

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
--	---

(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 desk review state involved COVID-19 focused Infection Control complaint investigation, with an onsite visit on January 06, 2021 and desk review on January 7, 2020 and January 8, 2020 and a telephone exit on January 8, 2020.	D 000		
D 601	<p>10A NCAC 13F .1801 (a) (b) Infection Prevention & Control Program (Emer)</p> <p>10A NCAC 13F .1801 Infection Prevention and Control Program (Emergency Rules) (a) In accordance with Rule 13F .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines on infection prevention and control. (b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human Services.</p> <p>This Rule is not met as evidenced by: 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</p>	D 601		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
--	---

(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 601	<p>Continued From page 1</p> <p>Services (NC DHHS) and the local county health department (LHD) were implemented and maintained to provide protection of residents during the global pandemic of COVID-19 related to screening of staff.</p> <p>The findings are:</p> <p>Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of the Coronavirus Disease in long term care (LTC) facilities dated 11/20/20 revealed personnel should be screened for the presence of fever and symptoms of COVID-19 before starting each shift.</p> <p>Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of coronavirus in LTC facilities dated 10/20 revealed: -Residents and staff should be screened daily for signs and symptoms of COVID-19.</p> <p>Review of the facility's infection control policies and procedures dated 10/21/20 revealed: -The community will ensure all employees are screened upon entry into the community for signs and symptoms of COVID-19 (e.g., temperature checks and symptom questions) using the electronic Coronavirus Visitor Screening tool during an active pandemic. Any employee exhibiting signs or symptoms should be denied entry. -All staff must answer questionnaire and have temperatures taken upon arrival before beginning shift. -The questionnaire was completed via an electronic tablet or in hardcopy form, a COVID-19 Screening Checklist for All Visitors and Staff.</p>	D 601		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
--	---

(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 601	<p>Continued From page 2</p> <p>Review of the facility's staff schedule and COVID-19 Screening Log dated from 12/30/20 to 01/05/21 revealed:</p> <ul style="list-style-type: none"> -On the questionnaire from the electronic tablet, there were columns for the submitted date/time, screened name, screened name, screen type, temperature, COVID-19 facility flag, COVID-19 contact flag, COVID-19 pending flag, and signature. -On the hardcopy form, a COVID-19 screening checklist for all visitors and staff, it included the date, community name, name of associate/visitor, name of screener, and 3 questions. -This was all staff which included management, medication aides, personal care aides, dietary, housekeeping, and maintenance. -Multiple staff did not sign in consistently each shift they worked at the facility. -On 12/30/20, there were 4 out of 12 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 12/31/20, there was 1 out of 12 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 01/01/21, there were 2 out of 12 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 01/03/21, there was 1 out of 11 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 01/04/21, there were 2 out of 16 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 01/05/21, there were 2 out of 17 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. <p>Interview with a Supervisor (S) on 01/06/21 at 9:46am revealed:</p> <ul style="list-style-type: none"> -She was screened each morning for COVID-19 	D 601		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
--	---

(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 601	<p>Continued From page 3</p> <p>symptoms by the Housekeeping Manager as she entered the facility.</p> <ul style="list-style-type: none"> -The screening consisted of checking her temperature, oxygen level, and completing the signs/symptoms questionnaire. -She received four infection control/COVID-19 trainings since the onset of COVID-19 (March). <p>Interview with a medication aide on 01/06/21 at 10:00am revealed:</p> <ul style="list-style-type: none"> -Staff members completed their COVID-19 screening at the beginning of each shift which was dependent on location they were assigned to work their shift. -There were binders containing the hardcopy form, COVID-19 Screening Checklist For All Visitors and Staff, at the designated door for the Assisted Living (AL) and Memory Care (MC) sections of the facility. -Temperatures were checked and the COVID-19 screening questions were completed at the beginning of each shift by an off going staff member. <p>Interview with the Housekeeping Manager on 01/06/21 at 10:02am revealed:</p> <ul style="list-style-type: none"> -She was screened for COVID-19 symptoms each morning as she entered the facility by a Medication Aide (MA), Personal Care Aide (PCA), or management. -The screening consisted of checking her temperature, oxygen level, and completing the signs/symptoms questionnaire. -She received several infection control/COVID-19 trainings since the onset of COVID-19 (March). -She cleaned the resident rooms each morning and again after lunch. -The halls were cleaned and sanitized every two hours. 	D 601		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
--	---

(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 601	<p>Continued From page 4</p> <p>Interview with the Administrator on 01/06/21 at 11:20am revealed:</p> <ul style="list-style-type: none"> -The facility screened all staff members at the beginning of their shift for fever and signs/symptoms of COVID-19. -The staff members' COVID-19 screenings were documented in the AL binder, MC binder, or via the electronic tablet at the front entrance of the facility. -Management, housekeeping, dietary, and maintenance staff completed their COVID-19 screenings via the electronic tablet. <p>Telephone interview with a personal care aide on 01/08/21 at 1:27pm revealed:</p> <ul style="list-style-type: none"> -Upon arrival to the facility, a staff member would check her temperature, and complete the COVID-19 screening log which included questions about a fever or if she had any COVID-19 symptoms. -The 3rd shift MA or PCA would normally complete her COVID-19 screening. -The importance of the staff member completing the COVID-19 Screening Log at the beginning of her shift was to make sure the staff member was not running a fever, you do not want to pass "anything" along to the residents. -She had completed the COVID-19 screening every time she came to work. -On 01/03/21, she may have forgotten to complete her COVID-19 Screening Log at the beginning of her shift. -She thought she had completed her COVID-19 Screening Log on 01/03/21. -She did not recall. -Most times she did not walk thru the door without getting screened by another staff member. -It had never been reported to her that she had any reported high temperatures. -She was not aware of any staff members not 	D 601		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
--	---

(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 601	<p>Continued From page 5</p> <p>being screened.</p> <p>Telephone interview with a personal care aide /medication aide/Activity Director on 01/08/21 at 1:40pm revealed:</p> <ul style="list-style-type: none"> -When she arrived at work, a staff member would check her temperature and oxygen level, and she would answer the COVID-19 screening questions. -Her COVID-19 screening was completed via the electronic tablet. -She would ring the doorbell until a staff member let her in the facility. -She screened for COVID-19 "every time" she walked into the facility. -The importance of the staff member completing the COVID-19 Screening Log at the beginning of her shift was to ensure she was not bringing in "anything" from the outside to the residents. -On 12/30/20, she remembered she was screened for COVID-19 at the beginning of her shift. -She might have not hit "save" after signing her COVID-19 screening on 12/30/20. <p>Telephone interview with the Administrator on 01/08/21 at 12:47pm revealed:</p> <ul style="list-style-type: none"> -The staff members did not complete a "self-screen" when completing the COVID-19 Screening Log at the beginning of shift. -The Supervisor or whomever was on the medication cart would screen employees upon entrance to the facility. -Whomever was available or whomever let the staff member in the building would complete the employee COVID-19 screening, sometimes the personal care aides would complete the employee COVID-19 screening. -The personal care aides could take the staff members' temperatures and complete the 	D 601		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
--	---

(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 601	<p>Continued From page 6</p> <p>screening questions.</p> <p>-She completed the review of the staff members' COVID-19 Screening Logs "maybe" on a weekly basis, but she tried to complete daily.</p> <p>-If she was out of the office the review of the staff members' COVID-19 Screening Logs was the responsibility of the Resident Care Director or the Memory Care Manager or what Care Manager was available.</p> <p>-On 12/30/20, 4 staff members on duty did not sign the COVID-19 Screening Log at the beginning of shift.</p> <p>-On 12/31/20, 1 staff member on duty did not sign the COVID-19 Screening Log at the beginning of shift.</p> <p>-On 01/01/21, 2 staff members on duty did not sign the COVID-19 Screening Log at the beginning of shift.</p> <p>-On 01/03/21, 1 staff member on duty did not sign the COVID-19 Screening Log at the beginning of shift.</p> <p>-On 01/04/20, 2 staff members on duty did not sign the COVID-19 Screening Log at the beginning of shift.</p> <p>-On 01/05/21, 2 staff members on duty did not sign the COVID-19 Screening Log at the beginning of shift.</p> <p>-She was not able to locate the COVID-19 Screening Logs for staff members on 12/30/20, 12/31/20, 01/01/21, 01/03/21, 01/04/21, and 01/05/21.</p> <p>-The review of the staff members' COVID-19 Screening Logs was her responsibility.</p> <p>-She expected for all staff members to complete the COVID-19 Screening Log daily before they clocked in to start their scheduled shift.</p>	D 601		