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PRINTED: 11/06/2020 FORM APPROVED

(X2) MULTIPLE CONSTRUMBING CARE LICENSURE SECTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED RALEIGH A. BUILDING: B. WING HAL066001 10/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section conducted a COVID-19 focused Infection Control survey with an onsite visit on 10/21/20 and a desk review survey from 10/21/20 to 10/22/20 and a telephone exit on 10/22/20. D 338 10A NCAC 13F .0909 Resident Rights D 338 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 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 the Local Health Department (LHD) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) Staff is wearing all appropriate PPE (gloves, masks and gowns if needed). Each pandemic and practicing recommended infection prevention and control practices to reduce the risk of transmission and infection as related to staff and residents not wearing proper personal protective equipment (PPE), staff not conducting staff member is screened screening of staff, residents and visitors, and not following social distancing during communal upon arrival for shift and dining and other activities. also if staff leaves the The findings are: building and returns. This Review of the CDC guidelines for the prevention screening is being recorded. and spread of the coronavirus (COVID-19) disease reveal: Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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administrator

(X6) DATE 18/2020

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A BUILDING: 10/22/2020 B. WING HAL066001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 Continued From page 1 D 338 Administrator conducted 10 22 20 -Personnel should always wear a face mask Stand up meeting with Statt informing them when in the facility. -Cloth face coverings are not PPE and should not be worn instead of a face mask or respirator. -Residents should always wear a face mask or face covering (if tolerated) when not in their to always wear mask rooms. -The facility must establish procedures for when with residents, conducting visitations including requiring visitors to wear a mask or face covering for the entire or when less than visit. six feet of staff or -The facility must conduct daily screening for temperature check, presence of symptoms, and resident. Administrator known exposure to COVID-19 of all residents and etaff continues to remind Review of the NC DHHS Guidance on Communal staff of rules daily Dining for Adult Care Homes dated 07/06/20 revealed the facility must ensure appropriate during morning statt social distancing of at least six feet between residents for any type of activities including meeting. communal dining. all staff are responsible for reminding residents to wear masks when Observation of the Administrator entering the 10/22/20 facility on 10/21/20 at 10:05am revealed the Administrator was not wearing a mask. Observation of four residents seated in the TV sitting area on 10/21/20 from 10:00am to not in their rooms 11:22am revealed they were not wearing masks. Observation of the housekeeper entering in and or eating. out of multiple resident rooms on 10/21/20 at 10:24am revealed she was wearing a cloth face covering. Observation of the personal care aide (PCA) and Activities Director (AD) interacting with residents on 10/21/20 at 10:30 am revealed, they were not wearing masks.

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 10/22/2020 HAL066001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 2 Each visitor is being screamed 10/21/20 upon anival and temperature Observation of a resident getting her hair washed is being recorded. They are by a volunteer in the beauty salon on 10/21/20 at 10:32 am revealed, they were not wearing masks. wearing masks as well and if they don't have a mask Observation of the Dietary Aide preparing lunch in the kitchen on 10/21/20 at 11:25am revealed she we provide them with one. was not wearing a mask. Each resident is screened Interview with a resident seated in the TV sitting daily and it is recorded. area on 10/21/20 at 10:22am revealed: -She did not have a mask. If a resident leaves home -She did not wear a mask in the hallway, TV sitting area or dining room. for an appt. or more than Interview with the housekeeper on 10/21/20 at just taking a walk subside, 10:25am revealed: -She was not required to wear a mask. they are screened agath. -She was told she did not need to wear a mask by the Administrator a few months ago but she when they return to the could not recall the exact date. -She wore a cloth face covering because it was facility. her "choice but not required". -The residents were not required to wear a mask. -She was told by the Administrator residents were administrator added 11/15/20 not required to wear masks anymore. -She does not remember when residents were floor stickers in not required to wear a mask but believed it was around August 2020 when visitation was allowed. entrance, and throughout hallway to remind Interview with the Dietary Aide on 10/21/20 at 11:26am revealed: everyone to space loft. -She tested positive for COVID-19 in March 2020 when the LHD came to the facility to test the . of social distancing. residents and staff. -She was told by the Administrator it was not necessary to wear a mask around the beginning of reopening visitation but was not sure of an exact date. -She did not wear a mask while in the facility but

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If continuation sheet 3 of 13

Division of Health Service Reg STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL066001	B. WING		10	22/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATE	E, ZIP CODE		
PINE FOR	EST REST HOME		AND, NC 27897			1
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From pa	age 3	D 338			
	will usually put a m door.	nask on to answer the front				
	revealed:	CA on 10/21/20 at 10:22am ired to wear a mask but chose				
	to wear a mask.  -The residents were not required to wear masks inside of the facility.					
	-Visitors were not	, required to wear masks when dent inside of the resident's				
	at 9:55am reveale	edication aide (MA) at 10/21/20 d:				
	residents were no	tructed by the Administrator that t required to wear a mask a quarantine was over after the				
	facility's COVID-1	9 outbreak in March 2020. d by the Administrator that staff to wear masks around the same				
	time that resident	s were not required to wear				
	over, but it had be	call when the quarantine was een a couple months. ar a mask while in the facility.				
	at 10:18am:	Activities Director on 10/21/20				
	-Residents did no	uired to wear a mask. of wear masks during activities. or if she had received training on				
	(RCC) on 10/21/2	Resident Care Coordinator 20 at 12:02pm revealed: the Administrator that staff was ear a mask while in the facility.				
	-She was unsure longer had to we	when she was told staff no				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: HAL066001 10/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) D 338 Continued From page 4 D 338 Residents are now 10/22/20 -The Administrator was responsible for training eating in their respective staff on COVID-19 precautions. -It was her expectation that staff followed the room during all meal time CDC and NC DHHS guidelines. with the exception of Interview with the Administrator on 10/21/20 at 5 residents that are 10:07am revealed: -Residents and staff were not required to wear socially distant in the -Visitors wore a mask in the hallway to the dining room requiring residents' room and could remove their masks during the visit. Supervision. -Staff was not required to wear a mask but they can wear one if they chose to. all activities are -She was in close contact with the LHD Director 10/22/20 socially distanced and he informed her there were no instances of someone catching COVID-19 twice. with residents and -Since the facility had an outbreak of COVID-19 earlier this year, she did not think staff and activities director residents needed to wear masks. -All but one of the residents and two or three staff wearing masks during members tested positive for COVID-19 in March said activities. -She was not aware of the date that they were tested but it was in March of 2020. -She had been able to navigate the CDC and NC administrator monitors 10/22/20 DHHS websites for guidance on COVID-19 activities when in facility precautions, but she was unsure of the last time she visited the websites. and RCC also monitors -She was unsure if she could legally enforce staff to wear a mask. to ensure activities are Refer to the telephone interview with the Local socially distanced and Health Department (LHD) Health Director on appropriate PPE is norn 10/22/20 at 9:07am. by activity director + residus, 2. Observation of a resident returning to the facility on 10/21/20 at 11:15am revealed: -He was not asked the screening questions and

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he did not have his temperature taken upon

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			1			
		HAL066001	B. WING		10	22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3277 HW	Y 35			* * 1
PINE FOR	REST REST HOME	WOODL	AND, NC 27897			
(X4) ID	SI BAMADY ST	ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN O	E CORRECTION	(X5)
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D 338	D 338 Continued From page 5		D 338			
	return to the facility.					
		a mask but did have a				
	surgical mask in his h					
	ourgiour mook in mo					
	Interview with a MA o	n 10/21/20 at 9:55 am				
	revealed:		1 1			
		not currently being screened				
	for the presence of fe					
	consistent with COVI	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
	-The staff were not currently being screened for					
	the presence of fever and symptoms consistent					
	with COVID-19 before starting their shiftShe was instructed by the Administrator that					
	screening for staff prior to the start of their shift					
	and daily resident screenings was not required anymore since the facility outbreak was over.					
	-When residents retu	rned to the facility they were				
	not having their temp	eratures checked or asked				
	the screening question					
		ned of not feeling well or				
		oms such as a cough, she				
	would check their ten	CONTROL CONTRO				
	-She can not recall the	7 - 71 - 72 - 73 - 74 - 74 - 74 - 74 - 74 - 74 - 74				
	resident screening was stoppedShe continued to check her temperature daily.					
	-One continued to one	out not competation autily.				
	Interview with the Ho revealed:	usekeeper at 10:25am				
	-Staff was not require	ed to complete the screening				
	process any longer.					
		did not need to continue to				
		cess by the Administrator a				
	few months ago but of	could not recall exactly when.				
	11:26am revealed:	etary Aide on 10/21/20 at				
		ned including a temperature				
		the facility for work in the				
past but were not currently being screenedShe was unsure when the staff screening						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVEY COMPLETED

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B. WING \_\_\_\_\_\_\_ 10/22/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PINE FOREST REST HOME		3277 HWY 35 WOODLAND, NC 27897					
(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	stopped but staff received direction from the	D 338					
	Administrator that it was no longer necessary to complete the screening.						
	Interview with RCC 10/21/20 at 12:02pm revealed:						
	-The staff had completed screening questions and a temperature check at the start of their shift during the time COVID-19 was active in the facility.						
	-She was unsure of the date that they stopped completing staff screening, but they continued it longer than resident screening.						
	-The Administrator was responsible for training staff on COVID-19 precautionsIt is her expectations that staff would follow CDC and NC DHHS guidelines.						
	Interview with the Administrator on 10/21/20 at 10:07am revealed:						
	-She was unsure if the residents were being screened daily for signs and symptoms of COVID-19 to include temperature checksStaff was not being screened to include						
	temperature check since the facility outbreak was over.						
	-She was unsure of the date that staff screening stopped at the facility, but she knew that some staff continued to self-screen prior to work.						
	-Visitors were required to complete the screening process upon entrance to the facility including						
	completing the screening questions and a temperature checkShe was in close contact with the LHD Director						
	and he informed her there were no instances of someone catching COVID-19 twice. -Since the facility had an outbreak of COVID-19						
	earlier this year, she did not think staff needed to continue with the screening.						
	-All but one of the residents and two or three staff						

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 10/22/2020 HAL066001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 338 Continued From page 7 D 338 members tested positive for COVID-19 in March 2020. -She was not aware of the date that they were tested but it was in March of 2020. -She had been able to navigate the CDC and NC DHHS websites for guidance on COVID-19 precautions, but she was unsure of the last time she visited them. Refer to the telephone interview with the Local Health Department (LHD) Health Director on 10/22/20 at 9:07am. 3. Observation of the tv sitting area on 10/21/20 at 11:22am revealed: -There were two residents not seated within 6 feet apart from each other. -There were four chairs placed side by side and not spaced 6 feet apart. Observation of the dining hall on 10/21/20 at 10:20am revealed: -There were five tables set up with place settings and the tables were not placed 6 ft apart from each other. -There were two tables that seated two residents. one table that seated four residents, one table that seated five residents, and one table that seated seven residents. Observation of the dining hall on 10/21/20 at 12:15pm revealed: -There were fourteen residents dining in the dining hall and they were not seated 6 ft apart from each other. -There were two residents seated at two separate tables and they were not seated 6 ft apart from each other. -There were three residents seated at a table and they were not seated 6 ft apart from each other.

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: HAL066001 B. WING 10/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) D 338 | Continued From page 8 D 338 -There were seven residents seated at a table and they were not seated 6 ft apart from each other. Residents are wearing Interview with a fourth PCA on 10/21/20 at masks when out of 10:22am revealed: -She had not redirected the residents to sit 6 ft apart when in the tv sitting area. their room during -Residents dine in the dining hall together at each activities, watching to, and all other oppropriate meal. -There was only one resident who dined in her room due to her being bedridden. -The tables and chairs were not rearranged to seat residents 6 ft apart. times. Steff continuously -She had not been instructed to seat the residents 6 ft apart in the tv sitting area or in the reminals residents to dining room since late April 2020. -She had completed training about COVID-19 but wear their masks and could not recall which training had been completed and when the training was completed. also each resident Interview with a medication aide (MA) on has masks in their 10/21/20 at 11:08am revealed: -The residents did not sit 6 ft apart in the tv sitting room and on their -She had not redirected the residents to sit 6 ft walker or whoel chairfor apart while in the tv sitting area. -She did not know to keep the residents apart. accessibility. -The residents had their meals in the dining hall. -The residents were not seated 6 ft apart. -The residents began dining in the dining hall around the end of April 2020. Interview with the Resident Care Coordinator (RCC) on 10/21/20 at 12:02pm revealed: -Residents were not redirected to social distance since there had not been another positive testing for COVID-19 among the residents and staff. -The residents who sat in the tv sitting area did

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not sit 6 ft apart.

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Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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IAME OF PE	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATE	E, ZIP CODE		
	FOT DEST HOME	3277 HW				
PINE FOR	EST REST HOME		AND, NC 27897		AP CORDECTION	(X5)
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D 338	Continued From page	ge 9	D 338			
	-All of the residents had their meals in the dining					
	hall at each meal.					
	-The dining hall tables and chairs were not rearranged for social distancingShe had training relating to PPE use and on social distancingThe Administrator was responsible for staff					
	training.					
	Interview with the A	dministrator on 10/21/20 at				
	11:36am revealed:					
	-The dining hall had not been set up for social distancing for mealsThe residents began eating all of their meals in the dining hall a few months ago (did not provide)					
		w months ago (did not provide				
	an exact date).	e not placed 6 ft apart from				
	each other during r	meals.				
	-She received guid	ance relating COVID-19				
	policies from the Li	HD.				
	Refer to the teleph	one interview with the Local				
	Health Department	t (LHD) Health Director.				
	Telephone intervie	w with the LHD Health Director		**		
	on 10/22/20 at 9:0	7am revealed:				
		inside the facility in April of				
	2020.	incide the facility in Anril he				
	-During his last trip	inside the facility in April he				
	observed staff and residents wearing masks and adhering to CDC guidelines including social distancing and in room dining.					
	-He spoke with the	e facility's Administrator two to				
	three times a mon	th via telephone.				
	-He had provided	the facility with multiple				
	deliveries of perso	onal protective equipment (PPE)				
	including masks.		1			
	-He and the Coun	ty Medical Director conducted				
1	ancita tacting of a	Il residents and some staff				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL066001	B. WING				
IAME OF P	PROVIDER OR SUPPLIER				1	0/22/2020	
		3277 HV	ADDRESS, CITY, STATE	E, ZIP CODE			
INE FOR	REST REST HOME		AND, NC 27897				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	PRECTION		
PREFIX TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLE DATE	
D 338	Continued From pag	ge 10	D 338				
	members in March o	of 2020.					
	-He was unsure of e	xact number of residents and					
	staff that tested posi	tive for COVID-19 but					
	thought it was between	en twenty to twenty-three					
	total cases.						
ĺ	- ine residents and s	taff had not been retested					
	because it was not re	equired by the CDC. inistrator during regular					
	communication of tw	o to three times a month to					
	communication of two to three times a month to continue with current CDC guidelines which						
	include staff wearing proper PPE including masks					i	
	while in the facility, continuing to monitor and						
1	screen staff and residents for temperatures and						
	symptoms, and ensuring six feet of distance						
	between residents during communal dining or						
	other group activities.  -He received the information that he shared with						
	the Administrator from	n the CDC and NC DHHS					
	websites.	The obstance in the printer					
	-He did not share with	the Administrator that no					
1	one had ever contracted COVID-19 twice in the					i i	
	United States.						
:	The facility failed to a	dhere to the Centers for					
1	Disease Control (CD)	C) and North Carolina					
	Department of Health and Human Services (NC DHHS) and Local Health Department (LHD) guidelines for COVID-19 including recommendations related to staff and residents						
1							
	not wearing facial masks, facility not conducting						
	screening on staff and residents, and residents not directed to be socially distanced during						
S	screening on statt and not directed to be soci	residents, and residents					
r	not directed to be soci communal dining and	ally distanced during other activities. This failure					
r	not directed to be soci communal dining and esulted in substantial	ally distanced during other activities. This failure risk of serious physical					
r c r	not directed to be soci communal dining and esulted in substantial	ally distanced during other activities. This failure					
s r c r h	not directed to be soci communal dining and resulted in substantial narm and neglect and fiolation.  The facility provided a	ally distanced during other activities. This failure risk of serious physical constitutes a Type A2					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL066001 10/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 338 | Continued From page 11 D 338 THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED NOVEMBER 21, 2020. D914 G.S. 131D-21(4) Declaration of Residents' Rights D914 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 and interviews, the facility All residents and state are wearing masks and appropriate failed to ensure residents were free from neglect as related to residents' rights pertaining to COVID-19 infection control. statt, residents, and all visitors are being schened upon arrival pentraner to the facility. administrator continues to more tor The findings are: Based on observations 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 the Local this practice daily. When Health Department (LHD) were implemented and administrator is out of maintained to provide protection of the residents facility, the RCC or supprison during the global coronavirus (COVID-19) pandemic and practicing recommended infection ensures screenings are bety prevention and control practices to reduce the risk of transmission and infection as related to done, all stable continue staff and residents not wearing proper personal to be reminding residents protective equipment (PPE), staff not conducting screening of staff, residents and visitors, and not to stay socially distant and wear masks, following social distancing during communal dining and other activities. [Refer to Tag 338 10 NCAC 13F .0909 Residents Rights (Type A2 Violation)].

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL066001		(X2) MULTIPLE CO A. BUILDING: B. WING			SURVEY PLETED	
NAME OF PE	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
PINE FOR	EST REST HOME	3277 HV				
			AND, NC 27897	PROVIDER'S PLAN OF	CORRECTION	- Curr
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE

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