

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fc1035033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/31/2020
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NAME OF PROVIDER OR SUPPLIER HEART TO HEART FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD LOUISBURG, NC 27549
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{C 000} Initial Comments

The Adult Care Licensure Section conducted a follow-up survey via desk review on July 27, 2020 to July 31, 2020 and a COVID-19 focused Infection Control survey with an onsite visit on July 30, 2020 and a telephone exit on July 31, 2020.

C 311 10A NCAC 13G .0909 Residents' Rights

10A NCAC 13G .0909 Resident Rights
A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.

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) 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 screening of visitors, staff and residents; use of personal protective equipment (PPE) by staff and residents; posting of signage notifying visitors of restrictions related to COVID-19; and infection control procedures and maintaining environmental cleanliness and safety precautions to reduce risk of transmission and infection.

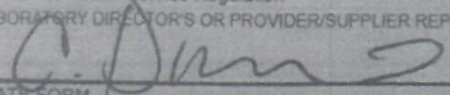
The findings are:

Review of the Centers for Disease Control (CDC)

{C 000}

On 8/21/2020 the administrator held a mandatory meeting in which all staff attended. In the meeting we discussed resident rights, went back over regular policy & procedures as well as infection control Policy & procedures for COVID-19. Each employee was given a new copy of the community's Policy & procedures manuals. During the meeting there was also an infection control inservice on hand hygiene, infection control during covid, PPE (donning & doffing) (disposal of PPE) etc. The inservice was completed by a RN in which each employee received CEU hours for.

Correction Date:
8/21/20-
SS
amended
8/24/20
(X5) DATE

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator 9.24.20
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Reviewed and Accepted with Revisions -
SS 8/24/20

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C 311	<p>Continued From page 1</p> <p>guidelines for the prevention and spread of the coronavirus disease (COVID-19) in long term care (LTC) facilities revealed:</p> <ul style="list-style-type: none"> -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. -Facilities should have posted signs at entrance advising visitors of restrictions on visitation and requirement of a facemask, social distancing and hand hygiene. -Residents with known or suspected COVID-19 should be cared for using recommended PPE including use of eye protection, gloves, gown, and N95 respirator face mask or face mask if a N-95 mask is not available. -Facilities should have trash cans positioned near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident. <p>Review of the notification from the North Carolina Department of Public Health dated 7/21/20 and 07/22/20 revealed:</p> <ul style="list-style-type: none"> -Two of four residents residing in the facility had tested positive for COVID-19. -Two of seven staff working for the facility had tested positive for COVID-19. -The date of first symptom onset was documented as 07/14/20. <p>Review of facility's Policy and Procedure for Infection Control revealed:</p> <ul style="list-style-type: none"> -One document was the NC DHHS recommendations on visitation in LTC facilities to reduce risk of transmission of COVID-19 sent to providers dated 03/17/20. -The other document was the NC DHHS Interim 	C 311	<p><i>See page 7 for response</i></p>	
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C 311 Continued From page 2

LTC Setting Guidance for Residents with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) and their Caregivers.
-No other documents were provided for the facility's infection control prevention policy and procedure.

1. Review of the residents' screening documentation during the onsite visit on 07/30/20 revealed:
-There were small stacks of colored sticky notes with the date and names of residents written on it with a temperature documented by each name.
-There were sticky notes for each day of the month of July 2020.
-There was no documentation provided of resident temperatures for March 2020, April 2020, May 2020, and June 2020.

Review of the facility's staff screening documentation during the onsite visit on 07/30/20 revealed:
-There were July 2020 temperature logs titled "Temperature Check" for three Personal Care Aides (PCAs).
-No logs were available for the Supervisor in Charge (SIC), Administrator, or Owner.
-The temperature logs only denoted temperatures, and there was no documentation of the time of day or presence of signs and symptoms of COVID-19.

Review of the facility's staff screening documentation provided after the onsite visit on 07/30/20 revealed:
-There was a temperature log for the SIC with temperatures documented for 10 days between 07/01/20 to 07/31/20.
-The temperatures ranged from 97.1 degrees Fahrenheit (F) to 98.4 degrees F.

C 311

[REDACTED]

amended 8/24/20 SS

On 7/30/2020 Facility Implemented Screening log at back entrance PPE Station with temps logged on them as well. Ongoing: off going shifts will screen each other prior to shifts. Each visitors and staff member who enters the facility will be screened by staff member on duty.

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C 311	<p>Continued From page 3</p> <ul style="list-style-type: none"> -There were temperatures documented for the SIC for April 2020 and May 2020, but there were no temperatures documented for the SIC for March 2020 and June 2020. -There were a two separate temperature logs for the Administrator with temperatures documented for 18 days between 07/01/20 to 07/31/20. -The temperatures for the Administrator ranged from 96.6 degrees F to 99.1 degrees F. -There was a temperature log for the Administrator for March 2020, April 2020, May 2020, and June 2020 date. -There was one temperature log for the Owner with dates from March 2020, April 2020, May 2020 June 2020, and July 2020. -The temperatures for the Owner ranged from 96.8 degrees F to 99.1 degrees F. <p>Observations upon entrance into the facility on 07/30/20 from 9:40 am to 10:30 am revealed:</p> <ul style="list-style-type: none"> -No staff requested screening data or performed a screening. -The SIC, Administrator, and Owner of the facility were not observed screening themselves or each other upon arrival. <p>Telephone interview with the local health department (LHD) Registered Nurse (RN) on 07/30/20 at 2:20 pm revealed:</p> <ul style="list-style-type: none"> -She knew the facility had two residents and two staff who had tested positive for COVID-19. -All visitors to the facility should be screened before entrance into the facility. <p>Interview with the PCA on 07/30/20 at 9:30 am revealed the facility had no visitors, and no one came to the facility except for staff.</p> <p>Interview with the SIC on 07/30/20 at 10:00 am revealed:</p>	C 311	<p>On 7/30/20 The administrator reiterated to all staff members of the facility that everyone who enters and re-enter the facility MUST be screened upon entrance. Everyone that's aware of this policy has signed documentation stating that they are aware that everyone who enters and reenter must be screened and if visitors show signs or symptoms after screening they cannot enter the community. The front door has signage that directs all visitors to back door for screening. When being screened there's a questionnaire about symptoms and a place to log date, name temps and answers to questions.</p>	
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C 311	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She was tested for COVID-19 during the week of 07/27/20 - 07/30/20 and her results were negative. -She was only able to locate three PCA temperature logs for daily screenings of staff. -Staff temperature logs were kept in the black binder. -Staff wrote resident temperatures on post it notes and she or the Administrator transferred the information to the residents' temperature logs. <p>Telephone interview with a PCA on 07/30/20 at 2:42 pm revealed:</p> <ul style="list-style-type: none"> -She and other staff screened themselves at the beginning of the shift and put on PPE. -Staff were to notify the SIC or Administrator if they had a fever. -She took residents' temperatures and documented it on "post-it" notes so that the SIC or Administrator could document it on a temperature log. -She did not screen the Owner because he had already visited the facility earlier in the day on 07/30/20. -She did not screen visitors because the facility did not have any visitors. -Residents' families knew there was no visitation because the families were called and notified. <p>Telephone interview with the SIC on 07/30/20 3:43 pm revealed:</p> <ul style="list-style-type: none"> -Staff screened themselves at the beginning of the shift since March 2020. -Staff were expected to not report to work if they had a fever, or other symptoms of COVID-19. -Staff documented their temperatures on post-it notes, and their time sheets. -She would document staff temperatures on a temperature log. -No one was screened on 07/30/20 because 	C 311	<p><i>See page 3 for response</i></p>	

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C 311	<p>Continued From page 5</p> <p>everyone had PPE on and in place.</p> <p>Telephone interview with the Administrator on 07/31/20 at 2:07 pm revealed:</p> <ul style="list-style-type: none"> -Staff had screened themselves since March 2020. -In July 2020, staff continued screening themselves and residents. -She expected staff to screen themselves and notify her if they had a fever over 100 degrees F. -She, the SIC, and PCAs were responsible for screening residents, staff and visitors to the facility. -She did not know why she and the Owner did not screen themselves when they entered the facility on 07/30/20. <p>2. Observation of the inside and outside of the facility on 07/30/20 at 9:27 am revealed:</p> <ul style="list-style-type: none"> -There were no posted signs indicating visitor restrictions, use of PPE, social distancing or hand hygiene on the front and rear entrance of the facility. -The PCA prepared and delivered snacks to all four residents wearing the same facemask, gown and gloves. -The PCA did not change gowns between delivering snacks to a residents' rooms who tested negative for COVID-19 and residents' rooms who tested positive for COVID-19. -The doors of all residents' rooms remained open after the snacks were served. -The doors were open to the two residents' rooms who tested negative for COVID-19. -One resident had a facemask available for use but did not have it on. -This resident stood up and obtained her facemask and placed it on her face. -The other resident who tested negative for COVID-19 had a facemask pushed under her 	C 311	<p><i>See page 3+4 for response</i></p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HEART TO HEART FAMILY CARE HOME

**131 HUNTINGTON RD
LOUISBURG, NC 27649**

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C 311	<p>Continued From page 6</p> <p>chin in order to eat her snack.</p> <ul style="list-style-type: none"> -The third resident who tested positive for COVID-19 wore a facemask. -The fourth resident had a facemask looped over her ears but pushed under her chin while she ate her snack. <p>Telephone interview with the LHD Registered Nurse (RN) on 07/30/20 at 2:20 pm revealed:</p> <ul style="list-style-type: none"> -All staff should wear PPE to include facemasks, gloves, gowns, and face shields or goggles. -Staff had to remove their gown once leaving a resident's room who tested positive for COVID-19. -Staff should not wear the same gown to provide care to a resident who tested negative for COVID-19 and a resident who tested positive for COVID-19 positive. <p>Interview with a resident on 07/30/20 at 10:05 am revealed:</p> <ul style="list-style-type: none"> -She had a mask but was not wearing it. -She had her own room and ate in her room. -She was told by staff to stay six feet apart from other people and to wear the facemask. -Staff always wore facemask, gloves and gowns. <p>Interview with another resident on 07/30/20 at 10:15 am revealed:</p> <ul style="list-style-type: none"> -She had a facemask and it was under her chin so she could eat her snack. -She was tested for COVID-19 one week and three days ago, on 07/20/20. -She did not know her results. -She remained in her room and received meals in her room. -Staff wore facemasks, gloves, and gowns all day. -The "manager" told her to use hand sanitizer and to wear her facemask. 	C 311	<p>Residents have been instructed to remove mask at meal times + anytime resident mask came wet they are to notify staff so mask can be replaced. Staff members PPE are changed in between Positive an negative residents. Staff members have been retrained on using PPE.</p>	

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C 311	<p>Continued From page 7</p> <p>Interview with a third resident on 07/30/20 at 10:27 am revealed she wore her facemask and ate meals in her room.</p> <p>Interview with the PCA on 07/30/20 at 9:30 am revealed:</p> <ul style="list-style-type: none"> -She wore PPE to include a facemask, and gown when she arrived at work. -Staff were provided with gowns, facemasks, gloves, face shields, and hand sanitizer. -Hand sanitizer was available in the laundry room, on the staff desk, and medication cart. <p>Interview with the Administrator on 07/30/20 at 9:50 am revealed:</p> <ul style="list-style-type: none"> -She was tested for COVID-19 on 07/13/20 and received the results on 07/17/20 that she was positive. -She was re-tested for COVID-19 on 07/27/20 and received the results on 07/29/20 that she was negative. -She was instructed that if she did not have a fever for three days she was "good". -She had a fever for one day only, 07/13/20, and had symptoms for three days. -She left quarantine on the 10th or 11th day. -The SIC oversaw the facility while she was in quarantine. -She was retested on 07/27/20 and received the results of the test on 07/29/20 that were negative. -Staff used facemasks and gloves since March 2020 and continued to do so. -Staff began using gowns when staff had signs and symptoms of COVID-19 in July 2020. <p>Telephone interview with a PCA on 07/30/20 at 2:42 pm revealed:</p> <ul style="list-style-type: none"> -The Administrator and the SIC trained her about measures to use to reduce the transmission of 	C 311	<p><i>See page 9 for Correction.</i></p>	
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C 311	<p>Continued From page 8</p> <p>COVID-19.</p> <ul style="list-style-type: none"> -She thought she changed gowns after she served all the snacks to the residents earlier on 07/30/20. -She discarded the gown in the trash can in one of the resident's rooms who tested positive for COVID-19. -She did not wear goggles or a faceshield when she served the snacks on 07/30/20. -She was told to wash her hands, wear a facemask, gloves, and face shield to enter a resident's room who tested positive for COVID-19. -Each resident had their own personal bottle of hand sanitizer and the bottles were refilled when empty. -She served all meals in each residents' rooms. -She served the two residents who tested negative for COVID-19 first and then served the two residents who tested positive for COVID-19. -Once she served the two residents who tested positive for COVID-19, she changed gloves, and sanitized her hands. <p>Telephone interview with the Administrator on 07/31/20 at 2:07 pm revealed:</p> <ul style="list-style-type: none"> -She expected staff to wear PPE and change PPE when they left a positive COVID-19 resident's room. -She thought staff were changing their PPE because she had instructed them to change their PPE when leaving a positive COVID-19 residents' room. -She and staff were responsible for utilizing PPE according to CDC guidelines. <p>3. Observation of the inside and outside of the facility on 07/30/20 at 9:27 am revealed:</p> <ul style="list-style-type: none"> -There were no posted signs indicating visitor restrictions, use of PPE, social distancing or hand 	C 311	<p>All staff have been properly retrained using PPE correctly, Donning and Doffing PPE, hand hygiene and Infection Control. Staff had a one hour training on 5/21/2020 cover all the topics listed above by Registered Nurse. Staff are familiar with facility policy and procedure manual on COVID 19. Staff also signed documentation stating that they have recieved a copy of the manual and they have read, demonstrated and understand the importance of correct use of PPE.</p>	
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311	<p>Continued From page 9</p> <p>hygiene on the front and rear entrance of the facility.</p> <p>-There was a CDC sign for wearing PPE posted over the freezer in the laundry room.</p> <p>-There was a bulletin board with the staff schedule, and several other papers attached to the board with thumb tacks.</p> <p>Telephone interview with a PCA on 07/30/20 at 2:42 pm revealed there were signs posted in the facility above the chest freezer, on the bulletin board and hand washing signs were posted at the kitchen sink.</p> <p>Telephone interview with the SIC on 07/30/20 3:43 pm revealed:</p> <p>-She had posted signs on the bulletin board concerning checking temperatures, and symptoms of COVID-19.</p> <p>-She did not know there needed to be signs posted at the entrances because they did not have any visitation.</p> <p>-There was a sign posted in the laundry room over the freezer about wearing PPE, and there were handwashing signs at the kitchen sink and a no visitors sign on the bulletin board.</p> <p>Telephone interview with the Administrator on 07/31/20 at 2:07 pm revealed:</p> <p>-She did not post any signs on the entrances of the facility because she thought if staff knew what to do it was not needed.</p> <p>-She was responsible for signs being posted at the entrances for advising visitors to the facility.</p> <p>4. Observations upon entrance into the facility on 07/30/20 from 9:40 am to 10:30 am revealed:</p> <p>-There were three resident rooms near the laundry room with one resident in each room.</p> <p>-One of these three resident rooms had a private</p>	C 311	<p>Signs were placed on front + back door on 7/30/2020. Front door sign states to report to back door for screening. Back door signs advising visitors and staff everyone will be screened, stop the spread sign, warning signs of COVID-19. Novel coronavirus information. Signs were also placed inside of facility for the practice of social distancing on 7/30/2020.</p>	

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C 311	<p>Continued From page 10</p> <p>full bathroom.</p> <ul style="list-style-type: none"> -The resident room with a private bathroom was the room of one of the residents who tested negative for COVID-19. -There was another full bathroom at the end of the hallway near the three residents' rooms. -The doors were open to the two residents' rooms who were negative for COVID-19. -The door of the third resident's room who tested positive for COVID-19 was closed upon entrance to the facility. -There was a fourth resident room at the opposite end of the facility off the living room. -The fourth resident room had a full bathroom and the door of this room was open. -The fourth resident room was where a resident who tested positive for COVID-19 resided. <p>Telephone interview with the LHD Registered Nurse (RN) on 07/30/20 at 2:20 pm revealed:</p> <ul style="list-style-type: none"> -Residents who tested positive for COVID-19 should not share bathrooms. -If the facility had no other options for bathrooms for residents who tested positive and negative for COVID-19, then the bathroom had to be sanitized after each use. -All surfaces required sanitizing and disinfectant after each use. <p>Interview with a resident on 07/30/20 at 10:05 am revealed:</p> <ul style="list-style-type: none"> -She shared a bathroom at the end of the hallway with all the residents and the bathroom was disinfected everyday in the morning and evening. -The bathroom at the end of the hallway was not sanitized and disinfected after each use. -She did not have any symptoms of the virus. <p>Interview with another resident on 07/30/20 at 10:15 am revealed:</p>	C 311	<p>The facility has 3 bathroom and 4 residents. 2 of the 4 residents have private bath in their bedrooms and the other 2 residents shared a bathroom located in the hallway. On 7/30/2020 the resident with confirmed COVID-19 and a negative covid resident was sharing the bathroom in the hallway which was being sanitized and cleaned after each use. The resident with covid-19 was moved to far end of home to share a room and bathroom with another positive resident leaving only one resident using the bath located in the hallway.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fc1036033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/31/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HEART TO HEART FAMILY CARE HOME

**131 HUNTINGTON RD
LOUISBURG, NC 27549**

(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
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C 311 Continued From page 11

-She used the bathroom at the end of the hallway, and it was cleaned every day in the evening.
-The bathroom at the end of the hallway was not sanitized after each use.

Interview with a third resident on 07/30/20 at 10:27 am revealed:

-She washed her hands in the bathroom and used the bathroom at the end of the hallway.
-All residents used the bathroom at the end of the hallway.

Interview with the PCA on 07/30/20 at 9:30 am revealed:

-There were four residents in the facility.
-Three of the residents shared the bathroom at the end of the hallway, because the private bathroom had a leak.
-The sink and shower of the private bathroom functioned but the toilet was out of order.
-All sinks had hand soap available for use.
-She sanitized the bathrooms with a brand name sanitizer and disinfectant.

Interview with the Administrator on 07/30/20 at 9:50 am revealed staff used a sanitizer and disinfectant each time one of the three residents used the bathroom at the end of the hallway.

Telephone interview with the PCA on 07/30/20 at 2:42 pm revealed she sanitized the bathroom at the end of the hallway after each use by wiping down the toilet, toilet handle, door knob, sink, faucet, and sink countertop with a disinfectant.

Telephone interview with the SIC on 07/30/20 3:43 pm revealed:

-The residents' physician provided the instructions for their care after two residents tested positive for COVID-19.

C 311

[REDACTED]

Amended 8/24/20 -SS

Bathrooms are cleaned after each use and periodically to prevent spread of infection.

There was no leak in stated bathroom.

Amended 8/24/20 -SS

On 8/3 a plumber came out to the facility to check toilet to also verify that there was no leak. Resident was assigned to private room with private bathroom and informed to utilize private bathroom.

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER HEART TO HEART FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD LOUISBURG, NC 27549
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C 311	<p>Continued From page 13</p> <p>residents' rooms once they were done with caring for them or feeding them.</p> <ul style="list-style-type: none"> -She thought staff were cleaning the bathroom between each resident use because she saw them cleaning it when she visited the facility. -She was responsible for residents sharing the same bathroom. -She was responsible for educating and training staff regarding CDC guidelines to reduce the transmission of COVID-19. <p>The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), local health department, and North Carolina Department of Health and Human Services (NC DHHS) for infection prevention and transmission during the COVID-19 pandemic in which two residents residing in the facility were diagnosed with COVID-19. The facility's failure to post signs, complete staff and visitor screenings, and properly use PPE placed the residents at increased risk for transmission and infection from COVID-19, resulting in substantial risk of serious physical harm, neglect and constitutes a Type A2 Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/31/20 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 30, 2020.</p>	C 311	<p>On 7/30/20 signage was posted on both front and back doors of the community. front door signage instructs all visitors to STOP & Report to back door for screening. Back door signage inform visitors that there are no visitors and what circumstances allows visitors. Novel covid (c) signage for handwashing or social distancing, signage for screening, signage to inform anyone of what to do if they are feeling sick and do not enter if showing signs of fever, cough, short of breath. On 8/21 all employees were trained by RN on Infection Control, donning, doffing PPE. All staff members were given a copy of COVID-19 Infection C</p>	
C 914	<p>G.S 131D-21(4) Declaration Of Resident's Rights</p> <p>Every resident shall have the following rights:</p>	C 914		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER HEART TO HEART FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 131 HUNTINGTON RD LOUISBURG, NC 27549
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C 914	<p>Continued From page 14</p> <p>4. To be free of mental and physical abuse, neglect, and exploitation.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to assure each resident was free of neglect related to residents 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 (NC DHHS) 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 screening of visitors, staff and residents; use of personal protective equipment (PPE) by staff and residents; posting of signage notifying visitors of restrictions related to COVID-19; and infection control procedures and maintaining environmental cleanliness and safety precautions to reduce risk of transmission and infection. [Refer to Tag 311, 10A NCAC 13G .0909 Resident Rights (Type A2 Violation)]</p>	C 914	<p>On 8/21/2020 Staff Members were retrained on the use of PPE, Infection Control, hand hygiene. Staff also demonstrated to training RN on taught topics. Staff was also educate on information relating to COVID-19 from the CDC during the staff meeting on 8/21/2020 Administrator will also be conducting random unknown visit to the home to ensure staff are following the guidelines to ensure the residents are free from any kind of abuse, harm. The facility understands the importance of abiding by laws put in place concerning pandemic</p>	