

DIVISION OF Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
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NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
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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 with an onsite visit on 08/19/20 and a desk review on 08/20/20 and 08/25/20 and a telephone exit on 08/25/20.	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 (NC DHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to screening of visitors, staff and residents, use of personal protective equipment (PPE) by staff and residents, practicing social distancing, disinfection of shared medical equipment, and practicing recommended infection prevention and control practices to reduce the risk of transmission and infection. The findings are: Review of the CDC guidelines for Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities updated 05/29/20 revealed: -Personnel should wear a facemask at all times	D 338	Completion Date: 09/08/20 <i>Keisha Banks</i> 10/12/20 Admin will continue to monitor and encourage all residents, staff, and visitors to exercise safe and social distancing PER CDC guidelines. Admin and staff will continue to encourage residents to wear masks ONLY if tolerated, stay left apart for social distancing.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Keisha Banks* TITLE: *Admin* DATE: *10/9/2020* (X6) DATE

STATE FORM

6899

IF FAXED

If continuation sheet 1 of 19

Received and Accepted

Keisha Banks

10/12/20

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D 338	<p>Continued From page 1</p> <p>while they are in the facility.</p> <ul style="list-style-type: none"> -Encourage residents to wear a cloth face covering (if tolerated) whenever they are around others, including when they leave their rooms. -Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) before starting each shift/when they enter the building. -Designate one or more facility employees to ensure all residents have been asked daily about fever and symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). -Remind residents to remain at least 6 feet apart from others when they are outside of their room. -Educate residents and personnel about COVID-19. -Post signage at all entrances to provide information about current visitation policies or restrictions and to remind visitors and personnel not to enter the building if they have a fever or symptoms consistent with COVID-19. -Provide access to supplies and implement recommended infection prevention and control practices. -Instead of communal dining, facilities should consider delivering meals to rooms, creating a "grab n go" option for residents or staggering mealtimes to accommodate social distancing while dining (e.g., a single person per table). 	D 338	<p>(physical) hand hygiene, and cough etiquette.</p> <p>Admin will continue daily to monitor All Residents residents/staff of FOR signs and any symptoms of covid-19 remind and monitor staff to wear appropriate face covering while providing care to Residents in facility Admin will report Any signs and symptoms immediately to MD (facility) RN and Local Health Department Admin will continue</p>	

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D 338	<p>Continued From page 2</p> <p>Review of the DHHS Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings including Adult Care Homes updated 07/16/20 revealed:</p> <ul style="list-style-type: none"> -The facility should have an updated written Infection Control or Preparedness plan for COVID-19 that can be made available to the appropriate overseeing agency upon request. -The facility must have a written plan which outlines their facility's policy on visitation, communal dining, and group activities and communicate it with families, residents, and staff. -The facility has access to adequate personal protective equipment (PPE) without resorting to crisis capacity strategies. -The facility must conduct daily screening for temperature check, presence of symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), , and known exposure to COVID-19 of all residents and staff. -Residents should wear a face mask or face covering while moving through the facility. -Residents should wear a face covering (if tolerated) at all times when not in their room. -For communal dining, ensure 6 feet of space between each individual and each table. -If possible, space should be marked designating 6 feet of separation between tables. -Stagger mealtimes. <p>Review of the undated, hand-written resident roster revealed there were 11 residents residing in the facility.</p> <p>Review of the facility's Infection Control Policy and Procedures dated 05/15/15 with a review date of 01/2016 revealed there was no updated</p>	D 338	<p>to educate resident, staff, families and outside visitors on guidelines from CDC. Facility will continue to practice all safety measurements for all residents and place all infection control procedures in place without hindering Resident's Rights. COVID-19 policy was put in place for the safety and well being of staff, residents, visitors. On 8/20/2020, Facility Infection Control policy was updated 1/2019 and</p>	

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D 338	<p>Continued From page 3</p> <p>Infection Control Policy and Procedures related to COVID-19.</p> <p>Interview with the Administrator on 08/19/20 at 2:36pm revealed:</p> <ul style="list-style-type: none"> -There had not been any cases of COVID-19 among residents or staff. -There was no Infection control policy and procedures related to COVID-19. -The facility had a COVID-19 notebook which contained information and updates from the CDC and emails regarding COVID-19. -She had no specific plans in place if an outbreak were to occur at the facility, but there were private rooms available to use for isolation and quarantining. -The last infection control training for all facility staff was conducted by the facility contracted nurse in January or February of 2020. -There had not been any infection control training specific to COVID-19. -She conducted in-services regarding COVID-19 with her staff on the 07/10/20 and 07/24/20 pay day dates. <p>Review of In-service notes provided by the Administrator revealed:</p> <ul style="list-style-type: none"> -There were two pages of notes and neither page was dated. -One page of notes included documentation masks should be worn at all times. -The other pages of notes included documentation staff should make sure cleaning supplies were available for staff and should keep all supplies stocked, medication carts should be kept cleaned and stocked, and staff should communicate with the Resident Care Coordinator (RCC) or the Administrator about any changes with residents' conditions. 	D 338	<p>Approved by DHTS nurse consultant. Policy presented during survey was incorrect, correct policy is available for staff use if needed for reference.</p> <p>An additional policy in infection control we not mandated by CDC. Supervisor in charge is _____ to care and conduct all essential COVID-19 screenings. SIC actively screens all visitors and persons including the crucial needs of all entering the facility and vendor included, if any. Screening will involve temperature taken.</p>	

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D 338	<p>Continued From page 4</p> <p>Telephone interview with the Administrator on 08/24/20 at 3:54pm revealed: -When she placed new information in COVID-19 notebook, informed the RCC with the updates, and she expected the RCC to update the staff regarding COVID-19 updates at shift change. -She and the RCC had morning meetings daily.</p> <p>Observation of the outside of the facility on 08/19/20 between 11:43am and 12:20pm revealed: -The front entrance to the facility was locked and there was a sign posted which read, "Attention: All Visitors There will be a RESTRICTION on VISITORS with minimal exceptions for at least the next few weeks to help prevent the entry and spread of COVID-19 in facilities. Effective: 03/15/2020 until further NOTICE!! Please report to the business office to your left for assistance." -The back door of the facility was unlocked and was the only available entrance for visitors, staff, and residents and there was no signage posted on the back door. -There was no signage posted at the front door or the back entrance to remind visitors and personnel not to enter the building if they had a fever or symptoms consistent with Covid-19.</p> <p>Observation of the facility upon entrance on 08/19/20 at 12:20pm revealed: -The Administrator's Assistant (AA), wearing a mask, opened the back door for surveyors to enter the building. -The AA instructed the Medication Aide (MA), who was wearing a mask, to take the surveyors' temperatures. -The MA removed an oral thermometer from the medication cart. -The MA informed the AA she was unable to locate any thermometer probe covers and told the</p>	D 338	<p>assessed for fever, cough, any signs and symptoms associated with covid-19 before and when entering the facility. sic will also conduct a screening questionnaire, Facility screening is comprehensive, according to the CDC guidelines. Admin will assure that residents, temps. ^{will be taken} x 2 times daily. Supervisor in charge will keep a daily log of resident's temps and report any signs and</p>	

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D 338	<p>Continued From page 5</p> <p>AA to get plastic wrap from the kitchen.</p> <p>-The MA approached the surveyors with an oral thermometer wrapped in plastic kitchen wrap with intentions of taking the surveyors temperatures.</p> <p>-Surveyors were not asked any COVID-19 screening questions.</p> <p>Interview with the MA on 08/19/20 at 12:20pm revealed:</p> <p>-She has been employed by the facility for about a week.</p> <p>-She was told the temporal thermometer was broken so she had been using the facility's oral thermometer.</p> <p>-She did not have any thermometer probe covers.</p> <p>-She was told by another MA the facility ran out of thermometer probe covers and the MA told her to use plastic kitchen wrap to take temperatures of residents, staff, and visitors.</p> <p>-She had not told the RCC or the Administrator there were no thermometer probe covers in the facility.</p> <p>-When she screened visitors, staff and residents for COVID-19, she only took oral temperatures daily.</p> <p>-She did not ask screening questions and had not been told she needed to ask screening questions.</p> <p>Telephone interview with a second MA on 08/25/20 at 2:17pm revealed:</p> <p>-The MA on duty was responsible for screening staff, visitors, and residents.</p> <p>-She took temperatures, asked screening questions, and documented the temperatures and the screening questions in the vital signs notebook</p> <p>-She had been using an oral thermometer during her shift to take visitor, staff, and residents' temperatures.</p> <p>-She ran out of thermometer probe covers during</p>	D 338	<p>symptoms will be reported to Resident's MD immediately</p> <p>-signage posting is implemented throughout the facility as required by CDC Guidelines. A displayed sign is present for all residents, visitors, and personnel to observe and read before entering the facility. Facility utilize all locked entrance and has displayed signs for COVID-19 restrictions. Handwashing signs are posted throughout</p>	
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D 338	<p>Continued From page 6</p> <p>her shift one weekend and used plastic kitchen wrap for 1 day.</p> <p>-She had to use the plastic kitchen wrap because she did not have any other options, and the residents' temperatures had to be taken to ensure everyone was safe.</p> <p>-She cleaned the oral thermometer with an alcohol pad and wrapped it from top to bottom with the plastic kitchen wrap between each use.</p> <p>-She told the MA on the shift following her to use the plastic kitchen wrap to cover the thermometers.</p> <p>-She made an emergency supply request for the thermometer probe covers and the covers came in the following day.</p> <p>-The RCC was responsible for ordering supplies, but the MAs let the RCC know when they were low or out of supplies.</p> <p>-She told the RCC and the Administrator there were no thermometer probe covers, but she did not tell them she used plastic kitchen wrap to cover the thermometers.</p> <p>Interview with the RCC on 08/19/20 at 2:09 revealed:</p> <p>-Staff let her know when supplies were needed.</p> <p>-She did not know there were no oral thermometer probe covers available in the kitchen.</p> <p>Telephone interview with the facility contracted pharmacy on 08/20/20 at 4:23pm revealed:</p> <p>-If items ordered by the facility were in stock, they would be delivered that day.</p> <p>-She received an order from the facility for 08/19/20.</p>	D 338	<p>the facility and located in All Bathrooms and Dining AREA.</p> <p>Admin will monitor supplies x 2 weekly, RCC will assist. Admin will never advise staff to use unprotecting utensils to conduct on items for residents, staff or visitors. Upon finding staff is trained by Facility RN on continuing education, etc is approved</p>	

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D 338	<p>Continued From page 7</p> <ul style="list-style-type: none"> -An order for 100 thermometer probe covers, 50 masks, and 15 gowns was delivered to the facility on 08/19/20. -The only other order for thermometer probe covers was on 07/15/20 and 100 thermometer probe covers were delivered the same day. <p>Interview with the Administrator on 08/19/20 at 2:36pm revealed:</p> <ul style="list-style-type: none"> -The RCC was responsible for ordering supplies for the facility. -The RCC told her what supplies the facility was out of or running low on and the Administrator would approve for the RCC to order the supplies. -She did not know there were not any thermometer probe covers available in the facility and that staff were using plastic kitchen wrap to cover the oral thermometers. -It was "unacceptable" for staff to use plastic kitchen wrap and thermometer probe covers should be used on the oral thermometers along in addition to cleaning them with sanitizing wipes. -There were two other temporal thermometers available for staff use in the medication room. -She did not know anything about the temporal thermometer being broken. -She did not know where staff were documenting visitor temperatures. -Staff did not ask screening questions because she did not know screening questions were a part of the screening process for COVID-19. <p>Observation of the hall leading to the backdoor entrance to the facility on 08/19/20 between 1:36pm and 1:50pm revealed:</p> <ul style="list-style-type: none"> -The RCC entered the facility through the backdoor entrance, wearing a mask, and walked past residents and the MA on duty. -The RCC did not have her temperature taken nor was she asked screening questions when she 	D 338	<p>Infection control training, material provided by DHHS. Infection control courses are done by RN annually and before staff starts work. All infection control ^{key is current on all employees} staff will continue to be trained and in-service on how to sanitize thermometers after every use. RN conducted in-service on COVID-19/MASK/PPE 9/8/2022 PER guidelines dated May 29, 2020 indicates license authorities, including adult care specialist, are encouraged to share any guidance.</p>	

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D 338	<p>Continued From page 8</p> <p>entered the facility.</p> <ul style="list-style-type: none"> -The RCC walked to a different hallway, to her office, then returned to the hall leading to the backdoor entrance to speak with surveyors. -The RCC saw maintenance staff at the backdoor entrance, pulled a temporal thermometer in a plastic bag out of her pocket and went to the backdoor entrance. -The RCC took the temperature of both maintenance staff and put the temporal thermometer back in the plastic bag and placed the bag with the thermometer back in her pocket. -The RCC did not clean the temporal touch thermometer prior to, between, or after taking the temperatures of the maintenance staff. <p>Interview with the RCC on 08/19/20 at 1:54pm revealed:</p> <ul style="list-style-type: none"> -No one screened her for temperature or asked her screening questions when she walked in the facility on 08/19/20. -She took her own temperature and it was 97.8 degrees. -She did not go to the MA to be screened for temperature when she entered the facility because people started asking her questions. -She took the temperature of the maintenance staff using a temporal thermometer prior to them entering the facility. -She did not ask screening questions of the first maintenance staff, but she asked the questions of the second maintenances staff. -She had accidentally taken the temporal thermometer home with her after her last shift. -She did not clean the temporal thermometer prior to taking the temperature of the first maintenance staff, but she did clean the thermometer prior to taking the temperature of the second maintenance staff. -She cleaned the thermometer with an alcohol 	D 338	<p>referring to COVID-19 WITH ALL ALFs IN their jurisdiction. Adult care specialist entered facility more than once prior to survey and never questioned facility screening/signage process before entering facility or observing residents care. ACS prior to survey should've addressed Admin/ staff if the screening process could affect Residents, staff, and visitors safety and well-being. Admin</p>	

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D 338	<p>Continued From page 9</p> <p>wipe she had in her pocket. She had thrown the alcohol wipe wrapper in the trash receptacle on the medication cart. (The wrapper was not visible in the receptacle.)</p> <p>-The protocol was to clean thermometers with an alcohol wipe after each use.</p> <p>Telephone interview with the MA on 08/20/20 at 12:40pm revealed:</p> <p>-The RCC trained her regarding the job duties as MA and screening staff, residents and visitors was a part of her job responsibility.</p> <p>-She had been instructed to take staff's, residents', and visitors' temperature to screen for COVID-19, but she had not been instructed to ask COVID-19 screening questions.</p> <p>-She did not take the RCC's temperature when she entered the facility on 08/19/20 and she did not know why.</p> <p>Interview with the Administrator on 08/19/20 at 2:36pm revealed:</p> <p>-The MA Supervisor should take the oncoming staff temperatures including housekeeping, dietary, MAs, PCAs, and maintenance staff.</p> <p>-The MA was also responsible for screening visitors and residents daily.</p> <p>-She knew employees, residents, and visitors should be screened for temperature but she did not know screening questions related to signs and symptoms of COVID-19 were a part of the screening process.</p> <p>-Staff were instructed to only take temperatures to screen for COVID-19.</p> <p>-She did not know the RCC did not have her temperature taken by the MA Supervisor when she entered the facility on 08/19/20.</p> <p>-She expected the RCC to be screened by the MA on duty prior to starting her shift and the RCC should not have taken her own temperature.</p>	D 338	<p>should have been provided material or advised on guidelines, so that the spread of covid-19 in the home could be avoided.</p> <p>during ACS visits Admin spoke w/AC specialist about facility phone station, nothing pertaining to any observance thru out the facility concerning covid-19 or CDC guidelines for ALF facilities.</p>	

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D 338	<p>Continued From page 10</p> <p>-She expected temporal thermometers to be cleaned using sanitizing wipes after each use.</p> <p>Review of the staff vital signs log for documentation of staff temperatures from 07/01/20 through 07/31/20 revealed:</p> <p>-Staff temperatures were recorded with a date, but there was no documentation of time or screening questions with responses.</p> <p>-No dietary staff was screened for temperatures on 07/03/20.</p> <p>-There was no documentation of staff temperatures on 07/29/20.</p> <p>Review of the staff vital signs log for documentation of staff temperatures from 08/01/20 through 08/19/20 revealed:</p> <p>-Staff temperatures were recorded with a date, but there was no documentation of time or screening questions with responses.</p> <p>-Only 1 staff was screened on 08/14/20.</p> <p>-There was no documentation of staff temperatures on 08/08/20, 08/09/20, 08/16/20, and 08/19/20.</p> <p>Review of the resident vital signs log for documentation of resident temperatures from 07/01/20 through 07/31/20 revealed:</p> <p>-Resident temperatures were recorded with a date, but there was no documentation of time or screening questions with responses.</p> <p>-There was a temperature reading of 96.2 degrees on 07/14/20, but there was no name documented.</p> <p>-There was no documentation of resident temperatures on 07/23/20, 07/25/20, and 07/26/20.</p> <p>Review of the resident vital signs log for documentation of resident temperatures from</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ANGELS AT HEART ASSISTED LIVING

1114 SOUTH MAIN STREET
CHINA GROVE, NC 28023

(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 338	<p>Continued From page 11</p> <p>08/01/20 through 08/19/20 revealed:</p> <ul style="list-style-type: none"> -Resident temperatures were recorded but there was no documentation of time or screening questions with responses. -There was no documentation of resident temperatures on 08/08/20, 08/09/20, 08/14/20, 08/15/20, 08/16/20, and 08/19/20. <p>There was no documentation of screening of visitors' temperatures provided.</p> <p>Observation of the outside of the facility on 08/19/20 at 11:44am revealed a Home Health staff had exited the facility and was walking towards the parking lot.</p> <p>Observation of the lunch meal on 08/19/20 between 12:20pm and 12:30pm revealed:</p> <ul style="list-style-type: none"> -There were six tables in the dining room. -Five tables had residents seated at them. -There were seven residents in the dining room. -None of the residents were wearing a mask. -Two of the tables had two residents sitting opposite each other, the distance between the residents being approximately three feet. -A PCA was interacting with residents, serving residents and removing meal items from the table once residents finished their meals. -The PCA had a face mask on, but the face mask was loose, and the top of the mask was resting on the PCAs bottom lip. -The PCA was observed with her face mask below her face from 12:20pm until 12:30pm. <p>Interview with the PCA who served lunch on 08/19/20 at 12:30pm revealed:</p> <ul style="list-style-type: none"> -She assisted residents with care needs and assisted in the dining room during meal times. -She thought she had Infection Control training in March 2020. 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2020
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NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
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D 338	<p>Continued From page 12</p> <ul style="list-style-type: none"> -She knew she was supposed to wear her face mask so that it covered her nose and mouth, but it was loose. -She crossed the loops of the mask sometimes before placing the loops over her ears so the mask would stay in place. - "I keep it up over my nose most of the time, but it hurts when I crisscross it to keep it up." -She sometimes received new face masks from the MA, but they got loose before the end of her shift. <p>Observation of the dining room on 08/19/20 at 2:22pm revealed:</p> <ul style="list-style-type: none"> -Two residents were seated across from each other at a dining table eating a snack. -The residents were approximately three feet apart. -Neither resident was wearing a mask. <p>Continuous observation of the facility on 08/19/20 between 12:15pm and 2:20pm revealed:</p> <ul style="list-style-type: none"> -No signs were present in halls and common areas to remind staff and residents of frequent hand washing, social distancing, and to wear a mask. -Residents were observed not wearing masks when within six feet of each other while passing in the halls and talking with each other. -Residents did not wear masks when outside of their rooms. -Residents were not encouraged by staff to wear a mask. -Residents were not encouraged to stay six feet apart. <p>Interview with a resident on 08/19/20 at 12:28pm revealed:</p> <ul style="list-style-type: none"> -Staff did not take his temperature every day. -Staff took his temperature "a day or so ago". 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2020
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NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
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D 338	<p>Continued From page 13</p> <ul style="list-style-type: none"> -Staff never asked him screening questions related to signs and symptoms of COVID-19. -He ate his meals in the dining room. -He ate meals with another resident at his table and they were within six feet of each other. -He was never encouraged by staff to wear a mask. -He was never encouraged by staff to remain six feet away from others. <p>Interview with a second resident on 08/19/20 at 12:46pm revealed:</p> <ul style="list-style-type: none"> -Resident temperatures were taken weekly. -She had not had her temperature taken on 08/19/20. -She did not wear a mask and she had never been encouraged by staff to wear a mask. <p>Interview with a third resident on 08/19/20 at 1:00pm revealed:</p> <ul style="list-style-type: none"> -Staff did not take his temperature every day. -The last time he remembered staff taking his temperature was about two and a half weeks ago. -Staff never asked him screening questions related to signs and symptoms of Covid-19. -He ate all his meals in the dining room. -He shared a table with another resident at meal time and they were not 6 feet apart. -He was given a mask when he first came to the facility, but staff never asked him to wear it. -He was never encouraged by staff to remain six feet away from others. <p>Interview with a fourth and fifth resident on 08/19/20 at 1:41pm revealed:</p> <ul style="list-style-type: none"> -Both residents did not "usually" wear face masks when they were out of their rooms. -One resident had never been told she needed to wear a face mask. -Residents had not been given face masks to 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2020
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NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
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D 338	<p>Continued From page 14</p> <p>wear.</p> <p>Observation of the supply room on 08/19/20 at 1:32pm revealed there were no face masks available.</p> <p>Observation of the medication cart on 08/19/20 at 1:44pm revealed: -The RCC looked through the drawers until she found a box of face masks. -The RCC counted the face masks in the medication cart.</p> <p>Interview with the RCC on 08/19/20 at 1:45pm revealed: -There were 5 face masks in the medication cart. -There were 11 residents in the facility. -Residents did not have to wear face masks in the facility and staff did not encourage residents to wear face masks. -Staff gave residents a face mask if they asked for one. -The supply of face masks was kept in the supply room, but she needed to reorder face masks. -Gloves were available in the supply room, but no other PPE (gowns, face shields, goggles) were available in the facility. -Staff should wear masks while around residents and while in the hallways. -Masks should cover the staff's nose and mouth. -The only time staff did not have to wear a mask was when they were away from the residents. -Some staff had their own masks and some staff asked for masks before their shifts.</p> <p>A second interview with the RCC on 08/19/20 at 2:21pm revealed: -At meal and snack times, some tables had two residents seated across from each other. -She did not know the distance between the</p>	D 338		

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D 338	<p>Continued From page 15</p> <p>residents when they sat across from each other but it was less than six feet.</p> <ul style="list-style-type: none"> -The facility had not tried any alternatives to ensure residents were six feet apart during meals. -Staff did not encourage residents to remain six feet apart. -Staff did not encourage residents to wear a mask when outside of their rooms. <p>Telephone interview with the facility's contracted pharmacy on 08/20/20 at 4:23pm revealed:</p> <ul style="list-style-type: none"> -If items ordered by the facility were in stock, they could be delivered that day. -She received an order from the facility for personal protective equipment (PPE) on 08/19/20. -An order for 50 face masks and 15 gowns was delivered to the facility on 08/19/20. -She did not have any orders for face masks or gowns prior to the order on 08/19/20. -She did not have any orders for goggles or face shields from the facility. <p>Interview with the Administrator on 08/19/20 at 2:36pm revealed:</p> <ul style="list-style-type: none"> -She knew the recommended measure for social distancing was 6 feet apart. -Staff encouraged residents to sit 6 feet apart when they were in the common sitting areas by allowing 1 resident per couch and placing chairs in the area 6 feet from residents on the couch. -There continued to be communal dining in the facility. -Residents were seated 2 to a table in the dining room and were not 6 feet apart. -There was no way to place residents 6 feet apart in the dining room due to space. -She had not attempted any alternatives to communal dining such as staggered meal times 	D 338	<p>All residents is encouraged, oriented and advised by Admin/Staff to sit left apart in the dinning area per CDC Guidelines. facility offer meal prep</p>	

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D 338	<p>Continued From page 16</p> <p>or residents eating in their rooms.</p> <ul style="list-style-type: none"> -Staff were expected to wear face masks while in the facility. -She expected the face masks to cover staff's nose and mouth. -She did not know a staff was wearing a face mask not covering her nose and mouth on 08/19/20, but she thought the mask probably just fell down. -She did not know residents should be encouraged to wear face masks when out of their room. <p>Observation during the interview with the Administrator on 08/19/20 at 2:36pm revealed the Administrator's face mask was below her nose throughout most of the interview.</p> <p>Telephone interview with the facility's primary care provider (PCP) on 08/20/20 at 3:36pm revealed:</p> <ul style="list-style-type: none"> -He did not know if the facility had a policy and procedure for COVID-19. -He did not know staff used plastic kitchen wrap to cover thermometers to screen temperatures. -Staff should use a disposable thermometer probe cover when using an oral thermometer and not plastic kitchen wrap. -He expected staff to wear face masks that covered their nose and mouth while in the facility. -He did not expect residents to wear face masks as they were in their home. -He expected staff to encourage residents to stay further than six feet apart. -He wore a mask when in the facility. -He was not asked screening questions when staff let him into the facility. -He had not discussed with the facility what to do in case of an outbreak. <p>The facility failed to adhere to the Centers for</p>	D 338	<p>and FOR residents who request to eat in their rooms an option to do so. All residents has the right to sit in the company of their peers in the comfort of their homes. It's the resident right to refuse to sit in designated areas. Admin/ staff will continue to inform and remind residents to practice social distance. According as evidenced Rule</p>	

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D 338	Continued From page 17 Disease Control (CDC) and North Carolina Division of Health and Human Services (NC DHHS) guidelines for COVID-19 including recommendations for use of personal protective equipment (PPE) for staff and residents; disinfection and proper use of shared medical equipment and supplies, screening of staff, visitors, and residents for signs and symptoms of COVID-19; and encouraging social distancing among residents during meals and snacks. The facility's failure placed the residents at substantial risk of serious physical harm and neglect which constitutes a Type A2 Violation. A plan of protection was provided by the facility in accordance with G.S. 131D-37 on August 19, 2020 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED SEPTEMBER 24, 2020.	D 338	G.S. 131D-21 Declaration of Resident's Rights that they have the right to Refuse. Please see attachments	
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 free of neglect as related to residents' rights regarding the facility adhering to infection control guidelines during the Coronavirus pandemic. The findings are: Based on observations, record reviews, and	D914		

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D914	Continued From page 18 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 (NC DHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to screening of visitors, staff and residents, use of personal protective equipment (PPE) by staff and residents, practicing social distancing, disinfection of shared medical equipment, and practicing recommended infection prevention and control practices to reduce the risk of transmission and infection. [Refer to Tag 0338 10A NCAC 13F .0909 Resident Rights (Type A2 Violation).]	D914		

Administrator will be responsible for assuring that all staff is wearing mask while in the facility at all times. The AA, and Supervisor in Charge will assist

Administrator to monitor daily, too assure that all staff is wearing Face covering and above nose. In the event that Resident, staff or visitors is in need of face Covering, facility will provide face covering to assure that the safety and well-being of the facility is being measured., mask will be provided before Staff or visitors enters the facility.

Facility RN Conducted PPE/Infection Control/ Mask Covering in-services on 9/8/2020. 10/2/2020 Covid 19 updates ,(phase 3)Residents Rights , and Infection Control conducted by AA(sign in sheet available upon request).

Page 3 continue—

Facility will use the following safety measures to prevent the spread of COVID –19 :

- If COVID-19 is suspected or confirmed among residents or facility personnel;
 - If a resident develops severe respiratory infection resulting in hospitalization;
- If 3 or more residents or facility personnel develop new-onset respiratory symptoms within 72 hours of each other. Facility Admin will notify Resident's DR / family (and local Health Department .

Administrator and Supervisor in Charge will Encourage residents to wear a cloth face covering (if tolerated) whenever they are around others, including when they leave their rooms and when they leave the facility .

- All Staff and visitors should wear a facemasks at all times while they are in the facility.
- Visitors should wear a cloth face covering while in the facility.
- Facility will encourage all Residents , Staff and Visitors to wash their hands continually. (Signage are located at all hand wash stations in the facility including bathrooms and dining)
- Advice Resident , Staff and Visitors to Practice Social Distancing (6 ft apart) while in common areas, passing thru always and dining area(All signage has been posted throughout the facility)
- Supervisor in Charge will Conducts Temps daily on Residents, and staff and questionnaire screening.
- Supervisor in Charge will Conduct Temps on Visitors and questionnaire as needed per visits. Admin will monitor all safety measurements .
- House keeping Department will assure that adequate cleaning supplies disinfection supplies are available for cleaning facility. Including doors, handles and rails.

Infection Control Manual will be updated Annually and COVID-19 updates will be addressed repeatedly and PRN according to CDC guideline updates. Admin will be Responsible for updates and assuring that staff is knowledgeable of any updates.

Pg 5

All Manual thermometers was discarded by Admin on 8/21/20 Facility uses NO Contact thermometers to check Residents, Staff, and visitors temps. Facility will no longer use Oral Thermometers

Pg 7

AA/ Supervisor in charge will be Assist Admin in ordering PPE equipment as needed per the need of the facility. Facility has a buck of PPE equipment and will continue to keep supplies needed to assure in the event if facility has a case of COVID-19 , staff will have the equipment to care for resident that has been infected.

Pg8 Facility RN will continue infection Control Training upon employees Hire .

Pg 16 –19

Admin and Staff will continue to encourage Residents to stay 6f ft apart during meal times, when passing others in the hallways and outside of the their rooms. Signage is visible for Residents throughout the facility for

Reminders.