

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 July 29, 2020 and a desk review survey on July 30, 2020 to July 31, 2020 and a telephone exit on July 31, 2020.	C 000		
C 311	<p>10A NCAC 13G .0909 Residents' Rights</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, record reviews, 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 (NCDHHS), and directives from the local health department (LHD) 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, use of personal protective equipment (PPE) by staff, and residents following social distancing guidelines.</p> <p>The findings are:</p> <p>Review of the Center for Disease Control (CDC) guidelines for the prevention and spread of the coronavirus in long term care (LTC) facilities revealed: -Personnel should always wear a face mask in the facility.</p>	C 311		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 311	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Face masks should not be worn under the nose or mouth. -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. -Residents should be screened daily for fever and symptoms of COVID-19. -Personnel should be practicing social distancing (remain six feet apart) when in common areas. -Social distancing should be implemented among the residents. <p>Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of the coronavirus in LTC facilities revealed:</p> <ul style="list-style-type: none"> -All facility staff should wear a face mask while in the facility. -Residents and staff should be screened daily for signs and symptoms of COVID-19. -All essential visitors should be screened for signs and symptoms of COVID-19 before entering the building. -Social distancing should be implemented among the residents to include communal dining. <p>Review of the facility's Infection Control Policy received on 07/30/20 revealed:</p> <ul style="list-style-type: none"> -Staff and residents should be screened daily to ensure they are free of symptoms related to COVID-19. -The facility should be following all established guidelines. -All activities and communal dining are canceled. -Social distancing should be enforced. -Face masks should be distributed to all staff and residents. 	C 311		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 311	<p>Continued From page 2</p> <p>Observation upon entrance into the facility on 07/29/20 at 10:45am revealed: -The Administrator met the surveyors at the front door of the facility. -She was not wearing a face mask. -She did not check the surveyors temperature. -She did not screen the surveyors for signs and symptoms of COVID-19. -There was no PPE near the front door.</p> <p>Observation of the living room on 07/29/20 at 10:50am revealed: -There were two residents sitting across from each other at a table. -The residents were 3 feet apart and were not wearing face masks.</p> <p>Interview with one resident on 07/29/20 at 10:57am revealed: -A family member had come into the facility on 07/27/20 to take the resident on an outing. -The family member was not screened for signs and symptoms of COVID-19. -Staff did not take the resident's temperature daily to screen for signs and symptoms of COVID-19. -The resident had not seen staff wearing face masks. -Staff had not offered the resident a face mask. -The resident ate all meals at the kitchen table with the other residents. -Staff had not offered to serve meals in the resident's room in order to socially distance.</p> <p>Observation of the kitchen on 07/29/20 at 12:45pm revealed there were four residents seated 2 feet from each other eating their lunch.</p> <p>Interview with a second resident on 07/29/20 at 11:00am revealed:</p>	C 311		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 311	<p>Continued From page 3</p> <ul style="list-style-type: none"> -He was going to the dining room to eat meals with the other residents. -He preferred to eat his meals inside his room because he was not able to be socially distance from the other residents when he went to the dinning room. -He was not getting his temperature checked daily. -He was given a face mask by the facility staff once when he had to leave the facility for a doctor's appointment. <p>Interview with a third resident on 07/29/20 at 11:05am revealed:</p> <ul style="list-style-type: none"> -Sometimes a family member will visit with the resident outside the facility on the porch. -Staff had not offered the resident a face mask. -Staff did not wear face masks. -The resident had received a face mask from the family member. -Staff did not take the resident's temperature to screen for signs and symptoms of COVID-19. -Staff had not offered to serve meals in the resident's room in order to socially distance. <p>Telephone interview with a resident's family member on 07/30/20 at 4:55pm revealed:</p> <ul style="list-style-type: none"> -The family member had not been into the facility since the virus (COVID-19) started in March 2020. -When the family member would bring items to the resident she would ring the doorbell and not go inside the facility. -The staff that came to the door were not wearing face masks. <p>Observation of the outside of the facility from 11:30am to 1:00pm revealed:</p> <ul style="list-style-type: none"> -The Assistant Administrator got in a vehicle in the driveway of the facility as a passenger without 	C 311		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 311	<p>Continued From page 4</p> <p>wearing a mask and left the facility.</p> <ul style="list-style-type: none"> -The driver of the vehicle was not wearing a mask. -The Assistant Administrator returned to the facility within the observed time frame driving a different vehicle. -He was not wearing a mask and entered the facility. <p>Telephone interview on 07/31/20 at 2:55pm with the Assistant Administrator revealed:</p> <ul style="list-style-type: none"> -He was a first responder and went out of the facility on emergency calls. -He wore a face mask when he went out of the facility into the community. -He did not wear a face mask when he returned to the facility because there were not any residents "running a temperature". -Staff were taking the residents temperatures daily to screen for signs and symptoms of COVID-19 but it was not written down. <p>Telephone interview with a nurse from a resident's primary care providers office on 07/30/20 at 2:02pm revealed:</p> <ul style="list-style-type: none"> -The facility should be following all guidelines from the CDC and the NCDHHS related to COVID-19. -The staff should be wearing a mask in the facility. -The residents in the facility should be practicing social distancing to the best of their ability to reduce the spread of COVID-19. -The residents and staff had an increased risk of getting COVID-19 if the facility did not follow the guidelines. <p>Telephone interview with a nurse from the local health department (LHD) on 07/31/20 at 1:05pm revealed:</p>	C 311		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 311	<p>Continued From page 5</p> <ul style="list-style-type: none"> -The Administrator had reached out to her at the beginning of the pandemic. -She reviewed basic guidelines with the Administrator related to hand hygiene and the importance of wearing a face mask. -She reviewed the appropriate signage that should be posted inside the facility. <p>Interview with the Administrator on 07/29/20 at 11:20am revealed:</p> <ul style="list-style-type: none"> -She was staying up to the date with the guidelines from the CDC and the NCDHHS. -She "shut down" the facility when the pandemic started. -She stopped all visitors from entering the facility and stopped admitting any new admissions. -She was not screening any visitors because no one was allowed in the facility. -She had plenty of cleaning supplies in the facility but was having a hard time getting face masks until recently. -There was one resident who had left the facility with a family member. -The family member was "not going anywhere so she felt safe" to let the resident leave the facility. -The Assistant Administrator had taken the two male residents out of the facility for a hair cut. -She had not been wearing a mask in the facility. -She had not offered to give the residents a mask to wear in the facility. -She had not offered to let the residents eat meals in their rooms. -The residents stayed in their rooms often and did not congregate. -The residents and staff were isolated from others. -She felt the residents were safe from COVID-19 in the facility because no residents were leaving and no visitors were entering the facility. -She could not find her infection control policy but 	C 311		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 311	<p>Continued From page 6</p> <p>would continue looking.</p> <p>_____</p> <p>The facility failed to ensure staff were following infection control guidelines during a viral pandemic related to the screening of visitors and staff, appropriate use of personal protective equipment (PPE) by staff, and following social distancing guidelines related to communal dining to reduce the risk of transmission and infection which placed the residents at risk of contracting a serious viral illness. This failure resulted in substantial risk of serious physical harm and neglect and constitutes a Type A2 violation.</p> <p>_____</p> <p>The facility submitted a plan of protection on 07/29/20 in accordance with G.S. 131D-34 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 30, 2020.</p>	C 311		
C 914	<p>G.S 131D-21(4) Declaration Of Resident's Rights</p> <p>Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents were provided the necessary care and services to maintain their physical health as related to resident rights.</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North</p>	C 914		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
---	---

(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 914	Continued From page 7 Carolina Department of Health and Human Services (NCDHHS), and directives from the local health department (LHD) 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, appropriate use of personal protective equipment (PPE) by staff, and residents following social distancing guidelines [Refer to Tag 311, 10A NCAC 13G .0909 Resident Rights (Type A2 Violation)].	C 914		