

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
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NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a COVID-19 focused Infection Control Survey and a complaint investigation on 09/15/20.	D 000		
D 338	<p>10A NCAC 13F .0909 Resident Rights</p> <p>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.</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 residents, appropriate use of personal protective equipment (PPE) by staff, and social distancing (remain six feet apart) 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. -Face masks should not be worn under the nose</p>	D 338		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barbara J. Harrel

TITLE

Administrator

(X6) DATE

9-30-2020

STATE FORM

6896

6FMU11

If continuation sheet 1 of 9

Reviewed & accepted with revisions

R Pacheco 10/7/20

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D 338	Continued From page 1 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 when in common areas. -Social distancing should be implemented among the residents. Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of the coronavirus in LTC facilities revealed: -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. Observation of the front door of the facility on 09/15/20 at 9:30am revealed: -No visiting until further notice was hand printed on a sign. -There was a printed COVID-19 Facility Visitor Guidance sign on the door. -Stop, people with fever, cough, sore throat, shortness of breath, or other flu-like symptoms are not permitted to visit and people who have traveled to a high-risk area for COVID-19 or had contact with a person known to be infected with COVID-19 are not permitted to visit was printed	D 338		

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D 338	Continued From page 2 on the sign. Observation upon entrance into the facility on 09/15/20 at 9:35am revealed: -The Supervisor met the surveyors at the front door of the facility. -She was not wearing a face mask. -She did not screen the surveyors for the presence of signs and symptoms of COVID-19. -She did not check the surveyors temperature. -There was no PPE near the front door. Observation of the living room on 09/15/20 at 9:35am revealed: -There were 3 residents sitting in the living room watching television. -There were 9 plastic patio chairs for residents to sit in; one row with 4 chairs lined up side by side and another row about 6 feet away which had 5 chairs lined up side by side. -Two residents were sitting side by side in one row. Interview with the Supervisor on 09/15/20 at 9:36am revealed: -She worked full time in the facility. -She knew she should wear a face mask in the facility. -She had been assisting a resident with a shower and had taken her face mask off to get "some air". -She knew she was supposed to screen all visitors but she had been busy gathering paperwork. -Staff was screened for COVID-19 at the start of the shift. -Residents were screened at all three meals daily with temperature checks. -She thought logs of the screenings were kept in the Administrator's office.	D 338	Staff meeting held on evening of 09/15/2020 to review the procedures for infection control, screening process for all essential providers and or any other entrances that are necessary to this facility. Staff is to make sure social distancing is being followed. Along with wearing mask and washing hands. Monthly meetings will be provided to review procedures. All but four chairs have been removed from living room to provide room for adequate social distancing. Table is set up inside front door that consists of hand sanitizer, mask, gloves, thermometer and screening log sheet. All staff members are screened before entering the facility. All third party essential workers and or providers will be screened and sign a document stating they are symptom free.	21 (RP) 09/15/20 21 (RP) 09/15/20 21 (RP) 09/15/20

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D 338	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Staff had received training regarding COVID-19 precautions in March 2020 by a staff member from the Local Health Department. -The training included PPE use, residents eating meals in their rooms, hand hygiene, and social distancing. -There were no visitors allowed in the facility. -All the residents went out of the facility for their physicians' appointments. -The residents wore masks when they left the facility for the appointments. <p>Observation of a medication aide (MA) on 09/15/20 at 9:40am revealed the MA was not wearing a face mask.</p> <p>Interview with the MA on 09/15/20 at 9:41am revealed:</p> <ul style="list-style-type: none"> -She worked third shift in the facility. -She had just come in to "help out" and did not put on a face mask. -She did not know why she did not put on a face mask. <p>Interview with a resident on 09/15/20 at 9:44am revealed:</p> <ul style="list-style-type: none"> -Staff did not wear face masks in the facility. -The facility was restricting visitors. -The facility screened him for COVID-19 once a week by taking his temperature. -The resident would wear a face mask, provided by the facility, when he went to a physician appointment. -All meals were served in the dining room and residents were seated less than six feet apart from each other. <p>Interview with a second resident on 09/15/20 at 9:45am revealed:</p> <ul style="list-style-type: none"> -No visitors were allowed in the facility. 	D 338	<p><i>Temps are Taken two times daily Am³ pm and recorded on log.</i></p>	<p><i>21 (RP) 09/16/20</i></p>

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D 338	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She wore a mask during visitations on the front porch but not in the facility. -Residents ate all their meals together in the dining room seated less than six feet apart from each other. <p>Interview with a third resident on 09/15/20 at 9:48am revealed:</p> <ul style="list-style-type: none"> -Staff sometimes wore a mask in the facility, but not all the time. -No visitors were allowed in the facility. -He ate in the dining room with everyone seated less than six feet apart from each other. <p>Interview with a fourth resident on 09/15/20 at 9:50am revealed staff wore face masks sometimes but not always in the facility.</p> <p>Interview with a fifth resident on 09/15/20 at 9:50am revealed:</p> <ul style="list-style-type: none"> -No visitors were allowed in the facility. -She wore a mask when she left the building but not when she was in the facility. -She ate in the dining room with everyone seated less than six feet apart from each other. <p>Interview with a sixth resident on 09/15/20 at 9:52am revealed:</p> <ul style="list-style-type: none"> -Staff did not wear face masks in the facility. -All meals were served in the dining room and the residents were seated less than six feet apart from each other. <p>Interview with a seventh resident on 09/15/20 at 9:54am revealed:</p> <ul style="list-style-type: none"> -No visitors were allowed in the facility. -All the residents ate their meals together in the dining room seated less than six feet apart from each other. 	D 338	<p>Dining room has been rearranged so residents are social distancing as required with only 5 residents eating in dining room and the other 7 residents are having their meals in their rooms</p>	<p>09/16/20 ²¹ RP</p>

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D 338	Continued From page 5 Interview with an eighth resident on 09/15/20 at 9:55am revealed: -His temperature was taken one time a week. -Everyone had a mask in their room for when they left the facility. -He wore a mask when he signed out and left the facility. Interview with the MA on 09/15/20 at 10:23am revealed: -The Housekeeper worked three days a week. -She cleaned and sanitized the bathrooms, floors, bedrooms, and common areas and touchable surfaces. -The MA on duty would clean when the Housekeeper was not in the facility. Observation of the facility on 09/15/20 from 9:35am to 12:00pm revealed staff had not cleaned the facility. Interview with the Supervisor on 09/15/20 at 10:33am revealed: -The Department of Social Services supplied the facility with PPE. -The Administrator kept extra PPE supplies in her locked office, and she resupplied the facility as needed. -The MA and housekeeper had keys to the hall where PPE and cleaning supplies were kept. -Gloves were not kept in the bathroom because residents would flush them. -All bathrooms had antibacterial soap at the sink. Observation of available PPE on 09/15/20 at 10:33am revealed: -There was a large box of face shields and gowns in a locked staff hallway. -There was one box of masks in the medication room that contained 10 masks.	D 338	All staff members was told in the meeting to make sure to clean the facility Administrator will be monitoring	09/21/20 ^{RP}

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D 338	<p>Continued From page 6</p> <p>-There was a full box of gloves on the medication cart in the medication room.</p> <p>Second interview with the Supervisor on 09/15/20 at 10:57am revealed:</p> <p>-Three residents usually sat in the living room all day and watched television.</p> <p>-The residents were resistant to social distancing because they were used to sitting next to each other in the living room and eating together.</p> <p>Observation of the MA on 09/15/20 from 11:28am revealed:</p> <p>-She was helping prepare lunch in the kitchen.</p> <p>-She was wearing her face mask below her chin.</p> <p>Observation of the facility on 09/15/20 from 9:35am to 12:00pm revealed staff did not encourage residents to wear face masks.</p> <p>Telephone interview with the Administrator on 09/15/20 at 11:05am revealed:</p> <p>-Visitors were not allowed in the facility.</p> <p>-She did not know why staff had not screened the surveyors upon entrance into the facility.</p> <p>-Staff should always wear face masks in the facility.</p> <p>-She had conducted training on COVID-19 precautions sometime in March 2020.</p> <p>-The training included social distancing, visitor restriction, PPE, hand washing, screening of staff and residents, and cleaning.</p> <p>-She had used the guidelines from the NCDHHS website.</p> <p>-Residents were screened once or twice a day.</p> <p>-Staff were screened once daily.</p> <p>-The facility had not kept logs of the screenings.</p> <p>-Residents were eating all their meals in the dining room as it was hard to keep them socially distanced.</p>	D 338	<p>Living room does now have only four chairs to allow social distancing</p> <p>Staff is to encourage residents to wear mask Administration will monitor to assure compliance.</p> <p>Residents are screened by Temperature twice daily Am & pm and recorded on log sheet</p>	<p>21 (RP) 09/16/20</p> <p>21 (RP) 09/16/20</p> <p>21 (RP) 09/16/20</p>

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D 338	Continued From page 7 -She had an Infection Control Policy and Procedure but did not know where it was located. Telephone interview with the Director of Nursing at the local health department on 09/15/20 at 3:00pm revealed: -The facility had received face to face training regarding COVID-19 precautions in March and April 2020 from the LHD and environmental health. -The instructions given to the facility included the wearing of face masks, social distancing, screening visitors, staff and residents, hand hygiene, and cleaning. -The LHD would periodically follow up with email communication. -The LHD had made two deliveries of PPE to the facility. -Not following the COVID-19 precaution guidelines put all the residents at risk of contracting the virus. The facility failed to ensure staff were following infection control guidelines during a viral pandemic related to not screening visitors and residents, staff not wearing PPE, and not 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. The facility submitted a plan of protection on 09/15/20 in accordance with G.S. 131D-34 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER	D 338	Infection control policy has been reviewed with each and every staff member and came up with measures and protocols to keep COVID-19 from entering our facility if possible. Reviewed with staff the procedures for infection control, screening process, social distancing, wearing mask, and washing hands frequently. Administrator will monitor to assure compliance.	09/21/20 (RP) 09/21/20 (RP)

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D 338	Continued From page 8 15, 2020.	D 338			
D914	<p>G.S. 131D-21(4) Declaration of Residents' Rights</p> <p>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.</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>The findings are:</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 residents, appropriate use of personal protective equipment (PPE) by staff, and social distancing (remain six feet apart) guidelines. [Refer to Tag 338, 10A NCAC 13F .0909 Resident Rights (Type A2 Violation)].</p>	D914	<p>The resident rights along with CDC regulations for COVID-19 has been reviewed with each staff member to ensure the safety of each resident.</p>	<p>09/21/20 (RP)</p>	

Chestnut Park Retirement Center
COVID-19 Prevention Measures and Protocols .

The following items have been implemented as part of Infection Control Measures and Protocols to keep COVID_19 from entering our facility:

- * Limited access points into the facility.
- * Restrict all visitors except compassionate care situations.
- * Actively screening all essential health-care workers.
- * All essential workers will be screened for cough, fever, respiratory systems, along with traveled or been around within the last two weeks that has tested positive for COVID-19
- * Cancel all trips outside of the facility
- * All residents that leave regularly for doctor trip, such as blood work, check MUST wear a facemask ALL times

IDENTIFY INFECTIONS EARLY:

- * Actively screening all residents TWICE daily for fever, cough, any other respiratory systems; immediately isolating anyone who is symptomatic.
 - ** Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, dizziness, diarrhea, or a sore throat. Identification of these symptoms should be prompt along with self isolation. and further evaluation for COVID-19.
- * Notify the health department if : severe respiratory infection, clusters of three residents or three essential workers

** PREVENTING THE SPREAD OF COVID-19**

- * cancel all group activities and communal dining (UNLESS SIX FEET DISTANCING CAN BE ENFORCED)
- * Enforce social distancing among each residents
- * Implement universal facemask use by all the people in the facility (including staff, residents, anyone entering the facility)
- ** If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms, and or common areas.

** Residents and staff who do NOT provide direct patient care may wear cloth mask as a source control. Cloth masks are not considered PPE and shouldnt be used instead of surgical mask.

^ If COVID-19 is identified in the facility, restrict all residents to their room and essential workers must wear all PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.

IDENTIFY AND MANAGE SEVER ILLNESS:

** Facility performs appropriate monitoring of all ill residents (including documentation of pulse and oximetry if available) at least TWICE daily to indicate if residents need a higher level of care.

****** STAFF WHO TEST POSITIVE FOR COVID-19 ******

Staff who test positive for COVID-19 will be unable to work until they meet the criteria for returning to work. this can cause suffen staffing shortages at a time when extra work is required to control the outbreak.

We will then prepare for the possibility of staffing shortages :

- * Allowing all caregivers that are positive, but are ASYMPTOMATIC to staff areas dedicated to caring for postive residents (While wear appropraite PPE)
- * Contacting temporary staffing agencies
- * Contacting other sister agencies for temporary staffing support
- * Contacting local hospitals for temporary staffing support.

Local Health and Human Services will be notified in an effort to a outsource for immediare staffing needs.