>Observation of medications on hand on 01/04/22 at 2:00pm revealed losartan-HCTZ, lamotrigine, montelukast, carbamazepine, metoprolol, metformin and paroxetine were all available for administration.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 01/04/22 at 12:05pm revealed Resident #2's medications were dispensed from the pharmacy in a multi-dose pack.</p> <p>Interview with the Administrator on 01/04/22 at 4:11pm revealed Resident #2's medications were dispensed in multi-dose packs, so she knew the medications were administered, even though they were not documented as administered.</p> <p>b. Review of Resident #2's record revealed there was an order for Crestor (used to lower cholesterol) 10mg daily at bedtime.</p> <p>Review of Resident #2's November 2021 MAR revealed:<br/>-There was an entry for Crestor 10mg to be administered daily at bedtime.<br/>-Crestor 10mg was documented as administered 19 of 30 opportunities.<br/>-There was no documentation Crestor 10mg at bedtime was administered on 11/16/21 or 11/19/21 through 11/28/21.</p> <p>Observation of medications on hand on 01/04/22 at 3:00pm revealed Crestor 10mg was included in Resident #2's multi-dose packs and available for administration.</p> <p>Refer to interview with the Administrator on 01/04/22 at 4:11pm.</p> | C 342  |  |  |

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| C 342   | <p>Continued From page 6</p> <p>2. Review of Resident #3's current FL2 dated 03/17/21 revealed:<br/>-Diagnoses included schizophrenia and allergies.<br/>-There was an order for Metoprolol ER (used to treat high blood pressure) 50mg twice a day.</p> <p>Review of Resident #2 November 2021 Medication Administration Record (MAR) revealed:<br/>-There was an entry for metoprolol ER 50mg to be administered at 9am.<br/>-Metoprolol ER 50mg at 9am was documented as administered 29 of 30 opportunities.<br/>-There was no documentation metoprolol ER 50mg was administered on 11/30/21 at 9am.<br/>-There was an entry for metoprolol ER 50mg to be administered at 9pm.<br/>-Metoprolol ER 50mg at 9pm was documented as administered 29 of 30 opportunities.<br/>-There was no documentation metoprolol ER 50mg was administered on 11/16/21 at 9pm.</p> <p>Observation of Resident #3's medication s on hand revealed Metoprolol ER 50mg was available for administration.</p> <p>Refer to interview with the SIC on 01/04/22 at 2:08pm.</p> <p>Refer to telephone interview with the Administrator on 01/04/22 at 4:11pm.</p> <p>3. Review of Resident #1's current FL2 dated 03/23/21 revealed:<br/>-Diagnoses included Post-Traumatic Stress Disorder (PTSD), schizoaffective disorder, diabetes, hypertension, urine retention, hyperlipidemia and allergies.<br/>-There was an order for Lisinopril (used to lower blood pressure) 5mg daily.</p> | C 342  |  |  |

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| C 342   | <p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-There was an order for Metoprolol (used to lower blood pressure) 25mg daily.</li> <li>-There was an order for Therems-M (multivitamin) 1 tablet daily.</li> <li>-There was an order for Trintellix (used to treat depression) 20mg daily.</li> <li>-There was an order for Vitamin D-3 (essential vitamin for bone health) 1000iu daily.</li> <li>-There was an order for Cinnamon (helps stabilize blood sugar) 1000mg twice daily.</li> <li>-There was an order for Metformin (used to treat diabetes) 1000mg twice daily.</li> <li>-There was an order for Glycopyrrolate (used to treat lung disease) 2mg twice daily.</li> </ul> <p>Review of Resident #1's November 2021 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was no documentation Lisinopril 5mg was administered on 11/30/21.</li> <li>-There was no documentation Metoprolol 25mg was administered on 11/30/21.</li> <li>-There was no documentation Therems-M tablet was administered on 11/30/21.</li> <li>-There was no documentation Trintellix 20mg was administered on 11/30/21.</li> <li>-There was no documentation Vitamin D-3 1000iu was administered on 11/30/21.</li> <li>-There was no documentation Cinnamon 1000mg was administered for the 9:00am dose on 11/30/21.</li> <li>-There was no documentation Metformin 1000mg was administered for the 9:00am dose on 11/30/21.</li> <li>-There was no documentation Glycopyrrolate 2mg was administered for the 9:00am dose on 11/30/21.</li> </ul> <p>Observation of Resident #1's medications on hand on 01/04/22 at 11:30am revealed Lisinopril,</p> | C 342  |  |  |



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| C 342   | Continued From page 8<br><br>Metoprolol, Therems-M, Trintellix, Vitamin D-3,<br>Cinnamon, Metformin and Glycopyrrolate were all<br>available for administration.<br><br>Refer to interview with the SIC on 01/04/22 at<br>2:08pm.<br><br>Refer to telephone interview with the<br>Administrator on 01/04/22 at 4:11pm.<br><br>Interview with the Supervisor-in-Charge (SIC) on<br>01/04/22 at 2:08pm revealed:<br>-She administered the morning medications for all<br>the residents on 11/30/21.<br>-All residents had orders to be able to receive<br>morning medications as late as 12:00pm.<br>-She knew she had given all the residents their<br>morning medications on 11/30/21.<br>-She always signed the MAR when she gave<br>medications, but she must have forgotten to sign<br>off on them on 11/30/21.<br><br>Telephone interview with the Administrator on<br>01/04/22 at 4:11pm revealed:<br>-She did her best to document on the MAR when<br>medications were administered but she forgot<br>sometimes.<br>-She should periodically check the MAR to be<br>sure all the medications were documented as<br>administered.<br>-She did not know why all the morning<br>medications on 11/30/21 were never documented<br>as administered; it had to be an oversight. | C 342  |  |  |
| C 367   | 10A NCAC 13G .1008(a) Controlled Substances<br><br>10A NCAC 13G .1008 Controlled Substances<br>(a) A family care home shall assure a readily<br>retrievable record of controlled substances by  | C 367  |  |  |

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| C 367   | <p>Continued From page 9</p> <p>documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews, and record review the facility failed to ensure a readily retrievable record of controlled substances was available that accurately reconciled the administration of controlled substances for 1 of 1 resident (Resident #1) related to an anti-anxiety medication.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 03/23/21 revealed diagnoses included hypertension and post-traumatic stress disorder.</p> <p>Review of physician's orders dated 08/10/21 revealed an order for lorazepam 0.5mg tablet - one tablet twice daily (bid).</p> <p>A physician's order received via phone on 11/02/21 revealed an order change to lorazepam 0.5mg in the morning (am) and a second order for lorazepam 0.5mg as needed (prn) for anxiety.</p> <p>Review of the December 2021 Medication Administration Record (MAR) for Resident #1 revealed lorazepam 0.5mg was documented as administered for 31 of 31 opportunities from 12/01/21 -12/31/21.</p> <p>Review of the January 2022 MAR for Resident #1 revealed lorazepam was documented as administered for 3 of 3 opportunities from</p> | C 367  |  |  |

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| C 367   | <p>Continued From page 10</p> <p>01/01/22 - 01/03/22.</p> <p>Review of the front page of Resident #1's controlled substance (CS) log for lorazepam 0.5mg revealed:</p> <ul style="list-style-type: none"> <li>-Lorazepam 0.5mg was documented as administered on 12/27/21 at 10:30am with 27 remaining tablets.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/27/21 at 8:45pm with 26 remaining tablets.</li> </ul> <p>Review of the back page of Resident #2's CS log for lorazepam 0.5mg revealed:</p> <ul style="list-style-type: none"> <li>-Lorazepam 0.5mg was documented as administered on 12/25/21 at 11:30am with 25 remaining tablets.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/29/21 at 10:45am with 24 remaining tablets.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/26/21 at 10:30am with the number of remaining tablets left blank.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/27/21 at 10:30am with the number of remaining tablets left blank.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/28/21 at 11:00am with the number of remaining tablets left blank.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/30/21 at 11:45am with the number of remaining tablets left blank.</li> <li>-Lorazepam 0.5mg was documented as administered on 12/31/21 at 10:30am with the number of remaining tablets left blank.</li> <li>-There was no documentation that lorazepam 0.5mg had been administered from 01/01/22 - 01/03/22.</li> </ul> <p>Observation of medications on hand for Resident</p> | C 367  |  |  |

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| C 367   | Continued From page 11<br><br>#1 on 01/04/22 at 11:30am revealed:<br>-There were two bubble packs of lorazepam<br>0.5mg tablets with Resident #1's name printed on<br>the affixed label.<br>-The first bubble pack had 18 lorazepam 0.5mg<br>tabs available from an original pack of 60 tablets.<br>-The second bubble pack had 60 lorazepam<br>0.5mg tabs available from an original pack of 60<br>tablets.<br><br>Interview with the Supervisor in Charge (SIC) on<br>01/04/22 at 2:10pm and 3:05pm revealed:<br>-She had administered the lorazepam to Resident<br>#1 but had forgotten to sign off on the controlled<br>substance log.<br>-When they change shifts, they never compared<br>the controlled substances log sheet to the<br>medication bubble pack to ensure it matched.<br>-She had administered the lorazepam to Resident<br>#1 for the 3 doses in January but had forgotten to<br>write them on the CS log.<br>-The medication aide who administered<br>medication was the one who signed the MAR.<br><br>Telephone interview with the Administrator on<br>01/04/22 at 4:11pm revealed:<br>-There was no daily system to ensure the MAR<br>and the CS log matched.<br>-There was no count of controlled substances<br>between staff at shift change. | C 367  |  |  |
| C 612   | 10A NCAC 13G .1701 (c) Infection Prevention &<br>Control Program (temp)<br><br>10A NCAC 13G .1701 INFECTION<br>PREVENTION AND CONTROL PROGRAM<br>(c) When a communicable disease outbreak has<br>been identified at the facility or there is an<br>emerging infectious disease   | C 612  |  |  |

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| C 612   | <p>Continued From page 12</p> <p>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.</p> <p>This Rule is not met as evidenced by:<br/>TYPE A1 VIOLATION</p> <p>Based on observations, interviews and record reviews 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 (NC DHHS) and the Local Health Department (LHD) were implemented and maintained when caring for 5 residents during the global coronavirus (COVID-19) pandemic related to not screening visitors and the Administrator not isolating per CDC guidelines who was diagnosed with COVID-19, resulting in 3 residents and 2 additional staff contracting COVID-19.</p> <p>The findings are:</p> <p>Review of the NCDHHS guidelines dated</p> | C 612  |  |  |

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| C 612   | <p>Continued From page 13</p> <p>05/05/21 revealed:<br/>-Everyone who enters a healthcare facility shall be screened for signs and symptoms of COVID-19 by temperature checks, screening questions and observations of signs and symptoms.<br/>-Establish a process to ensure visitors entering the facility are assessed for symptoms of COVID-19 and temperatures are checked.</p> <p>Review of the CDC guidelines for the prevention and spread of COVID-19 in long term care (LTC) facilities, updated 09/10/21, revealed:<br/>-All visitors should be screened for the presence of fever and symptoms of the virus when entering the building.<br/>-Personnel and visitors should always wear a facemask in the facility.</p> <p>Review of the NCDHHS Long Term Care Infection Control Assessment and Response Tool for Local Health Department (LHD) dated 10/2020 revealed staff and residents should be screened daily for fever and signs and symptoms of COVID-19.</p> <p>Review of the CDC guidelines dated 12/23/21 revealed:<br/>-Healthcare Personnel (HCP) who are symptomatic may return to work if they have a resolution of fever without the use of fever-reducing medications, improvement in symptoms (e.g., cough, shortness of breath), and results are negative from at least two consecutive respiratory specimens collected 24 hours apart (total of two negative specimens) tested using an antigen test/Polymerase Chain Reaction (PCR) or Nucleic acid amplification test (NAAT).<br/>-HCP who are not symptomatic may return to work if results are negative from at least two</p> | C 612  |  |  |

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| C 612   | <p>Continued From page 14</p> <p>consecutive respiratory specimens collected 24 hours apart (total of two negative specimens) tested using a PCR test or NAAT.</p> <p>Review of the CDC Data Tracker for the week ending 01/04/22 revealed Buncombe County had a 22.61% positivity rate and was documented as having a high level of COVID-19 community transmission.</p> <p>Observation at facility entrance on 01/04/22 at 8:50am revealed:</p> <ul style="list-style-type: none"> <li>-There was no sign on the facility's front door to indicate COVID-19 positivity in the facility.</li> <li>-The Administrator answered the door, was not wearing a mask but kept the glass storm door closed.</li> <li>-The Administrator closed the door, put on a mask, returned to the door and allowed the surveyors to enter the facility.</li> <li>-The surveyor's temperature's were not taken and there were no screening questions asked.</li> <li>-There were no instructions for screening of visitors and no visitor screening log at the front door.</li> </ul> <p>Interview with the Administrator on 01/04/22 at 8:57am and 4:11pm revealed:</p> <ul style="list-style-type: none"> <li>-She started feeling sick and started having a fever around 12/25/21 she continued to work in the facility because she did not think it was COVID-19.</li> <li>-She, staff and residents were tested for COVID-19 and on 12/30/21 she found out she was positive.</li> <li>-Everyone was retested on 01/02/22 but the results were still pending.</li> <li>-She had been trying to stay in her room and only come out when necessary, like to take the dog out.</li> </ul> | C 612   |  |                          |  |

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| C 612   | <p>Continued From page 15</p> <ul style="list-style-type: none"> <li>-She initially answered the door without a mask because everyone in the facility was still asleep and in their rooms and she thought the surveyors were people from the church dropping meals off at the porch and she needed to ask them a question.</li> <li>-A nurse from the LHD told her to wear a mask when she was not in her room.</li> <li>-She was told by the nurse at the LHD she could administer medications if she wore a mask and gloves and changed the gloves between each resident.</li> <li>-She did not remember receiving any guidance from the LHD to screen residents daily using a symptoms questionnaire and temperature check.</li> <li>-She did not know she should have routinely tested unvaccinated staff and residents for COVID-19.</li> <li>-She was not providing any care to residents, but she was putting on a mask and wearing gloves to administer medications occasionally.</li> <li>-She administered evening medications to residents on 01/03/22.</li> <li>-The SIC lived at the facility and shared a room with her.</li> <li>-The resident who had COVID-19 was moved to a separate bedroom upon diagnosis but continued to use the same bathroom as other residents.</li> <li>-Not screening the surveyors for COVID-19 was just an oversite and she did not think about asking the surveyors any COVID-19 screening questions.</li> <li>-She usually had visitors take their own temperature when they came to the facility because she never could figure out how to use the facility's thermometer or get the state issued infrared thermometer to work properly.</li> </ul> <p>Telephone interview with the Communicable</p> | C 612  |  |  |



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| C 612   | <p>Continued From page 16</p> <p>Disease Nurse from the local health department (LHD) on 01/04/22 at 1:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She became aware last week the Administrator and one resident at the facility had tested positive for COVID-19.</li> <li>-She told the Administrator she could only go into common spaces in the facility if she wore a mask, alerted anybody in the space and allowed them time to leave before she entered the common space.</li> <li>-She did not address administering medications with the Administrator because she thought the relief help was doing that since the Administrator had been told to isolate.</li> <li>-She told the Administrator she could prepare meals if she wore a mask, but she could not serve food to the residents.</li> <li>-She informed the Administrator the residents and staff needed to be tested every 3-5 days until no one tested positive, residents needed to isolate and eat in their bedroom, and residents needed to be screened with a symptom's questionnaire at least daily.</li> <li>-Because the staff were not vaccinated and only one resident was vaccinated, they should have been testing for COVID-19 twice a week for months.</li> </ul> <p>Telephone interview with the Department of Social Services Adult Home Specialist on 01/04/22 at 1:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She was in the facility on 11/30/21 to conduct routine monitoring.</li> <li>-The staff were not wearing masks and she was not screened upon entry to the facility.</li> <li>-The Administrator told her on 12/30/21 she had a cold and did not think she had COVID-19 when she first got sick.</li> </ul> <p>Review of 3 resident medication administration</p> | C 612   |  |  |  |

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| C 612   | <p>Continued From page 17</p> <p>records revealed the Administrator administered medications 12/24/21-01/03/22.</p> <p>Interview with the Supervisor-in-charge (SIC) on 01/04/22 at 9:52am revealed:</p> <ul style="list-style-type: none"> <li>-She had been isolating in the bedroom with the Administrator, but she usually did not live at the facility because she had an apartment nearby.</li> <li>-She slept in the living room on the sofa or in a recliner and occasionally used the Administrator's bathroom.</li> <li>-She was off for the holidays from the evening of 12/24/21 until 12/28/21.</li> <li>-Each day she was off a relief staff worked and administered medications.</li> <li>-She was administering medications since the Administrator became sick and needed to isolate.</li> <li>-The Administrator was scheduled to stop her isolation on 01/05/22.</li> <li>-The Administrator administered medications once since she became sick.</li> <li>-The Administrator was scheduled to stop her isolation on 01/05/22.</li> </ul> <p>Interview with a resident on 01/04/22 at 10:06am revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator and the SIC had been administering medications.</li> <li>-The Administrator brought meals to her room for the past several days.</li> </ul> <p>Interview with another resident on 01/04/22 at 10:14am revealed:</p> <ul style="list-style-type: none"> <li>-She received 2 COVID-19 vaccines and one booster shot and was the only one at the facility who had been vaccinated.</li> <li>-She had masks in her room that she used when she went out of her room.</li> <li>-Meals were served in resident rooms once the Administrator was diagnosed with COVID-19.</li> </ul> | C 612  |  |  |

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| C 612   | <p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-The one resident who had COVID-19 was not confined to one bathroom so she cleaned the bathrooms, with her own cleaning supplies, to prevent the spread of the virus.</li> <li>-She knew how to clean because she worked in the community as a housekeeper.</li> <li>-Her asthma started bothering her this week.</li> </ul> <p>Interview with Resident #3 on 01/04/22 at 9:45am revealed:</p> <ul style="list-style-type: none"> <li>-He wore a mask when he left his room.</li> <li>-Staff wore a mask "most of the time".</li> <li>-The Administrator and the SIC administered his medications and fixed his meals.</li> </ul> <p>Interview with a resident on 01/04/22 at 10:06am revealed:</p> <ul style="list-style-type: none"> <li>-The SIC lived at the facility 99% of the time, even though she had an apartment nearby.</li> <li>-The Administrator and the SIC shared a room.</li> <li>-Both the Administrator and the SIC administered medications and fixed meals.</li> <li>-A local church started bringing meals a few days ago.</li> <li>-The Administrator continued to work and provide care since she was diagnosed with COVID-19.</li> </ul> <p>Interview with another resident on 01/04/22 at 10:13am revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator and the SIC had been passing medications for the past several days and the Administrator administered his medications on 01/03/22.</li> <li>-The Administrator wore a mask and gloves when administering medications.</li> </ul> <p>Review of COVID-19 tests revealed:</p> <ul style="list-style-type: none"> <li>-All residents and staff were tested for COVID-19 on 12/29/21.</li> <li>-The Administrator and one resident were</li> </ul> | C 612  |  |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL011326</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>01/05/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ST MARY ROSA'S FAMiy CARE HOME</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>483 CARIBOU ROAD</b><br><b>ASHEVILLE, NC 28803</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| C 612   | Continued From page 19<br><br>documented as positive for COVID-19 from the 12/29/21 testing.<br>-All residents and staff were tested again for COVID-19 on 01/02/22.<br>-The Administrator, SIC, a relief worker and 3 of the 5 residents were documented as positive for COVID-19 from the 01/02/22 testing.<br><br>The facility failed to follow recommendations and guidance established by the CDC and NCDHHS related to isolation of the Administrator infected with COVID-19 who was symptomatic and continued fulfilling routine work duties, resulting in 3 residents and 2 additional staff becoming infected with COVID-19. This failure resulted in serious neglect and constitutes a Type A1 violation.<br><br>The facility failed to provide an acceptable plan of protection in accordance with G.S. 131D-34 on 01/04/22 for this violation.<br><br>THE CORRECTION DATE FOR THIS A1 VIOLATION SHALL NOT EXCEED FEBRUARY 03, 2022. | C 612  |  |  |
| C 914   | G.S 131D-21(4) Declaration Of Resident's Rights<br><br>Every resident shall have the following rights:<br>4. To be free of mental and physical abuse, neglect, and exploitation.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview and record review the facility failed to ensure residents were free of neglect related to infection control.<br><br>The findings are:  | C 914  |  |  |

Division of Health Service Regulation

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| C 914   | Continued From page 20<br><br>Based on observations, interviews and record reviews 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 (NC DHHS) and the Local Health Department (LHD) were implemented and maintained when caring for 5 residents during the global coronavirus (COVID-19) pandemic related to not screening visitors and the Administrator not isolating per CDC guidelines who was diagnosed with COVID-19, resulting in 3 residents and 2 additional staff contracting COVID-19. [Refer to Tag 612 10A NCAC 13G .1701, Infection Prevention and Control (Type A1 Violation)]. | C 914  |  |  |