

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SUNRISE ON PROVIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 5114 PROVIDENCE ROAD CHARLOTTE, NC 28226
--	--

(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 complaint investigation survey onsite on July 22, 2020 with a desk review survey on July 22-25, 2020 and July 27-28, 2020 with a telephone exit on July 28, 2020.	D 000		
D 338	<p>10A NCAC 13F .0909 Resident Rights</p> <p>10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS), and directives from the Local Health Department (LHD) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to ensuring all residents and staff perform viral testing when one or more case of COVID-19 was identified, appropriate use of personal protective equipment (PPE) by staff, and infection control procedures including practicing proper cleaning of reusable medical equipment and safety precautions to reduce the risk of transmission and infection.</p> <p>The findings are:</p> <p>1. Review of the CDC guidelines for the</p>	D 338		

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

Chris Teachey, RDEC

TITLE
9/2/2020

(X5) DATE

STATE FORM

3P7C11

If continuation sheet 1 of 24

Mary K. Agena

Reviewed and accepted by Mary Agena/ma on 09/03/20

Sunrise Senior Living Plan of Correction

Name of Community: Sunrise on Providence
Address of Community: 5114 Providence Rd Charlotte NC 28226
License number: HAL-060-057
Inspection date(s): 7/22/20
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Doris Teachey, Regional Director of Resident Care

Signature of Sunrise Representative: Doris Teachey RDEC
Date of Submission: 9/02/2020

Regulation	Target Date by Which Correction will be completed	Plan of Correction
D 338 10A NCAC 13F .0909 Resident Rights	7/22/20	<p><i>Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.</i></p> <p style="text-align: center;">A. With respect to the specific resident/situation cited</p> <p>A Plan of Protection was submitted, approved and implemented on 7/22/20. The plan included conducting refresher infection control training, to include appropriate use (donning and doffing) and disposal of PPE, disinfecting of equipment and social distancing. The training included return demonstrations. Shift-to-shift communication, to include resident COVID status, was reinforced.</p>
	7/30/20	<p>Executive Director and Regional Directors reviewed the Sunrise Mitigation and Response Plan for Covid-19 with the Community.</p> <p style="text-align: center;">B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p>
	7/28/20	<p>The Executive Director and Department Coordinators will conduct regular walking observation rounds to confirm the proper use of PPE (donning and doffing), disinfecting of equipment, social distancing, and the proper use of masks by residents and team members.</p>
	7/28/20	<p>The Executive Director conducted a walk through, identifying the location of cleaning products and confirming that bottles of degreaser were removed and disinfectant spray was made available for use by housekeeping staff. The Leadership Team also conducted training with the front line staff about proper disinfecting procedures, to include using disinfectant in accordance with manufacturer instructions.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	7/30/20	Training was also conducted with the Concierge regarding screening procedures and disinfecting procedures, to include the wearing of gloves when using the disinfectant.
	7/28/20	The Executive Director reviewed the Mecklenburg County Public Health COVID-19 Testing Resources for Long Term Care Facilities guidance, including COVID testing of all residents and staff in the event that there is an identified case of COVID-19.
	8/27/20	A testing plan has been developed and will be maintained in accordance with applicable testing requirements of the agency with jurisdiction. The results of the Community's testing line listing will be reviewed as part of the testing plan.
	8/24/20	<p>The use of agency staffing was reviewed, to include the process of training agency staff on Sunrise's Mitigation and Response Plan, and team member, resident and visitor screening procedures. Agency vendors have been provided with the plan and procedures, will conduct the training and will certify their personnel are trained on those requirements.</p> <p style="text-align: center;">C. With respect to what systemic measures have been put into place to address the stated concern:</p>
	8/26/20	The Sunrise Mitigation and Response Plan has been adopted and training on the plan conducted with the front line team. The front line team's execution of the plan, including screening of team members and visitors, disinfecting and cleaning of high touch areas, mask and social distancing practices, PPE use and infection control protocols, will be reviewed weekly at the Department Coordinator meeting. Any areas needing improvement will be identified and corrected prior to the next Department Coordinator meeting.
	8/27/20	The Senior RCD and ED have implemented a testing plan for residents and team members where there is a confirmed case of Covid-19. The Executive Director/designee will confirm on their initial shift in the Community that agency personnel have been trained on the Sunrise Mitigation and Response Plan and team member, resident and visitor screening procedures. Agency staff are being instructed/assisted to review the resident electronic health record at the beginning of every shift to confirm they have information on resident status. Residents with confirmed cases of Covid-19 will have a sign posted on their door stating "Isolation". A list will be maintained in the electronic health records of resident rooms on isolation status.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	8/26/20	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director and Leadership Team conducted a QAPI meeting that included the review and adoption of the Plan of Protection as well as the Sunrise Prevention and Containment Checklists. They will conduct weekly reviews of the POP to confirm compliance.</p> <p>During and after the 3 months, the QAPI Team will re-evaluate and initiate necessary action or extend the review period, as needed based on issues identified or trends observed.</p> <p>The Executive Director is responsible for confirming implementation and ongoing compliance with the components of the plan of correction and addressing and resolving variances that may occur.</p>
D 914 G.S. 131D-21(4) Declaration of Residents' Rights	7/22/20 7/30/20 7/28/20 7/28/20	<p>A. With respect to the specific resident/situation cited:</p> <p>A Plan of Protection was submitted, approved and implemented on 7/22/20. The plan included conducting refresher infection control training, to include appropriate use (donning and doffing) and disposal of PPE, disinfecting of equipment and social distancing. The training included return demonstrations. Shift-to-shift communication, to include resident COVID status, was reinforced.</p> <p>Executive Director and Regional Directors reviewed the Sunrise Mitigation and Response Plan for Covid-19 with the Community.</p> <p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Executive Director and Department Coordinators will conduct regular walking observation rounds to confirm the proper use of PPE (donning and doffing), disinfecting of equipment, social distancing, and the proper use of masks by residents and team members.</p> <p>The Executive Director conducted a walk through, identifying the location of cleaning products and confirming that bottles of degreaser were removed and disinfectant spray was made available for use by housekeeping staff. The Leadership Team also conducted training with the front line staff about proper disinfecting procedures, to include using disinfectant in accordance with</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		<p>manufacturer instructions.</p> <p>7/30/20 Training was also conducted with the Concierge regarding screening procedures and disinfecting procedures, to include the wearing of gloves when using the disinfectant.</p> <p>7/28/20 The Executive Director reviewed the Mecklenburg County Public Health COVID-19 Testing Resources for Long Term Care Facilities guidance, including COVID testing of all residents and staff in the event that there is an identified case of COVID-19.</p> <p>8/27/20 A testing plan has been developed and will be maintained in accordance with applicable testing requirements of the agency with jurisdiction. The results of the Community's testing line listing will be reviewed as part of the testing plan.</p> <p>8/24/20 The use of agency staffing was reviewed, to include the process of training agency staff on Sunrise's Mitigation and Response Plan, and team member, resident and visitor screening procedures. Agency vendors have been provided with the plan and procedures, will conduct the training and will certify their personnel are trained on those requirements.</p> <p style="text-align: center;">C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>8/26/20 The Sunrise Mitigation and Response Plan has been adopted and training on the plan conducted with the front line team. The front line team's execution of the plan, including screening of team members and visitors, disinfecting and cleaning of high touch areas, mask and social distancing practice, and PPE use and infection control protocols, will be reviewed weekly at the Department Coordinator meeting. Any areas needing improvement will be identified and corrected prior to the next Department Coordinator meeting.</p> <p>8/27/20 The Senior RCD and ED will implement a testing plan for residents and team members where there is a confirmed case of Covid-19. The Executive Director/designee will confirm on their initial shift in the Community that agency personnel have been trained on the Sunrise Mitigation and Response Plan and team member, resident and visitor screening procedures. Agency staff are being instructed/assisted to review the resident electronic health record at the beginning of every shift to confirm they have information on resident status. Residents with confirmed cases of Covid-19 will have a sign posted on their door stating "Isolation". A list will be</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	8/28/20	<p data-bbox="597 233 1393 296">maintained in the resident electronic health record of resident rooms on isolation status.</p> <p data-bbox="646 363 1382 426">D. With respect to how the plan of correction will be monitored:</p> <p data-bbox="597 430 1479 598">The Executive Director and Leadership Team conducted a QAPI meeting that included the review and adoption of the Plan of Protection as well as the Sunrise Prevention and Containment Checklists. They will conduct weekly reviews of the POP to confirm compliance.</p> <p data-bbox="597 632 1468 730">During and after the 3 months, the QAPI Team will re-evaluate and initiate necessary action or extend the review period, as needed based on issues identified or trends observed.</p> <p data-bbox="597 764 1479 863">The Executive Director is responsible for confirming implementation and ongoing compliance with the components of the plan of correction and addressing and resolving variances that may occur.</p>