Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SUNRISE ON PROVIDENCE	**5114 PROVIDENCE ROAD CHARLOTTE, NC 28226**

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D 000	Initial Comments The Adult Care Licensure Section conducted a complaint investigation survey onsite on July 22, 2020 with a desk review survey on July 22-25, 2020 and July 27-28, 2020 with a telephone exit on July 28, 2020.	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, 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 ensuring all residents and staff perform viral testing when one or more case of COVID-19 was identified, appropriate use of personal protective equipment (PPE) by staff, and infection control procedures including practicing proper cleaning of reusable medical equipment and safety precautions to reduce the risk of transmission and infection. The findings are: 1. Review of the CDC guidelines for the	D 338		

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D 338	Continued From page 1 prevention and spread of the coronavirus in long-term care (LTC) facilities revealed: -All essential visitors should be screened for the presence of fever and symptoms of the coronavirus when entering the building. -Personnel should always wear a face mask in the facility. -Face masks should not be worn under the nose or mouth. -Social distancing should be implemented among the residents. -If COVID-19 is identified in the facility, restrict all residents to their rooms. -Residents with known or suspected COVID-19 should be cared for using recommended PPE including eye protection, gloves, gown, and a N95 respirator face mask. -A surgical mask can be used if a N95 mask is not available. -Dedicated medical equipment should be used when caring for patients with suspected or confirmed coronavirus. -All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. -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 Review of the NCDHHS for prevention and spread of the coronavirus in LTC facilities	D 338		

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revealed:
-Facility staff should wear appropriate PPE when caring for patients with undiagnosed respiratory infection or confirmed COVID-19.
-All facility staff should wear a face mask while in the facility.
-Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom.
-Symptomatic residents and asymptomatic residents who test positive for COVID-19 should be cohorted in a designated location and cared for by a consistent group of designated facility staff.

Review of the Local Health Department (LHD) guidelines for prevention and spread of the COVID-19 in LTC facilities revealed:
-Review the COVID-19 Long-Term Care Infection Control Assessment and Response (ICAR) tool which includes enforce social distancing among residents.
-If COVID-19 is identified in the facility, restrict all residents to their room and have care providers wear all recommended PPE for all resident care, regardless of the presence of symptoms.
-Cohort COVID-19 positive residents with dedicated staff in one area and COVID-19 negative residents with dedicated staff in a separate area.
-Guidelines for optimizing the supply of PPE and other equipment during shortages.

Review of the facility's formal training of staff on Infection Control measures revealed:
-All care providers were required to complete an online training called "Agency Onboarding".
-The formal online training included two modules to complete "The Basics" infection control procedures to include PPE and COVID-19.

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D 338	Continued From page 3 -Once modules were completed each staff was to be checked off and observed by a "Trained Observer (TO)" for proper use of PPE. -A "TO was to be a clinician, most likely an infection prevention professional, nurse, or physician, whose sole responsibility was to guide care providers as they don (put on) and doff (take off) personal protective equipment, or PPE". -A TO was not to deliver direct care to a resident but focus on ensuring the safety of care provider during direct care and, in some circumstances, providing their doffing assistants. -A TO was to walk through the care processes and equipment usage policies of the facility to ensure care providers understood when a doffing assistant was required. -A TO was there to monitor, protect, and guide care providers through the protocols of donning and doffing PPE. -A TO was to be vigilant in spotting defects in equipment; proactive in identifying upcoming risks; by following a provided checklist. -A TO was to be focused on the big picture; informative, supportive and well-paced in issuing instructions or advice for proper donning and doffing of PPE. -A TO was to complete a training checklist upon completion of PPE training. Review of facility's housekeeping cleaning procedures for COVID-19 virus revealed: -In the event of a confirmed case of COVID-19 apply an EPA disinfectant cleaner to high touch surfaces with either a pre-loaded microfiber cloth or a spray bottle while wearing the appropriate PPE recommended by the manufacture and facility then perform handwashing using soap and water or alcohol-based hand sanitizer (ABHS). -The EPA rated disinfectant was to remain on high touch surfaces for the appropriate dwell time	D 338		

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as directed according to it instructions and wiped away with a microfiber cloth or cotton cloth.

Observation upon entry into the facility on 07/22/20 at 10:00am revealed:
-The concierge greeted two essential visitors, utilizing a hands-free device she allowed the first visitor to sign in with the hands-free device then sprayed disinfectant to the screen of the device.
-After she sprayed the disinfectant onto the screen of the device, she wiped the screen immediately using a paper towel and instructed the visitor to utilize the available ABHS.
-She then proceeded to screen the second visitor with the same procedure.
-The two visitors were informed they did not have to answer the screening questions on a clipboard provided on her desk because those questionnaires were provided for staff to complete.
-She did not ask the two visitors screening questions related to coronavirus.
-She did not wear gloves when applying the disinfectant.
-She did perform handwashing with soap and water or an ABHS.

Telephone interview with the facility Concierge on 07/24/20 at 11:10am revealed:
-She was responsible for checking in staff and visitors.
-She was instructed by the ED to check in all visitors and staff.
-Staff were to have temperature taken and recorded with answering the COVID-19 screening questions on the clipboard, then put on a mask before reporting to work.
-All visitors were to sign in on the electronic tablet after their temperature was taken with the following information; name, email address,

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phone number, reason for visit and their temperature.
-She was told by the ED to ask the screening questions to the staff.
-She was instructed by the ED to clean the electronic tablet with the disinfectant after every use.
-She was not instructed how long to leave the disinfectant on before wiping it off or to use gloves when using the disinfectant.

Interview with the lead housekeeper on 07/22/20 at 11:25am revealed:
-Each room was cleaned once a week and as needed.
-She wore the same disposable gown, gloves, N95 mask, and face shield to clean all the rooms.
-The maintenance director instructed her to use the cleaning supplies located in the cleaning closet for all her daily cleaning needs.
-The general cleaning for the bathrooms, tables, chairs were with a degreaser.
-The hand rails, door knobs were cleaned with a disinfectant because of COVID-19.
-Generally, she would "spray and wipe" down all surfaces except the bathrooms where she would let it set a minute or two because the bathrooms required more cleaning due to urine and stool accidents.
-She did not receive training on the amount of time the spray would be left on until it was wiped off.
-She did not read the instructions on the cleaning supplies labels.

Telephone interview with the cleaning agent manufacturer on 07/27/20 at 11:25am revealed:
-The degreaser was not a disinfectant, so it would not kill the COVID-19 virus.
-The disinfectant could be used on surfaces to kill

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the COVID-19 virus.
-The disinfectant was required to sit on a surface for 3 minutes before wiping it off.
-Gloves were required while using the disinfectant and the degreaser.

Telephone interview with a County Environmental Health Specialist on 07/27/20 at 1:13pm revealed:
-On 07/11/20, he was contacted by the County Health Department regarding a COVID-19 outbreak at the facility.
-Onsite visits were not allowed so he spoke with a nurse at the facility.
-He asked the nurse questions related to the most up to date CDC guidelines.
-He emailed all the up to date CDC guidelines to the facility nurse including EPA approved cleaning agents for COVID-19, and PPE what, when and how to use.
-He was told by a facility staff member the disinfectant was being used because of COVID-19.
-He was told by the facility staff member a degreaser was being used at the facility and he informed the facility staff member the degreaser was not an EPA approved cleaning agent for COVID-19.
-He expected the facility staff to follow the CDC guidelines to prevent the increased risk of the spread of COVID-19, increase of COVD-19 cases, hospitalizations of residents with COVID-19 and the risk of death due to COVID-19.

Observation upon entry into the Memory Care Unit (MCU) on 07/22/20 at 10:30am revealed:
-Outside of the MCU was a table with a box of gloves, 2 boxes of surgical masks, and a stack of shoe covers.

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-Outside of the MCU was a box of disposable gowns and a floor dispenser of hand sanitizer on opposite ends of the table with the PPE.
-Just inside the MCU was a room to the left with a large red plastic trash bag.
-Just inside the MCU beyond the room on the left was a white trash can with a red plastic bag in it.
-A PCA in the hall way was wearing a disposable gown, N95 mask, gloves, and face shield.
-There were 3 residents sitting at a 4 person dining room table without a face mask on, one had her head on the table resting, the other two were talking to each other, and a forth resident, without a face mask on walked up to the 3 sitting at the table, placed her hands on two of the residents shoulder and talked to them for 5 minutes.
-There was a fifth resident, not wearing a face mask sitting at a table, approximately 4 feet behind the 3 at the table.
-There was a sixth resident walking in the hallway without a face mask on.
-The MA was at the medication cart, wearing an N95 mask, no gown or face shield.
-A second PCA was at the work station wearing a disposable gown, gloves, N95 and face shield.
-There was a large box across from the work station with disposable gowns in it.
-There was a bottle of hand sanitizer and degreaser in the nursing station.

Observation of the MCU medication cart on 07/22/20 at 10:45am revealed:
-There was a box of gloves on top of the cart.
-There was a bottle of hand sanitizer in the bottom drawer.
-There were no disinfectant wipes, or disinfectant spray in the medication cart.

Observation of the housekeeping closet on

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07/22/20 at 11:28am revealed there were multiple gallon jugs of disinfectant and degreaser available for use in the facility.

Observation of the ED's office on 07/22/20 at 11:38am revealed:
-There were 11 cases containing multiple sizes of disposable gloves.
-There were 90 boxes of face masks containing 50 pieces each box.
-There were several bottles of hand sanitizer.

Observation of the outdoor storage container on 07/22/20 at 11:40am revealed there were 4 larges boxes of face shield and 4 larger boxes of disposable gowns.

Interview with a MA on 07/22/20 at 10:45am revealed:
-She was a contract MA and 07/22/20 her first day on the job.
-She worked in the MCU from 6:00am-2:00pm.
-She did not have the COVID-19 specific training from the facility.
-The facility was supposed to provide the specific COVID-19 training before she was to start on the floor.
-She did have the State mandated infection control training from her company prior to working at the facility.
-She was aware of the COVID-19 positive residents, there were 18 in the MCU but did not know who.
-She was instructed by the ED to treat all residents in the MCU as "COVID-19 positive", meaning to use "universal precautions" on all residents.
-During the medication pass she would wear a disposable gown, N95 mask, face shield and gloves.

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D 338	Continued From page 9 -She would change gloves in between residents unless it was considered direct resident care then she would change her gown. -She would not use hand sanitizer every time because it was "hard to get gloves on after hand sanitizer". -She would place her N95 mask in a paper bag at the end of her shift to wear the next day. -She was informed by a MA, all N95 masks were to be placed in a paper bag, in a tote, outside of the MCU at the end of the shift. -She could take off her PPE at the end of her shift after exiting the MCU. -Each staff member had a paper bag with their name on it in the tote for the N95 mask to be stored in until next shift. -There were disposable gowns, gloves, face shields, shoe covers and your paper bag with your N95 mask in it located at the entrance to the MCU and a box of disposable gowns at the medication cart. -The medical equipment was to be cleaned with disinfectant wipes or spray and she could not find anything but the degreaser spray. -She informed the maintenance director after her medication pass around 9:00am but no response. -She used hand sanitizer on the glucometers this morning because there was no disinfectant wipes or spray in the MCU. -She did not clean the blood pressure cuff after using it on a resident this morning because she did not know the resident, she used it on was COVID-19 positive. -She placed the blood pressure cuff back in the side pocket of the medication cart after she used it on a resident. -She did not have anything on the cart to clean it with. -She was instructed by the ED earlier on 07/22/20 to clean all surfaces in the MCU, such as the	D 338		

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tables, chairs, medication cart, counter tops, railing and door knobs with degreaser.
-She was not instructed on how long to leave the product on before wiping off.
-She did not read the instructions on the degreaser or the disinfectant.
-There were residents on the unit who did not have COVID-19 but she did not know who.
-All residents were to have on face mask when out of their rooms, but it was difficult with some residents.
-The 3 residents, sitting at the dining room table without face masks on were at the table because they were considered "high fall risk" residents.
- She did not know they were COVID-19 positive because no one told her.
-Social distancing always meant to be at least 6 feet apart but on the MCU it was hard to do especially with the wandering residents.
-Four residents could sit at the table at a time and be less than 2 feet apart.
-With social distancing there would be only 1 resident at the table at a time.

Interview with a PCA on 07/22/20 at 11:00am revealed:
-She had been with the facility for 10 years.
-She worked in the MCU.
-She wore a disposable gown, gloves, N95, and face shield in multiple rooms, unless direct resident care was performed and then she would discard the gown and gloves.
-The ED instructed her to clean all surfaces in the MCU with degreaser throughout her shift and especially after a resident was sitting at the dining room tables or used the handrails.
-She was not instructed on how long to leave the degreaser on, just "spray and wipe" and did not look at the instructions on the bottle.

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Interview with a second PCA on 07/22/20 at 11:10am revealed:
-She worked in the MCU and was hired 4 months ago.
-She was informed by the ED to use a disposable gown, N95 mask, and face shield always, while in the MCU.
-The ED instructed her to use the "sign" posted on a door in the MCU on how to put on and take off PPE.
-She did not perform a return demonstration for anyone.
-She received the basic infection control class online that was mandatory but there was no other class on COVID-19 specific training.

Telephone interview with a second MA on 07/23/20 at 11:58am revealed:
-She worked in the MCU of 20 residents with about 14 COVID-19 positive residents.
-There was voluntary testing for staff and residents around the 07/08/20.
-Prior to 07/08/20 she was instructed by the ED and Nurse to watch a video related to PPE, signs were posted with how to put on and take off PPE.
-She was instructed by the ED to treat everyone in the MCU as if they were COVID-19 positive.
-She wore the same disposable gown, gloves, mask and face shield during the medication pass with all the residents.
-She then would remove the gown and gloves and wear the N95 and face shield until she needed to again.
-She did not know who in the MCU was COVID-19 positive because no one informed her of the COVID-19 positive residents.
-There was supposed to be a list on the medication cart with the names of the residents that were COVID-19 positive but she did not see the list after the ED informed the staff to treat all

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residents as if they were COVID-19 positive sometime around the middle of July 2020.
-All residents were to stay in their rooms if they were COVID-19 positive but this was very hard with dementia residents.
-Any resident out of their room was to wear face masks, but very hard with dementia residents.
-She would try to redirect the residents back in their rooms or to wear their mask.
-The COVID-19 positive residents were to have their meals in their rooms except for the ones who required feeding assistance.
-During meal times there were at least 4-5 residents that needed assistance with feeding and would sit at the large table or 2 at each of the small tables.
-During the day there were at least 4 residents that were considered high fall risks, so they were seated at a table together in order to supervise them.
-She would instruct the new staff members on daily cleaning in the MCU.
-The daily cleaning was as follows; wipe down the medication cart after every medication pass and wipe down the tables and chairs at least 2 times a shift and after every meal.
-The ED instructed her to change her gown only when visibly soiled, and to change her gloves in between each resident.

Telephone interview with a third MA on 07/23/20 at 2:15pm revealed:
-There was no formal training related to COVID-19, just visual aids on the wall related to how to put on and take off your PPE.
-She did not know who was responsible for the COVID-19 training.
-She was not instructed about how to clean and store her face shield but remembered what to do from when she worked at the nursing home, she

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sprays the face shield with disinfectant and wipes it off and then places the face shield in a paper bag until the next use.

Telephone interview with a contracted MA on 07/23//20 at 2:45pm revealed:
-She was a contracted MA.
-When she arrived at the facility, staff were not aware she was scheduled.
-She was informed that she would be working with COVID-19 positive residents from her agency.
-She was informed by a staff member that a MA, nurse or ED was responsible for COVID-19 training in the MCU.
-She was not trained at the facility related to COVID-19 and their policies and procedures.
-She was not informed of who the COVID-19 positive residents were in the MCU.
-She was instructed by a MA to follow the instruction on how to put on and take off PPE.
-She was not instructed by the staff on what and how to clean in the MCU during COVID-19.
-She worked at a nursing home prior to coming to work at the facility and did what she was taught at the nursing home.
-She had concerns about the lack of training concerning COVID-19, especially with cleaning, proper PPE usage and social distancing.
-She notified the agency she worked for with her concerns because she tried to get the ED or anyone from the front office to come down to the MCU, but no one came.

Telephone interview with the Regional Resident Care Director (RCD) on 07/27/20 at 3:00pm revealed:
-She visited the facility periodically and her last visit was on 07/16/20.
-She taught the basic infection control practice

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which included handwashing, social distancing and the proper PPE/ gown, gloves, N95 and face shield.
-There was signage used as reminders for PPE located around the facility.
-She did a few demonstrations but did not have formal training with sign in roster or return demonstration with all staff.
-The facility RCD was responsible for training the staff on COVID-19 precautions.
-She expected the staff to use a disinfectant spray to clean surfaces, N95 masks were to be placed in a paper bag with the residents and the staff member name on it after use in order to use it again, a surgical mask could be worn in the hallways, and to wash hands or use hand sanitizer after removing gloves.
-There was a hand out with instructions on the cleaning products given to the staff with the expectation they would have had prior instruction on how to use the cleaning products.
-She had performed on the spot reminder for a staff to wear PPE in the MCU because of the COVID positive residents and some staff were not wearing the correct PPE.
-All COVID-19 positive residents were to have a plastic cart outside of their rooms containing PPE and red biohazard bags in their rooms for the staff to dispose of PPE after use.
-The residents on the MCU were to wear masks outside of their rooms, wash their hands and practice social distancing.
-There was to be only one resident at a dining table at a time in order to practice social distancing by remaining 6 feet apart.
-She was not aware the residents were out in the hallway without masks, or 2 or more residents sitting at a table and not practicing social distancing.
-There was no disposable medical equipment

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located in the facility, so all the equipment was to be cleaned with a disinfectant after every use.
-There was no record kept of the equipment cleaning.

Telephone interview with the facility Nurse Practitioner (NP) on 07/24/20 at 12:22pm revealed:
-She was last in the facility on 07/23/20.
-On 07/13/20 during a routine visit, she along with the facility was informed a resident from the facility tested positive for COVID-19 after the resident was admitted to the hospital.
-She had not been in the MCU since July 13 when they found out about their first case of COVID-19.
-She was not allowed to enter the MCU after the residents were tested positive for COVID-19 but the facility did keep her updated with the residents' progress or concerns.
-She instructed the facility staff to follow the CDC guidelines related to COVID-19 isolation procedures, testing, prevention, control and cleaning procedures.
-She expected the staff to follow the CDC guidelines related to COVID-19 to decrease the risk of exposure.

Telephone interview with the ED on 07/28/20 at 10:45am revealed:
-He was the Administer in training.
-The degreaser was a cleaner to be used on floors, furniture, and arms of chairs.
-The housekeeping staff only had access to the degreaser cleaning agents.
-He instructed the staff to use the disinfectant with gloves and let sit for 1 minute before wiping it off.
-He instructed the staff especially in the MCU to use the disinfectant and wipe down surfaces in

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every free moment.
-Surfaces included, rails, door knobs, tables, chairs and medication carts.
-The MAs were aware they were responsible for wiping down medication carts between shifts.
-It was their standard policy to wipe down medical equipment after every resident use with disinfectant.
-The MCU had 14 positive COVID residents.
-The Corporate Office instructed him to make the MCU a "reverse isolation" unit, meaning to treat everyone in the unit as if they were all COVID-19 positive.
-He instructed the staff to try to keep the residents in their rooms.
-It was his expectation to not bring all the residents out of their rooms at the same time.
-The MCU residents were to wear a mask and use social distancing while out of their rooms.
-On 07/17/20 he instructed the staff to wear, a gown, gloves, mask and face shield in the MCU with all residents and only change into new PPE when entering a non-COVID room.
-There were PPE "stop signs" place on every COVID-19 positive resident's door in the MCU with instructions on how to put on and take off the PPE.
-There were instructions on the disinfectant and the degreaser bottles on how to use the products.
-He expected the staff to read the instructions on the labels of the disinfectants and degreaser.
-He instructed the staff to remove their mask and shield and place them in a paper bag located outside of the MCU to use the next day.
-The facility had a yearly online infection control training upon hire.
-The Corporate RCD was responsible for the formal COVID-19 training.
-There was no formal COVID-19 training with checks offs completed by the RCD, and he did

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not know why.
-The Resident Care Coordinator (RCC) and the Memory Care Coordinator (MCC) were responsible for monitoring all staff related to COVID-19 by on the spot observations.
-If he saw someone not wearing their PPE correctly, he would inform them of the correct way to wear the PPE.
-He expected the staff to follow the directions on the PPE "stop signs" located on every COVID-19 positive resident's door.

Telephone interview with the Administrator on 07/28/20 at 12:19pm revealed:
-All the staff were required to do the online PPE training and in person.
-She expected the staff to receive the specialized online COVID-19 training and in person training.
-The RCD was responsible for the coordination and to ensure all the online COVID-19 training was obtained.
-The RCD was responsible for the coordination and to ensure the COVID-19 specialized training was performed in person.
-The RCD was to have the skills check off for the specialized COVID training by April 15, 2020.
-The Corporate office made the decision to make the MCU a reverse isolation unit and a "congregate living" unit, where all the residents were presumed positive.
-The staff were to keep the residents in their rooms or if out in the hall ways the residents must wear a mask and the staff tried their best.
-The ED was responsible for the oversite of the facility and was responsible for making sure the COVID-19 training was completed.
2. Review of the LHD guidelines for prevention and spread of the COVID-19 in LTC facilities dated 03/31/20 revealed:
-Facilities with identified cases of COVID-19 was

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to perform testing on all residents and staff.
-When one or more cases of COVID-19 was identified the facility was to continue repeat viral testing of all asymptomatic previously negative residents and staff approximately every 3-7 days of at least 14 days since the most recent positive result.

Telephone interview with a Registered Nurse (RN) from the LHD on 07/27/20 at 9:08am revealed:
-The Executive Director (ED) informed her on 07/10/20 that two residents were hospitalized for reasons not related to COVID-19 and tested positive for the coronavirus.
-She emailed the ED the LHD guidelines with the necessary links for CDC and NCDHHS guidelines for LTC facilities the same day (07/10/20).
-She highlighted the instructions with LHD guidelines for "facilities with identified cases of COVID-19 perform testing on all residents and staff if there are one or more cases of COVID-19, identified continue repeat viral testing of all asymptomatic previously negative residents and staff approximately every 3-7 days of at least 14 days since the most recent positive result".
-On 07/08/20 the ED reported all residents and staff were tested for COVID-19.
-On 07/13/20 the ED reported 15 residents and 4 staff tested positive for coronavirus.
-The most recent COVID-19 positive test was reported to LHD on 07/15/20.
-She did not receive any additional reports of additional test results from the facility.
-She did not know how many residents and staff tested negative or did not test at all.
-The ED reported only the number of COVID-19 positive residents and staff with their date of birth, gender, onset date of symptoms, date symptoms resolved, date tested and result, visit to primary

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D 338	Continued From page 19 care provider or urgent care, visits to emergency room, and hospitalizations. Interview with a first shift personal care aide (PCA) on 07/22/20 at 10:50am revealed: -She was informed by her supervisor an outbreak of COVID-19 began on 07/08/20. -She was not tested for the coronavirus since the recent outbreak at the facility. -Prior to the outbreak she was on leave for two months and she tested negative for coronavirus during those two months. -The ED informed her testing for COVID-19 was voluntary. Telephone interview with another first shift PCA on 07/23/20 at 2:37pm revealed: -She began working at the facility in February of 2020. -She tested negative for the coronavirus on 07/09/20. -She heard from a co-worker it was not company policy to require staff to test for coronavirus. -She voluntarily tested with her private physician's lab because she suspected exposure from a contact outside of work. -She was asymptomatic of coronavirus and continued to work at the facility since the outbreak. -She was not told to retest since additional positive cases were discovered at the facility on 07/15/20. Telephone interview with a medication aide (MA) on 07/24/20 at 9:00am revealed: -She began working at the facility in October 2019. -Her supervisor informed her there was an outbreak of COVID-19 and testing was being offered but it was not mandatory.	D 338		

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-She tested negative for coronavirus on 07/12/20.
-It was not mandatory for all the staff to test for the virus.
-She was asymptomatic and continued to work at the facility since the outbreak.
-She was not told to retest.

Interview with the Wellness Nurse on 07/22/20 at 10:30am revealed:
-All the residents and staff were offered COVID-19 testing.
-COVID-19 testing was not mandatory so not all staff and residents consented to testing.
-The ED was managing the tracking of the COVID-19 testing results and reporting them to the LHD.

Interview with the Executive Director (ED) on 07/28/20 at 11:55am revealed:
-The facility did not make testing mandatory but offered viral testing to all residents and staff on 07/09/20 after two residents were hospitalized for reasons not related to coronavirus and tested positive for the virus.
-The current census was 67 residents consisting of 49 assisted living residents and 18 memory care residents.
-There were 4 of the 39 residents on the assisted living that tested positive for coronavirus and 10 residents did not test for coronavirus.
-There were 13 of the 15 residents tested on the memory care unit that tested positive for the coronavirus and 3 residents did not test for coronavirus.
-Testing for COVID-19 was not mandatory therefore not all the staff and residents tested.
-The residents and staff that were asymptomatic and tested negative did not retest since the most recent positive COVID-19 test result on 07/15/20.
-He received the LHD guidelines in an email on

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07/10/20 from the LHD RN reviewed them and shared them with the Corporate office.
-His understanding was because testing was not mandatory the corporate office decision was to not enforce mandatory testing.

Interview with the Administrator on 07/28/20 at 12:30pm revealed:
-She was aware of the guidelines provided by the LHD and she believes those guidelines were shared with the corporate office for testing and retesting.
-All the residents and the staff were not tested for coronavirus because the corporate office did not require mandatory testing.
-After the report of the number of positive staff and residents were reported the decision remained that no mandatory testing was required.
-None of the staff and residents with negative test results were retested since the most recent positive case on 07/15/20.
-She expected the ED to follow the guidelines to repeat testing for asymptomatic previously negative staff and residents every 3-7 days for a period of 14 day since the most recent positive COVID-19 test result.
-She failed to review the monitoring of retesting to ensure residents and staff were retested since the last COVID-19 positive case on 07/15/20.
-No additional testing was offered to the staff and residents since the outbreak on 07/10/20.

Attempted telephone interview with facility's laboratory testing site on 07/27/20 at 10:00am was unsuccessful.

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The facility failed to ensure staff were following infection control guidelines during a viral pandemic related to ensuring all residents and staff perform viral testing when one or more case

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D 338	Continued From page 22 of COVID-19 was identified, appropriate use of personal protective equipment (PPE) by staff, and infection control procedures including practicing proper cleaning of reusable medical equipment and safety precautions to reduce the risk of transmission and infection, which placed the residents at substantial risk of contracting a serious viral illness constitutes a Type A2 violation. ________________________ The facility provided a directed plan of protection on 07/22/20 in accordance with G.S. 131D-34 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 27, 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, 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. 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	D914		

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D914	Continued From page 23 and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to ensuring all residents and staff perform viral testing when one or more case of COVID-19 was identified, appropriate use of personal protective equipment (PPE) by staff, and infection control procedures including practicing proper cleaning of reusable medical equipment and safety precautions to reduce the risk of transmission and infection. [Refer to Tag 338, 10A NCAC 13F .0909 Resident Rights (Type A2 Violation)].	D914		