

**Clewis, Lisa T**

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**From:** Torrey Locklear <tlocklear.fm@hotmail.com>  
**Sent:** Monday, March 22, 2021 2:47 PM  
**To:** Clewis, Lisa T  
**Subject:** [External] Fwd: Rivers Edge of Lumberton  
**Attachments:** statelumberton2021.pdf

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Attached is review.  
Hopefully this is good! Also thank you so much for your help!

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**From:** Torrey Locklear  
**Sent:** Monday, March 22, 2021 2:37:35 PM  
**To:** TLOCKLEAR.FM@HOTMAIL.COM <TLOCKLEAR.FM@HOTMAIL.COM>  
**Subject:** Rivers Edge of Lumberton

*Torrey Locklear*  
*Administrator*  
*Fayetteville Alzheimer's & Dementia Care*  
*Phone: 910-488-4821*  
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078111</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERS EDGE OF LUMBERTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 BAILEY ROAD LUMBERTON, NC 28359</b>
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D 000	Initial Comments  The Adult Care Licensure Section conducted a complaint investigation with an onsite visit on 01/19/21 and 01/22/21 and a desk review survey on 01/20/21 - 01/22/21 and 01/25/21 and a telephone exit on 01/25/21. The complaint investigation was initiated by the Robeson County Department of Social Services on 12/31/20.	D 000		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure referral and follow up to meet the healthcare needs for 1 of 5 residents sampled (#2) related to a home health referral for urinary catheter care and provider notification of a delay for home health wound care.</p> <p>The findings are:</p> <p>Review of the current facility license revealed there was a Change of Ownership (CHOW) on 01/05/21.</p> <p>Review of Resident #2's current FL-2 dated 12/11/20 revealed: -Diagnosis included Alzheimer's dementia, hypertension, and chronic obstructive pulmonary disease (COPD). -The resident was constantly disoriented, wandered, was incontinent of bowel and bladder,</p>	D 273	<p>Rives Edge of Lumberton has implemented WellCare Services to provide health care Services weekly or as needed for all residents receiving hospice, home health, and any acute care needs. RCA/designee will work with WellCare weekly or as needed to ensure all orders/referrals are followed up on for services needed. Administrator/RCC will provide monthly audits to ensure health care needs are met.</p> <p>3/9/21</p> <p>See attachment #1 per telephone conversation with Tony Wilkins, Administrator 03/22/2021</p>	

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

*[Signature]*  
WZOY11

TITLE *Administrator* (X6) DATE *3/15/21*

STATE FORM

*Reviewed and accepted with revisions 03/22/21*

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D 273	<p>Continued From page 1</p> <p>and ambulatory.</p> <ul style="list-style-type: none"> <li>-The resident required assistance with bathing, feeding, and dressing.</li> <li>-There was no documentation of a urinary catheter.</li> </ul> <p>Review of Resident #2's current care plan dated 12/08/20 revealed:</p> <ul style="list-style-type: none"> <li>-The resident required limited hands on assistance with transfers and ambulation.</li> <li>-The resident required extensive hands on assistance with toileting, bathing, and personal hygiene.</li> </ul> <p>a. Review of Resident #2's physicians consultation report dated 12/09/20 revealed:</p> <ul style="list-style-type: none"> <li>-There was a handwritten physician signature.</li> <li>-The resident had a post void residual (PVR) of 385mm (PVR is the amount of urine in the bladder after voiding. Normal PVR is less than 50ml, 200ml or greater is abnormal).</li> <li>-Diagnoses included urinary retention.</li> <li>-There was an order for a monthly catheter change to be performed at the facility.</li> </ul> <p>Review of Resident #2's physician progress notes dated 12/15/20 revealed:</p> <ul style="list-style-type: none"> <li>-There was a diagnosis of urinary retention.</li> <li>-The resident had an indwelling urinary catheter.</li> <li>-The resident was seen for a "face to face" visit for home health (HH) nursing evaluation for urinary catheter management.</li> </ul> <p>Review of Resident #2's physicians order dated 12/16/20 revealed there was a HH nursing order for urinary catheter care.</p> <p>Review of Resident #2's physician progress note dated 12/18/20 revealed:</p> <ul style="list-style-type: none"> <li>-Facility staff reported the resident's urinary</li> </ul>	D 273		

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D 273	<p>Continued From page 2</p> <p>catheter was pulled out on 12/18/20.</p> <ul style="list-style-type: none"> <li>-HH had not been started for the resident's urinary catheter care.</li> <li>-Orders were given to send the resident out of the facility for urinary catheter replacement.</li> </ul> <p>Review of Resident #2's laboratory urine culture (bacteria in urine grown for several days to detect the specific bacteria) dated 12/22/20 revealed:</p> <ul style="list-style-type: none"> <li>-The resident's urine culture was finalized and positive for Escherichia coli (bacterium normally found in the intestines treated with antibiotics) on 12/24/20.</li> <li>-The resident was given a Rocephin [(an antibiotic used to treat urinary tract infections (UTI's) an infection of the urinary system] injection in the Emergency Department.</li> </ul> <p>Telephone interview with a representative with Resident #2's HH agency on 01/21/21 at 2:06pm revealed:</p> <ul style="list-style-type: none"> <li>-The HH agency had not received an order dated 12/16/20 for the resident to have HH nursing urinary catheter care.</li> <li>-The HH agency first saw the resident on 01/06/21 for wound care.</li> <li>-Prior to 01/06/21 the resident was last seen in 2019 for HH services.</li> </ul> <p>Telephone interview with Resident #2's previous Primary Care Provider (PCP) on 01/22/21 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Resident #2's HH order dated 12/16/20 for nursing to perform urinary catheter care was not sent to the HH agency.</li> <li>-A urinary catheter was an indwelling catheter and was a mode for UTI's because organisms would travel up the tube into the resident's bladder.</li> <li>-It was possible Resident #2's UTI would have been prevented if the 12/16/20 order had been</li> </ul>	D 273		

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D 273	<p>Continued From page 3</p> <p>sent to the HH agency.</p> <p>-HH nursing would have been able to monitor Resident #2 more appropriately than facility staff because staff were not licensed to assess for signs or symptoms of UTIs.</p> <p>-Resident #2 not having nursing assessment and care for urinary catheter care placed the resident at increased risk for a UTI.</p> <p>Telephone interview with the Resident Care Coordinator (RCC) on 01/25/21 at 9:08am revealed:</p> <p>-She did not know if Resident #2's HH order for urinary catheter care dated 12/16/20 was sent to the HH agency.</p> <p>-Resident #2's urinary catheter care started in January 2021 when the HH agency began treating the resident for wound care.</p> <p>Attempted telephone interview with Resident #2's family member on 01/21/21 at 9:15am was unsuccessful.</p> <p>Attempted telephone interview with a second family member of Resident #2 on 01/21/21 at 9:17am was unsuccessful.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #2 was not interviewable.</p> <p>Refer to telephone interview with Resident #2's previous Primary Care Provider (PCP) on 01/22/21 at 3:00pm.</p> <p>Refer to telephone interview with the medication aide (MA) on 01/25/21 at 8:46am.</p> <p>Refer to telephone interview with the Resident Care Coordinator (RCC) on 01/25/21 at 9:08am.</p>	D 273		

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D 273	Continued From page 4  Refer to telephone interview with the Administrator on 01/25/21 at 12:30pm.  b. Review of Resident #2's home health (HH) order dated 12/31/20 revealed: -There was an order for HH nursing to evaluate a sacral wound and pressure ulcer to the chest. -There was an order to apply a foam dressing every three days and as needed to the chest pressure ulcer. -There was an order to apply a foam dressing every three days and as needed to the sacral ulcer. -There was an order for HH nursing to remove staples to the back of the head.  Telephone interview with Resident #2's HH agency on 01/22/21 at 2:06pm revealed: -Resident #2's HH order dated 12/31/20 was not received until 01/06/21. -The HH agency was closed on 01/01/21. -If the order was sent to the agency on 12/31/20, it was possible the resident could have been seen on the weekend of 01/02/21 if HH staff were available. -The resident first received wound care by the HH agency on 01/08/21.  Telephone interview with Resident #2's previous Primary Care Provider (PCP) on 01/22/21 at 3:00pm revealed: -The resident had developed a Stage I ulcer (a pink blanchable area with closed skin) to her chest from a cervical collar and a Stage II ulcer (a shallow crater with open skin) to her sacrum. -She did not know there was a delay in sending the residents 12/31/20 order for nursing to evaluate for wound care to the HH agency. -Resident #2 was thin in body size, had boney	D 273		

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D 273	<p>Continued From page 5</p> <p>prominence's and was elderly.</p> <p>-Resident #2 was placed at increased risk for skin break down from the delay in referral for wound care because of her age and size.</p> <p>Attempted telephone interview with Resident #2 family member on 01/21/21 at 9:15am was unsuccessful.</p> <p>Attempted telephone interview with a second family member of Resident #2 on 01/21/21 at 9:17am was unsuccessful.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #2 was not interviewable.</p> <p>Refer to telephone interview with Resident #2's previous Primary Care Provider (PCP) on 01/22/21 at 3:00pm.</p> <p>Refer to telephone interview with the medication aide (MA) on 01/25/21 at 8:46am.</p> <p>Refer to telephone interview with the Resident Care Coordinator (RCC) on 01/25/21 at 9:08am.</p> <p>Refer to telephone interview with the Administrator on 01/25/21 at 12:30pm.</p> <p>Telephone interview with Resident #2's previous Primary Care Provider (PCP) on 01/22/21 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She expected the facility to send orders to the HH agency as soon as the order was written even if the agency was closed to ensure there would not be a delay in care for the resident.</li> <li>-If the HH agency was closed when the order was sent, the order would be there when they opened.</li> <li>-She wanted to be told if an order was not sent to</li> </ul>	D 273		



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D 273	Continued From page 7  Telephone interview with the Administrator on 01/25/21 at 12:30pm revealed it was expected the RCC to fax HH orders when received.  The facility failed to ensure Resident #2 had a home health (HH) referral for urinary catheter care as ordered by the Primary Care Provider (PCP) which placed the resident at increased risk for developing a urinary tract infection (UTI). The resident was diagnosed with a UTI during a hospital visit on 12/22/20 and required an antibiotic injection. The resident had an order dated 12/31/20 for wound care from HH which was not faxed to HH until 01/06/21 resulting in a delay in care. The facility's failure was detrimental to health, safety, and welfare of the resident and constitutes a Type B Violation.  The facility provided a plan of protection in accordance with G.S. 131D-34 on 01-25-21 for this violation.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 11, 2021.	D 273	RCC will document on medical progress note and log for all health care concerns/issues that need to be addressed and follow up with NP weekly or as needed to ensure all resident health care needs are met and followed up on.	3/9/21	
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: Based on observations and interviews the facility failed to ensure residents who were quarantined due to a COVID-19 outbreak had access to a	D 338	See attachment # 2 per telephone interview with Terry Locken 03/22/21 u		

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D 273	<p>Continued From page 6</p> <p>HH so she could send the order herself or delegate someone else to send as to not delay resident care.</p> <p>-She expected skilled nursing to evaluate and treat Resident #2 as soon as possible because facility staff were not licensed staff.</p> <p>Telephone interview with the medication aide (MA) on 01/25/21 at 8:46am revealed:</p> <p>-She was the Resident Care Coordinator (RCC) until about October 2020 when at that time she transitioned to a MA.</p> <p>-It had been the responsibility of the RCC to call and fax HH orders to the HH agency.</p> <p>-The MA would fax the orders to the HH agency in the absence of the RCC.</p> <p>-Normally the HH agency would be called to inform of the HH order then the order would be faxed.</p> <p>Telephone interview with the RCC on 01/25/21 at 9:08am revealed:</p> <p>-She was the Administrator for the facility prior to the CHOW.</p> <p>-She became the RCC at the time of the CHOW.</p> <p>-The previous RCC would have been responsible for sending orders to the HH agency.</p> <p>-She expected the previous RCC to have obtained the orders from the PCP, fax the order to the referral source as soon as received from the PCP, and call the referral source to confirm receipt.</p> <p>-The order would have been filed in the resident's facility file after faxed.</p> <p>-It was not documented when orders were sent to a referral source.</p> <p>-She did not have a process in place to ensure HH orders were complete.</p> <p>-The urinary catheter and wound care were started by HH at the same time in January 2021.</p>	D 273		

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D 338	<p>Continued From page 8</p> <p>telephone to make and receive calls.</p> <p>The findings are:</p> <p>Observation of the Memory Care Unit (MCU) on 01/19/20 at 11:00am revealed: -The MCU was the designated COVID-19 hall. -There was no designated telephone for the residents to use.</p> <p>Telephone interview with a medication aide (MA) on 01/21/21 at 1:30pm revealed: -The facility did not have a designated telephone for residents who were diagnosed with COVID-19 to use on the Assisted Living (AL) side or in the Memory Care Unit (MCU). -The facility did not have cordless telephones. -Most residents who could talk had personal cell phones. -She had not received any concerns from residents about not having a telephone to speak with family members. -She had not received any concerns from family members about not being able to speak with residents.</p> <p>Interview with a second MA on 01/25/21 at 8:37am revealed: -There were no portable phones in the building. -The residents that had tested positive for COVID-19 did not have access to a facility phone to be able to communicate with their families. -She knew some of the staff would use their personal phones and called family for the residents. -When the Resident Care Coordinator (RCC) was at the facility, she had a work cell phone that she would let the resident use if a family member called and wanted to speak with them. -When the RCC would leave for the day there</p>	D 338	<p>Rivers Edge of Lumberton has designated devices for AL and SCU halls and COVID residents compatible for facetime, google duo, skype etc. for video visits/calls with families or telehealth. Activity Director will schedule family calls weekly or as needed to ensure compassionate care needs are met. Administrator/RCC will monitor monthly.</p>	3/10/21

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D 338	Continued From page 9  was no access for the residents with a diagnosis of COVID-19. -The residents with a diagnosis of COVID-19 did not have access to the telephone because they were on the quarantined hall. -If a family member of a resident who had a diagnosis of COVID-19 called she would let them know how they were doing.  Interview with the current RCC on 01/25/21 at 9:08am revealed: -There were no cordless phones in the facility. -The Administrator was working on getting the facility wired for cordless phones. -The residents who had a diagnosis of COVID-19 and were on the quarantine hall did not have access to a facility phone.  Interview with the current Administrator on 01/25/21 at 9:50am revealed: -There were no cordless phones in the facility for the residents who had a diagnosis of COVID-19 to use. -The building was old, and the phones could not be unplugged so a cordless phone could be plugged in.  Attempted telephone interview with a resident's family member on 01/21/21 at 9:15am was unsuccessful.	D 338		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp)  10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious	D 612		

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D 612	<p>Continued From page 10</p> <p>disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure recommendations and guidance from the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained during the global Coronavirus (COVID-19) pandemic to reduce the risk of transmission and infection related to staff wearing masks appropriately; performing hand hygiene; and redirection of residents to use face masks when out of their rooms.</p> <p>The findings are:</p> <p>Review of the Centers for Disease Control (CDC) recommendations for long term care facilities dated 11/20/20 revealed: -Residents should be encouraged to wear face coverings (if tolerated) whenever they are around others, including when they leave their rooms and when they leave the facility. -Recommended personal protective equipment (PPE) for staff to use for close contact with residents included: eye protection (goggles or face shield) and an N95 mask or higher-level respirator (or a face mask if respirators are not</p>	D 612	<p>Inservice held on 2/24 to educate all staff on Infection control rules and updates from DHHS, CDC, and local health department to ensure guidelines are met and available for staff review.</p> <p>Administrator/designee will ensure staff are receiving continuing education monthly or as needed for updates for INF policies, procedures, protocols, or any updates available.</p> <p><i>See attachments along with handouts and sign is #3</i></p>	3/9/21

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NAME OF PROVIDER OR SUPPLIER  RIVERS EDGE OF LUMBERTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359		
(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 612	Continued From page 11  available) and gown and gloves should be used in addition to PPE listed above for direct contact. -Staff using PPE should have received training on PPE selection, use of PPE and demonstrated the use and removal of PPE to prevent self-contamination.  Review of the CDC recommendations for Infection Prevention and Control Guidance for Memory Care Units (MCUs) dated 05/12/20 revealed residents should be reminded and assisted with frequent hand hygiene, social distancing, redirecting to their rooms and use of face coverings when they were out of rooms.  Review of the North Carolina Department of Health and Human Services (NCDHHS) What to Expect: Response to New COVID-19 Cases or Outbreaks in Long Term Care Settings dated 09/04/20 revealed: -Facility staff should wear face masks when caring for residents with undiagnosed respiratory infection or confirmed COVID-19. -It was expected that LTC settings reviewed and implemented the policies and procedures implemented in the CDC guidance.  Review of the facility's undated "SIC Check Off Log" revealed: -Staff hands should be sanitized before having direct contact with residents. -Hands should be washed after contact with blood, body fluids or excretions, mucous membranes, non-intact skin or wound dressings. -Hands should be sanitized after contact with a residents' intact skin. -Hands should be sanitized after contact with inanimate objects in the immediate vicinity of the resident. -Hands should be sanitized after gloves are	D 612	Additional education/reminders for residents and staff will be posted throughout the facility for continued INF reminders and cueing for SCU.  Log implemented for staff monitoring and education daily checkoff. Administrator/RCC will review weekly and log all reports to ensure proper monitoring of INF signs/symptoms are performed daily.  See attachment #4	3/11/21  3/10/21

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D 612	Continued From page 12  removed. -Masks should cover both nose and mouth.  Review of the facility's "Sequence for Donning and Removing Personal Protective Equipment" (PPE) revealed that hand hygiene should be performed immediately after removing all PPE.  Review of the facility's undated Infection Control policy revealed: -Hand hygiene should be performed: before direct contact with residents; after contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings; after contact with a resident's intact skin; moving from a contaminated site of a resident's body to a clean body site during resident care; after contact with inanimate objects in the immediate vicinity of the resident and after gloves are removed. -If soap and water were not available and hands were not visibly soiled, an alcohol-based hand sanitizer that contained at least 60% alcohol can be used.  Interview with the Resident Care Coordinator/Co-Administrator on 01/19/21 at 12:03pm revealed: -COVID-19 training was provided by the facility's Nurse Practitioner sometime before Christmas 2020 to 1st, 2nd and 3rd shift staff. -There were residents with a positive COVID-19 diagnosis that resided on the Memory Care Unit (MCU) and Assisted Living. -PPE required for staff caring for residents who had a COVID-19 diagnosis included: face shields, facemasks, isolation gowns and gloves  1. Observations of the kitchen on 01/19/21 at 10:15am revealed: -There was a dietary aide wearing her facemask	D 612	Administrator provided infection control handouts, documentation, PPE, hand hygiene, and hand sanitizing information as well as ensuring infection control protocols are available for staff education on proper usage. Administrator/RCC will provide random checks twice monthly to ensure INF procedures/education.  Inservice by WellCare Services RN Mandy Salvail was held with staff for hand hygiene, PPE donning and doffing.  See training sign off attachment #5	3/9/21  2/23/21

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D 612	Continued From page 13  below her nose. -The dietary aide pulled her facemask below her chin as she spoke to the surveyor. -The dietary aide pulled her facemask up and over her nose as she walked toward the surveyor. -There was a second dietary aide wearing her facemask below her nose. -The second dietary aide pulled her facemask up and over her nose as she walked toward the surveyor. -The second dietary aide's mask slipped below her nose as she spoke with the surveyor. -The first dietary aide again pulled her facemask below her chin as she talked to the surveyor. -The first dietary aide required prompting to reposition her facemask over her nose and mouth. -The second dietary aide required prompting to reposition her facemask to cover her nose.  Interview with the first dietary aide on 01/19/21 at 10:17am revealed: -There was no reason her facemask was below her nose. -She pulled her facemask below her chin to speak to the surveyor. -She had been trained by a medication aide/supervisor (MA/S) to wear her facemask over her nose and under her chin. -She would pull her facemask below her chin to speak so the other person could clearly hear what was being said.  Interview with the second dietary aide on 01/19/21 at 10:19am revealed: -There was no reason why her facemask was below her nose. -Facemasks were to be work over the nose and under the chin.	D 612	Education and documentation will be posted throughout the facility to ensure staff reminders and educated on proper face mask wear, placement, and encouragement of resident's usage to ensure safety of INF control.	3/10/21	



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D 612	<p>Continued From page 14</p> <p>Interview with the Administrator on 01/19/21 at 12:10pm revealed all staff were expected to wear face masks at all times while in the facility to protect the residents from COVID-19.</p> <p>Refer to telephone interview with the Local Health Department (LHD) Registered Nurse on 01/22/21 at 12:01pm</p> <p>2. a. Observation of the Memory Care Unit (MCU) on 01/19/21 at 10:35am revealed: -This area of the MCU was designated as a COVID-19 positive hall. -The Medication Aide/Supervisor (MA/S) put on PPE to enter a resident's room who was diagnosed with COVID-19. -The PPE included: a face shield, N95 facemask, gloves and an isolation suit. -The MA/S held onto the residents' room door with her gloved right hand. -The MA/S removed her PPE before exiting the resident's room; the MA/S did not perform hand hygiene after she removed her PPE. -There was no hand sanitizer available on the supply cart.</p> <p>Interview with the MA/S on 01/19/21 at 10:37am revealed: -There were two supply carts on the MCU where isolation supplies were kept for the residents diagnosed with COVID-19. -Isolation supplies were always to be readily available for the staff. -The MA/S would stock the cart at the end of their shifts. -She stocked one of the two isolation carts on the MCU prior to the shift on 01/19/21 however she did not stock the isolation cart located outside of the resident's room diagnosed with COVID-19. -Hand hygiene should be performed before and</p>	D 612	<p>Additional hand sanitizer stations installed on halls as wells as individual hand sanitizers available for staff to ensure proper hand hygiene while performing care services.</p> <p>Administrator/designee will ensure staff hand sanitizers and stations are filled weekly.</p>	<p>3/11/21</p> <p>3/10/21</p>

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D 612	<p>Continued From page 15</p> <p>after providing patient care and after PPE being removed.</p> <p>-She did not complete hand hygiene when she removed her PPE because hand sanitizer was not available on the supply cart.</p> <p>Interview with the Resident Care Coordinator/Co-Administrator (RCC/co-Administrator) on 01/19/21 at 12:03pm revealed face shields should be disinfected between residents using disinfectant wipes, isolation gowns and gloves should be changed between each resident and hand hygiene should be performed between providing care to each resident and as needed.</p> <p>Interview with the current Administrator on 01/19/21 at 12:08pm revealed: -Isolation carts were located on the designated COVID-19 positive units that had clean PPE readily available. -It was the responsibility of the MA/S and management to ensure that isolation carts were stocked with supplies and PPE needed to care for residents.</p> <p>Refer to telephone interview with the Local Health Department (LHD) Registered Nurse on 01/22/21 at 12:01pm.</p> <p>b. Observation on the Memory Care Unit on 01/19/21 at 10:42am revealed: -A personal care aide (PCA) exited a resident's bathroom wearing a N95 facemask, face shield, isolation gown and gloves. -She entered the hallway with the same N95 facemask, face shield, isolation gown and gloves that she used while in the resident's bathroom. -The PCA walked over to another resident sitting in a wheelchair in the hallway.</p>	D 612		

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D 612	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-The PCA touched the shoulder and wheelchair of a resident diagnosed with COVID-19 with her right hand wearing the contaminated gloves.</li> <li>-The PCA removed her gloves and performed hand hygiene after about five seconds.</li> <li>-The PCA did not disinfect her face shield and she did not change her isolation gown.</li> </ul> <p>Interview with the PCA on 01/19/21 at 10:48am revealed:</p> <ul style="list-style-type: none"> <li>-She provided toileting assistance to a resident by pulling down the resident's pants, assisted on and off the toilet, and pulled up the resident's pants.</li> <li>-She did not remove her gloves after leaving out of the resident's bathroom because she did not physically touch the resident.</li> <li>-She assisted the resident with pulling up her pants and no assistance was provided with anything else.</li> <li>-She was "unsure" if she should have changed her gown when she exited the resident's room.</li> <li>-The isolation carts were located on the outside of the double doors on the Memory Care Unit (MCU) where staff retrieved clean PPE supplies before services were rendered to other residents.</li> <li>-She did not get more PPE from outside of the double doors at the time because she was keeping an eye on a resident while another PCA was with another resident.</li> <li>-She was educated by the current Resident Care Coordinator (RCC) about 1 week ago to change gloves, perform hand hygiene, and clean her face shield between resident care.</li> </ul> <p>Interview with the Resident Care Coordinator/Co-Administrator on 01/19/21 at 12:03pm revealed face shields should be disinfected between residents using disinfectant wipes, isolation gowns and gloves should be changed between residents and hand hygiene</p>	D 612			

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D 612	<p>Continued From page 17</p> <p>should be performed between residents and needed.</p> <p>Refer to telephone interview with the Local Health Department (LHD) Registered Nurse on 01/22/21 at 12:01pm</p> <p>3. a. Observations of the Assisted Living hall on 01/19/21 from 10:16am - 10:21am revealed:</p> <ul style="list-style-type: none"> <li>-A resident was observed walking down the hall with a facemask underneath the chin.</li> <li>-The same resident walked past two staff members who did not prompt the resident to put on a facemask.</li> <li>-Another resident was observed self-propelling a wheelchair in the hall with no facemask.</li> <li>-A staff member opened the back door of the facility to let the resident with no mask in a wheelchair outside, the staff member did not prompt the resident to put on a mask.</li> </ul> <p>Interview with the AL personal care aide (PCA) on 01/19/21 at 10:21am revealed:</p> <ul style="list-style-type: none"> <li>-She had training on COVID-19 related to infection control 2 weeks ago from the Administrator.</li> <li>-She did not remember the exact material covered in training.</li> <li>-Residents were supposed to wear a facemask when they were out of their room and in the hallways.</li> <li>-She was supposed to prompt residents to wear a facemask if they were observed without a facemask on in the hallway.</li> <li>-She had been told by the Administrator to prompt residents to wear a facemask when out of their room.</li> </ul> <p>Interview with the AL medication aide (MA) on 01/19/21 at 10:36am:</p>	D 612		

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D 612	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-Residents were required to wear a facemask when they were out of their room and in the hallway.</li> <li>-She was supposed to prompt residents to put on a facemask if they were out of their room without a facemask on.</li> </ul> <p>Observations of the AL during the facility tour on 01/19/21 from 11:37am - 11:55am revealed:</p> <ul style="list-style-type: none"> <li>-A resident was sitting in a wheelchair near the front entrance of the facility with her mask below her nose and underneath the chin.</li> <li>-The maintenance staff was observed walking past the resident in the wheelchair; the maintenance staff did not prompt the resident to pull the mask up over the nose.</li> <li>-Another resident was walking down the hall talking to the housekeeper with their mask below the nose and underneath the chin.</li> <li>-The housekeeper did not prompt the resident to pull their mask over their nose.</li> <li>-The same resident with their mask below their nose and underneath their chin walked past the MA; the MA did not prompt the resident to pull the facemask over her nose.</li> </ul> <p>Interview with the current Administrator on 01/19/21 at 12:37pm revealed:</p> <ul style="list-style-type: none"> <li>-Residents were supposed to wear a facemask when they were out of their rooms.</li> <li>-Staff were supposed to prompt residents to wear facemask if they were observed without a facemask on when they were out of their rooms.</li> <li>-Staff were required to prompt residents to wear facemask to protect the residents and staff from transmission of COVID-19.</li> <li>-She was not aware that her staff did not prompt residents to wear their facemask when they were outside of their rooms.</li> </ul>	D 612			

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D 612	<p>Continued From page 19</p> <p>Refer to telephone interview with the Local Health Department (LHD) Registered Nurse on 01/22/21 at 12:01pm</p> <p>b. Observations of the MCU on 01/19/21 at 1:03pm revealed:</p> <ul style="list-style-type: none"> <li>-A resident ambulated out of his room into the hallway without wearing a mask and was within eye sight of the medication aide/supervisor (MA/S).</li> <li>-The MA/S did not encourage the resident to wear a mask and did not encourage him to return to his room.</li> <li>-There were two residents who had a COVID-19 diagnosis and resided on the end of the same hallway.</li> <li>-The MA/S was prompted to provide the resident with a mask and mask was provided.</li> </ul> <p>Interview with the MA/S on 01/19/21 at 1:04pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident in the hall without a mask was not diagnosed with COVID-19.</li> <li>-All residents were provided with a mask however some would take the off.</li> <li>-She tried to keep the resident in his room, but he would often come out and wander into the hallways and he would not always wear a mask.</li> <li>-She did not think the resident would allow her to apply a facemask.</li> <li>-The other two residents who resided at the end of the hallway were diagnosed with COVID-19 and stayed in their room with the door closed.</li> </ul> <p>Interview with the current Administrator on 01/19/21 at 12:40pm revealed:</p> <ul style="list-style-type: none"> <li>-Residents were expected to wear masks when they were out of their rooms.</li> <li>-Staff were responsible to encourage residents to wear masks and should continue to encourage</li> </ul>	D 612		

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D 612	<p>Continued From page 20</p> <p>residents to wear masks even if they refused. -She believed that because some residents refused to wear masks often, staff stopped reminded them to wear one. -Reeducation would be provided to all staff to ensure that they continue to encourage residents to wear masks.</p> <p>Interview with the current Administrator on 01/22/20 at 9:00am revealed the MCU resident observed to be ambulating in the hall without a face mask on 01/19/21 had since tested positive for COVID-19.</p> <p>Refer to telephone interview with the Local Health Department (LHD) Registered Nurse on 01/22/21 at 12:01pm</p> <p>Telephone interview with the Local Health Department (LHD) Registered Nurse on 01/22/21 at 12:01pm revealed: -She referred facilities to the Long-Term Care toolkit on the NC Communicable Disease website related to the use of PPE and infection control prevention. -PPE required when caring for patients with a COVID-19 diagnosis included: facemasks, face shields, isolation gowns, gloves. -Hand hygiene should be performed between patients and after PPE was removed for infection control.</p>	D 612		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and</p>	D912		

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D912	Continued From page 21 regulations.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to health care.  The findings are:  Based on observations, interviews and record reviews, the facility failed to ensure referral and follow up to meet the healthcare needs for 1 of 5 residents sampled (#2) related to a home health referral for urinary catheter care and provider notification of a delay for home health wound care. [Refer to Tag D0273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)].	D912			



Attachment # 1

## Referral and Follow Up Form

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Referral Faxed To: \_\_\_\_\_

Phone: \_\_\_\_\_

Confirmation Call to confirm received

Follow-up call date (optional): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of scheduled appointment/Evaluation for referral: \_\_\_\_\_

Referral form faxed to MD

MD Instructions: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RCC/Designee: \_\_\_\_\_ RCC Initial: \_\_\_\_\_

\*attach all confirmations

\*once complete file in chart





# Best Practices for Infection Prevention in LTCFs

## February 10, 2021

Long-term care facilities (LTCFs) are an extremely high-risk setting for COVID-19 outbreaks. Members of the Division of Public Health's Infection Prevention team held focused meetings with a subset of LTCFs that have not had any COVID-19 cases among their residents as of November 1, 2020 to discuss the infection prevention (IP) practices that have helped these facilities protect their residents so far into the pandemic. This document summarizes the key infection prevention recommendations from these discussions.

- 1. Prioritize infection prevention activities.**
  - Dedicate a full-time staff position to IP and education. If resources are limited, work with existing staff to divide the responsibilities of this role. Use the IP Staffing Worksheet to ensure that all key duties have been assigned.
  - Infection prevention during a pandemic requires a significant time commitment. Leadership support is critical to ensure that sufficient time and resources are dedicated to IP.
  
- 2. Engage all staff, residents, and families in IP activities.**
  - Collaborate with all staff, residents, and families to keep everyone in the facility safe. Make sure everyone knows what the facility is doing to protect them and what they are expected to do to protect themselves and others.
  - Empower everyone, including residents and non-clinical staff, to gently correct IP issues if they notice them. Everyone in the facility should help each other stay accountable.
  - Make it real: have candid conversations with staff about how their behavior impacts the health of their own families in addition to their residents and coworkers.
  - Have open conversations with staff about the importance of following public health recommendations outside of work, such as avoiding large gatherings.
  
- 3. Incorporate IP education into your facility's regular routine.**
  - IP education should be frequent, consistent, and supportive instead of punitive.
  - Use existing practices like facility-wide meetings or staff testing to provide education to everyone at the facility, including residents and non-clinical staff.
  - Teach concepts repeatedly and in different ways to ensure that everyone understands and implements IP practices.
  - Check learning after education sessions using quizzes, return demonstrations, or other methods.
  - Audit IP practices among staff frequently to ensure that these key practices are being followed. Infection prevention staff should round on units frequently to offer timely correction, personalized reinforcement, and individual education.

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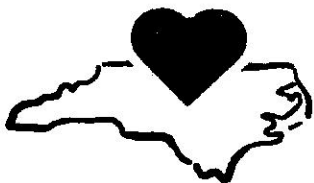
- Share new information across all staff levels through methods such as call systems, email message systems, and daily huddles.
  - Set up education stations at a central location or throughout the facility so staff can easily review guidance and ensure they are using appropriate precautions.
- 4. Have consistent staff working at the facility.**
- Communicate with staff about their needs and concerns to help provide a healthy and safe working environment.
  - Consider increasing compensation to improve staff retention.
  - If temporary staff are needed, try to hire the same temporary staff each time so they can become familiar with your facility.
  - LTCF staff should ideally work at only one facility. If a staff member has multiple jobs, work with them to determine how they can work at your facility full time.
- 5. Create an environment of safe, open communication for everyone in the facility.**
- Keep residents and families informed about the COVID-19 situation in the local community and the actions the facility is taking to protect them.
  - Identify someone who residents should go to in order to answer questions, address concerns, and advocate for the resident. Having this type of contact in place can reassure both residents and their family.
  - Consider having a weekly newsletter or call to provide updated information to all staff, residents, and families.
- 6. Follow CDC guidance for appropriate selection and use of personal protective equipment (PPE).**
- Careful adherence to hand hygiene is critical before putting on and after removing PPE.
  - If eye protection is removed, it should be disinfected before it is worn again. Unless in crisis standards of care, gowns should not be removed and put back on.
  - Limit use of N95 respirators to a single shift if possible. CDC recommends limiting the number of uses to no more than 5 donnings per device by the same health care worker. If respirators must be used for more than one shift, store them in a paper bag labeled with the staff member's name between shifts.
- 7. Modify facility layouts and procedures to support social distancing.**
- Safely modify facility layout as needed so the easiest choice is also the safest choice.
  - If the residents' dining room is still closed, consider using this space as a staff break room to allow more space for social distancing.

NC DHHS would like to thank the following facilities for participating in our discussion and sharing their excellent infection prevention practices with us:

Brian Center Health & Rehabilitation Wallace, Duplin County  
Compass Healthcare & Rehab, Alamance County  
Covenant Village, Gaston County

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Galloway Ridge at Fearington, Chatham County  
Gardens of Taylor Glen Retirement Community, Cabarrus County  
Lexington Health Care Center, Davidson County  
Lumberton Health & Rehabilitation Center, Robeson County  
Stewart Health Center at The Cypress of Charlotte, Mecklenburg County  
Trinity Oaks, Forsyth County



**#StayStrongNC**

**Staying apart brings us together.  
Protect your family and neighbors.**

**Learn more at [nc.gov/covid19](https://nc.gov/covid19).**



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HUMAN SERVICES**



## **Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings**

**December 22, 2020 (replaces version dated October 16, 2020)**

We appreciate the efforts of families, residents, staff and providers across the state in responding to the COVID-19 Crisis. Ensuring the health and safety of residents has been challenging and required tremendous work on the part of families, facility management and frontline staff. When applying this guidance, facilities should balance the needs of families and residents to see each other in person with the need to protect residents from COVID-19, and the need to provide a safe environment with the rights of their residents. This guidance outlines criteria for allowing indoor and outdoor visitation, communal dining and other group activities, and is to be used as the framework for facility-specific policies.

This guidance applies to nursing homes, adult care homes, behavioral health/IDD, intermediate care facilities, and psychiatric residential treatment facilities (PRTF) **with 7 or more beds**. (Facilities with 6 or fewer beds should refer to "Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities" available [here](#).)

Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Visits should be conducted with an adequate degree of privacy. By following a person-centered approach and adhering to the core principles below, visitation can occur safely.

### **Core Principles of COVID-19 Infection Prevention**

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- The facility must have an updated written Infection Control or Preparedness plan for COVID-19 aligned with the Core Principles of COVID-19 Infection Prevention.

## General Requirements

- All visits should be held outdoors whenever practical. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely.
- For indoor visitation to be considered, there must be no new onset COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
  - Note: Facility must test any staff or resident with signs or symptoms of COVID-19 and continue to retest all negative staff and residents following the CDC-recommended testing schedule until testing identifies no new cases for a period of at least 14 days since the most recent positive result.
  - Note: Facilities will remain on the NC DHHS outbreak list for 28 days following the date of the most recent positive COVID result. A facility's presence on this list does not preclude visitation. Facilities are directed to follow the guidance for visitation in this document, which aligns with CMS guidance for visitation.
- Facility must conduct daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff.
- Residents who are showing signs of respiratory illness or on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.
- Residents who are showing signs of respiratory illness or on transmission-based precautions for COVID-19 should not participate in communal dining or group activities.
- Staff must be present to allow for help with screening of visitors, transition of residents to/from visiting areas, as needed, monitoring visitation, and wiping down visitation areas after each visit.
- If the visit, dining, or activity will occur in a location other than in the resident's room, the facility must assure that residents are able to safely transition (with assistance if necessary) from their room to the visitation or activity location and remain safe in the designated location accommodating privacy, as feasible.
- Residents must not be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present.
- Residents must wear a face covering (if tolerated), when not in their room.

## Visitation Guidelines

- Facilities are strongly encouraged to offer point-of-care testing for visitors. Testing could be prioritized for visitors that enter the facility more frequently. A negative test does not preclude the need for wearing a mask and practicing frequent hand hygiene.
- While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred. Outdoor visits pose a lower risk of transmission due to increased space and airflow.
- The risk of transmission can be further reduced through the use of physical barriers (e.g., Plexiglass dividers, curtains) and adhering to the core principles of COVID-19 infection prevention.
- Residents should be consulted regarding who is allowed to visit them.

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- A facility must accommodate visitation to the greatest extent possible for all residents. The facility may create safe spaces within the facility so that residents may physically see their family members if outside visitation is not conducted.
  - Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors
- Any structures built or structural modifications made to any space to facilitate visitation cannot violate any N.C. Building Code, Life Safety Code, or any other building safety ordinance. Any modifications to the space of a facility to accommodate safe visitation, dining, and activities must be pre-approved by the DHSR Construction Section.
- Facility must establish procedures for conducting pre-visit orientation to, and screenings of, visitors to include presence of symptoms and known exposure to COVID-19, and ensure visitors bring and wear a mask for face covering.
- Staff must wear a surgical face mask. Residents and visitors must wear a surgical face mask or face covering for the duration of the visit.
- Facility must provide alcohol-based hand rub to visitors and demonstrate how to use it appropriately if necessary.
- Designated area must be sanitized with EPA-registered disinfectant for SARS-CoV-2 after each visit and as needed.
- Facilities should allow for privacy unless there are significant concerns about lack of adherence to infection prevention protocols. Signage may be used to reinforce visitation policy.
- Facilities may not restrict visitation without a reasonable clinical or safety cause.

### Visitor Requirements

- Visitors must be screened for fever or and other symptoms associated with COVID-19 (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) prior to resident being transported to the designated space.
  - Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor's note/local health department release) that they no longer meet CDC criteria for transmission-based precautions.
  - Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) must not be permitted to visit with a resident.
  - Facility must inform visitors that if they develop signs and symptoms, such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new onset loss of smell or taste within 2 days of visiting a resident or have a diagnosis of COVID-19, the visitor must immediately notify the facility of the date they were visiting and the resident's name. Facilities must immediately screen the resident who had contact with the visitor and follow up with the facility's medical director or resident's care provider.
- Visitors must bring and wear a proper face covering or mask covering both the mouth and nose for the entire visit. Facilities should also consider providing surgical face masks for visitors entering the



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facility, particularly those entering more frequently. As a reminder, facilities with PPE needs can make requests [here](#).

- Visitors, residents and staff must use alcohol-based hand rub before and after visitation and limit surfaces touched.
- Visitors must limit interactions with others and remain at least 6 feet from other residents and staff at all times.
- Visitors who are unable to adhere to requirements above should not be permitted to visit or should be asked to leave.

### Guidance for Outdoor Visitation

- Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.
- Facility must ensure appropriate personal care and supervision are provided for the safety of the resident by taking into consideration the needs of the resident and the situation. Some of these factors to be considered may include but are not limited to: the temperature and other weather conditions outside, the need for sunscreen, hydration, plan for supervising residents with wandering or other behaviors, appropriate clothing for the weather, and conditions or medications that may cause the resident to be heat-sensitive.
- The physical layout of visitation spaces must allow for appropriate social distancing of at least 6 feet between residents and visitors. Physically measuring and marking the visitation area may help residents and visitors stay appropriately distanced.
- When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one resident at the same time.

### Guidance for Indoor Visitation

- Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

NOTE: For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

### Compassionate Care Visits

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While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past)

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included. NC DHHS also recognizes the critical role that family members or other close caregivers have in the care and support of residents. We encourage facilities to consider how they can best protect their residents while recognizing that compassionate care is not limited to end of life or to the specific examples provided by CMS. Facilities may utilize the role of individuals who support residents with safe activities of daily living and provide additional support for the residents’ physical and mental wellbeing to promote individualized care.

Compassionate care visits may be facilitated regardless of a facility’s or resident’s COVID-19 status. Visitors to a resident on transmission-based precautions for COVID-19 should adhere to the additional PPE requirements. Compassionate care visits can occur indoors or outdoors depending on the resident’s needs.

Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, including providing access to appropriate PPE, and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

### **Ombudsman**

In-person access to the Regional Long-term Care Ombudsman may not be limited without reasonable cause. If in-person access is not advisable, facilities must, at minimum, facilitate alternative resident communication with ombudsman, such as by phone or through other use of technology.

The ombudsman is available for consultation if issues arise concerning patients’ rights.

### **Communal Dining**

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. These activities may be facilitated for residents who are not in isolation or quarantine

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for COVID-19. Facilities should consider additional limitations based on status of COVID-19 infections in the facility.

- 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.
- Plate food individually rather than family style.
- Reduce or eliminate condiments and shared items on tables and serve individual packets.
- Residents should perform hand hygiene at entrance to dining room and after meals.
- Designated area must be sanitized with EPA-registered disinfectant after each meal and as needed

**Indoor/Group Activities**

- Adhere to infection prevention measures including hand hygiene, use of proper face covering or face mask, and social distancing (6 feet).
- Ensure proper face covering or face mask for all individuals.
- Perform hand hygiene before and after activity.
- Limit group size such that infection prevention measures such as hand hygiene, use of face masks, and social distancing can be appropriately followed.
- Clean and sanitize activity equipment and supplies, per manufacturer's instructions, between uses and as needed.
- For outdoor activities, ensure appropriate personal care and supervision are provided for the safety of the resident by taking into consideration the needs of the resident and the situation. Some of these factors to be considered may include but are not limited to: the need for sunscreen, hydration, plan for supervising residents with wandering or other behaviors, appropriate clothing for the weather, and conditions or medications that may cause the resident to be heat-sensitive.

For additional information, please see CDC guidance on COVID-19:

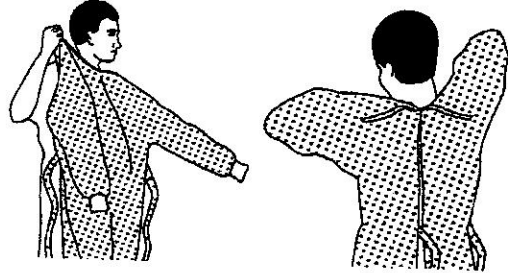
- o Steps to Take if You are Sick
- o Ending Home Isolation (If You Have Been Sick with COVID-19
- o Steps to Take if You are Exposed to COVID-19 (Quarantine)

# SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

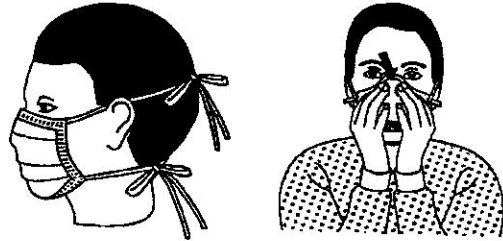
## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



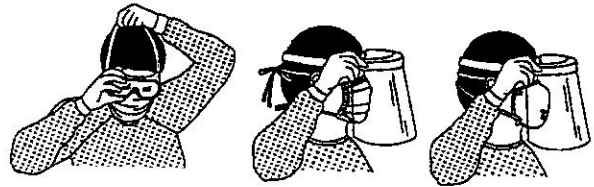
## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



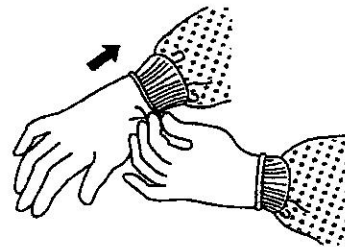
## 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



## 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

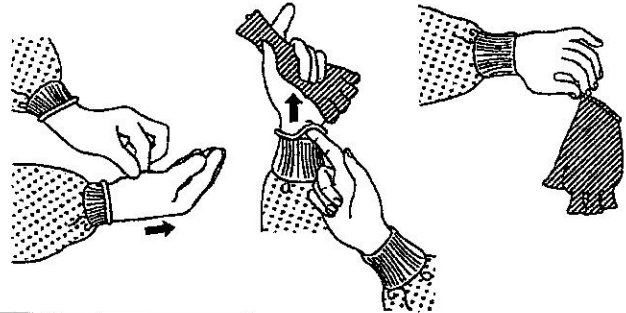


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



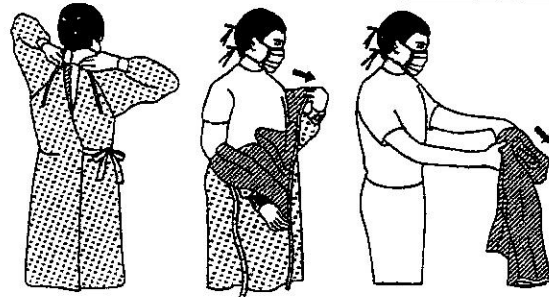
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

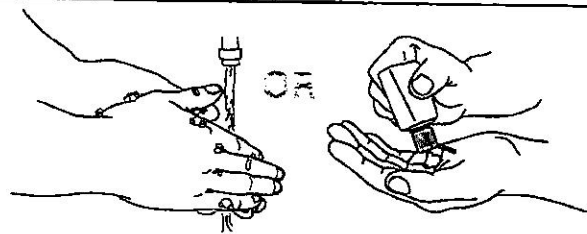


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**

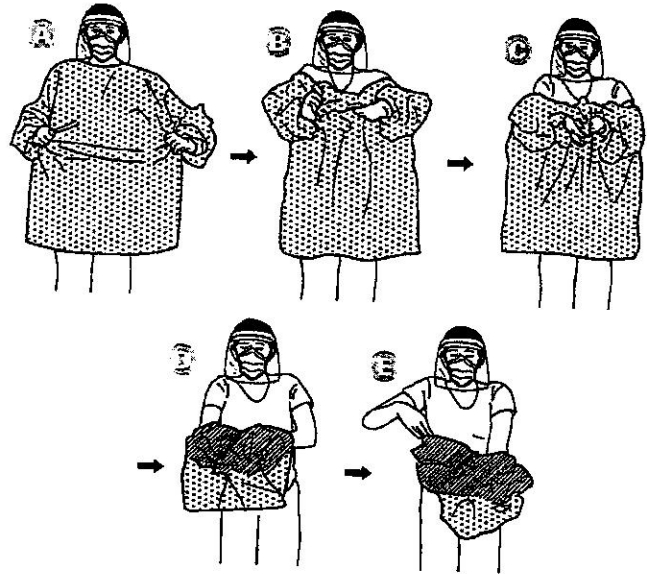


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container.



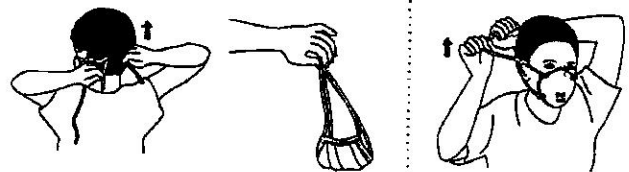
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

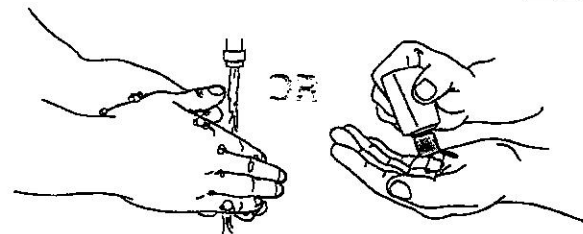


## 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



## ACTIVITY #9 Putting On (Donning) and Removing Gloves Check-off

### Putting on (Donning) Gloves

Steps	Performed Correctly?	
	Yes	No
1. Select correct size and type of gloves.		
2. Insert hands into gloves.		
3. Interlace fingers and smooth out folds creating a comfortable fit.		
4. Carefully look for tears, holes, or discolored spots in each glove.		

### Removing Gloves

Steps	Performed Correctly?	
	Yes	No
1. Grasp outside edge of one glove near wrist.		
2. Peel glove away from hand turning glove inside-out, with contaminated side on the inside.		
3. Hold the removed glove in the opposite gloved hand.		
4. With your ungloved hand, slide one or two fingers under the wrist of the remaining glove.		
5. Being careful not to touch the outside of the glove, pull down, turning the glove inside out and over the first glove as you remove it.		
6. Create a bag for both gloves.		
7. Discard gloves.		
8. Wash hands.		

Name of Person Performing Skill \_\_\_\_\_

Name of Person Observing Skill \_\_\_\_\_

## **Instructions for ACTIVITIES #9, #10, and #11 Gloving, Gowning, Masking Skills Check-offs**

### **Preparation**

Duplicate check-off sheets for each student: Activity #9 Putting On (Donning) and Removing Gloves, Activity #10 Putting On (Donning) and Removing Gown, and Activity #11 Putting On (Donning) and Removing Mask. Just before class begins, gather a variety of sizes of gloves, two disposable gowns per students, and two masks per students.

### **Instructions to Students**

"I am going to demonstrate how to put on and take off gloves, a gown, and a mask. Follow along with me using your check-off sheets. Each of you will receive two pairs of gloves, two gowns, and two masks – one set to practice with and one set to use for check-offs. After I am done demonstrating the skills, I want everyone to practice doing each of the three skills. After everyone has had a chance to practice, I will pair you up with another student. You will observe your partner performing the skills and check off the steps on the appropriate check-off sheet as each step is performed. Then, switch up. Put your name on your each of the check-off sheets and then write down who checked you off during the skills performance. Afterwards, you will turn in your check-off sheets to me."

### **Explanation of Activity**

Demonstrate each skill. Distribute check-off sheets to students. Distribute two pairs of gloves, two gowns, and two masks to each student – one set to practice with and one set to use for check-offs. As students practice, walk around, observe students, and make corrections as needed. Place students into pairs (or a three-some if necessary) for peer check-offs. Collect check-off sheets. Allow students to take a break.

### **Wrap-up**

While students are taking a break, look over check-off sheets and determine if further instruction or practice is needed. When students return from break, compliment them and ask them if they would like to share comments about their experiences.



## ACTIVITY #10 Putting On (Donning) and Removing Gown Check-off

### Putting On (Donning) Gown

Steps	Performed Correctly?	
	Yes	No
1. Select correct size and type of gown.		
2. Without shaking, open the gown and hold it in front of you.		
3. Slip arms into the sleeves and pull gown on.		
4. Tie the neck tie in a bow		
5. Reach behind and pull the gown together in the back so it covers your clothes.		
6. Tie the back tie in a bow.		

### Removing Gown

Steps	Performed Correctly?	
	Yes	No
1. Unfasten tie at neck.		
2. Unfasten tie at waist.		
2. Slip hands underneath the gown at neck and shoulder.		
3. Peel gown away from the shoulders.		
4. Turn contaminated outside of the gown toward the inside, making sure it is away from the body.		
4. Fold or roll gown into a bundle, with the contaminated side on the inside.		
5. Discard gown.		
6. Wash hands.		

Name of Person Performing Skill \_\_\_\_\_

Name of Person Observing Skill \_\_\_\_\_

## Activity #11 Putting On (Donning) and Removing Mask Check-off

### Putting on (Donning) Mask

Steps	Performed Correctly?	
	Yes	No
1. Select mask.		
2. Place over nose, mouth, and chin.		
3. Secure on head with ties or elastic.		
4. Adjust mask.		

### Activity #11b Removing Mask

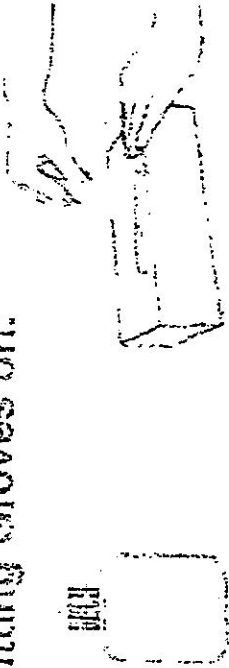
Steps	Performed Correctly?	
	Yes	No
1. Untie the bottom tie.		
2. Untie the top tie.		
3. Remove from face, holding mask with strings.		
4. Discard mask.		
5. Wash hands.		

Name of Person Performing Skill \_\_\_\_\_

Name of Person Observing Skill \_\_\_\_\_

# Proper Technique for Putting on and Removing Gloves

## Putting Gloves on:



1. Clean hands.



2. Take a glove from its box.

3. Handle glove carefully to avoid contamination.



4. Put on the first glove.



5. Take the second glove with the bare hand and handle carefully to avoid contamination.



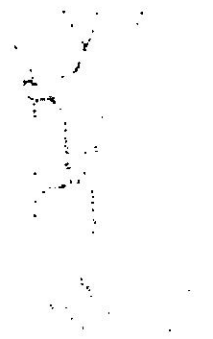
6. Try to avoid touching the skin of the forearm with the gloved hand as you put it on.

7. Once gloved, hands should not touch objects or pieces of equipment that are not needed for the task.

## Removing Gloves:



1. Pinch one glove at the wrist, without touching the skin of the forearm. Peel glove away from the hand, allowing the glove to turn inside out.



2. Hold the removed glove in the gloved hand. Slide fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold over the first glove.



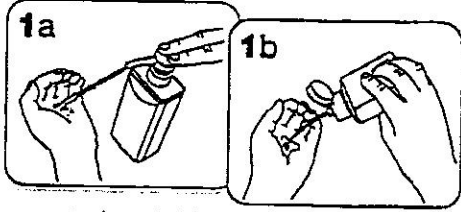
3. Discard the removed gloves into the garbage.



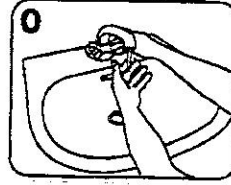
4. Clean hands.

KPI&A

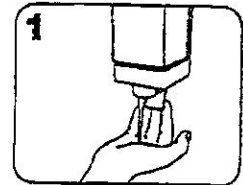
Public Health



Apply a palmful of the product in a cupped hand and cover all surfaces.



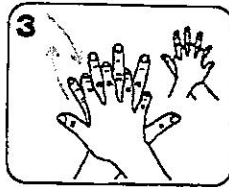
Wet hands with water



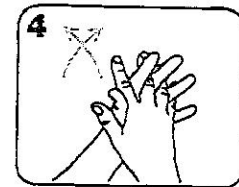
apply enough soap to cover all hand surfaces.



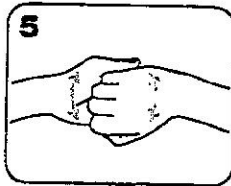
Rub hands palm to palm



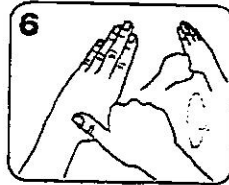
right palm over left dorsum with interlaced fingers and vice versa



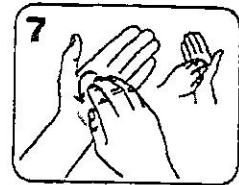
palm to palm with fingers interlaced



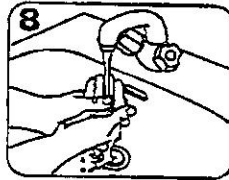
backs of fingers to opposing palms with fingers interlocked



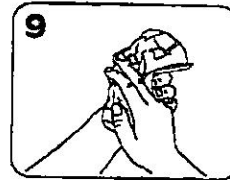
rotational rubbing of left thumb clasped in right palm and vice versa



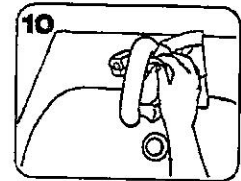
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



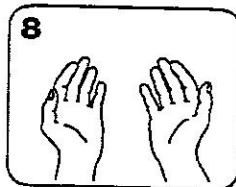
rinse hands with water



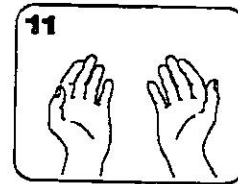
dry thoroughly with a single use towel



use towel to turn off faucet



...once dry, your hands are safe.

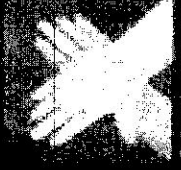


...and your hands are safe.

# 1. PREPARE PROPERLY\*



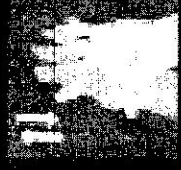
Wash hands and apply enough soap to cover both hands.



Rub palm to palm.



Right palm over left dorsum with interlocked fingers and vice versa.



Right palm with fingers interlaced.



Back of fingers to opposing palm with fingers interlaced.



Rotational rubbing of palm against thumb.



Rotational rubbing of thumb against palm with fingers interlaced.

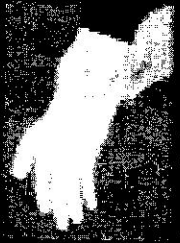


Rotate hands with fingers and thumb against palm with a single motion.



Use towel to turn off tap.

# 2. PERFECT DONNING



Grasp a wrist of one of your hands and carefully pull over the opposite hand.



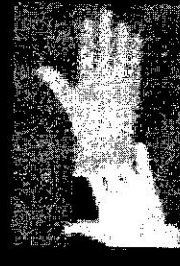
Carefully raise the glove up and stretch wrist to lower glove side.



Let the second glove stretch over the folded cuff of the first glove.



Carefully raise your second hand to fit that of the first glove.



Use the thumb and fingers to work the glove over the wrist.

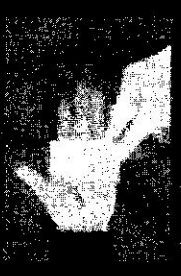


Do not touch your wrist or if required, do so only by grasping the proximal part.

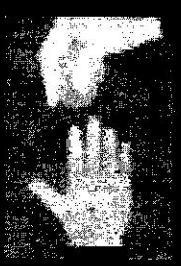
# 3. SAFER DOFFING



Grasp the wrist of the glove with your other hand and peel it away from the wrist.



Carefully peel the glove up and turn it inside out.



Let the second glove peel off from the first glove.



Do not touch your wrist or if required, do so only by grasping the proximal part.



Carefully peel the glove off from the proximal part.



Remove the proximal part by grasping the proximal part.

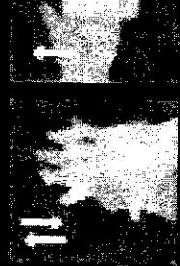
# 4. CLEANSE & CARE\*



Wash hands with soap and water for at least 20 seconds.



Use the palm of one hand to rub the back of the other hand with fingers interlaced.



Use the back of one hand to rub the palm of the other hand with fingers interlaced.



Use the palm of one hand to rub the back of the other hand with fingers interlaced.



Use the back of one hand to rub the palm of the other hand with fingers interlaced.



Use the palm of one hand to rub the back of the other hand with fingers interlaced.

Sign in

Attachment # 5

WELLCARE SERVICES  
HAND HYGIENE INSERVICE

DATE: 2/23/21

TOPICS OF  
DISCUSSION: Proper Technique for Putting  
on and removing gloves

STAFF IN ATTENDANCE:

<u>Nichole McNeil</u>	<u>Locklear</u>
<u>JD</u>	<u>Whanna Meek</u>
<u>Juanna Hunt</u>	<u>Taylor Crawick</u>
<u>Traci Jells</u>	<u>Danyale Stens</u>
<u>Camilia Bullock</u>	<u>W. D. A. D.</u>
<u>Cheryl Stanley</u>	

RN MANDY SALVAIL : Mandy Javard RN  
Certificate #0001286173

# Attachment #4

## SIC CHECK OFF LOG

- RESTOCK CARTS/INFECTION CONTROL
  - SCU
  - AL
- REVIEW WITH STAFF HAND HYGIENE
  - SANITIZE HANDS BEFORE HAVING DIRECT CONTACT WITH RESIDENTS.
  - WASH HANDS AFTER CONTACT WITH BLOOD, BODY FLUIDS OR EXCRETIONSS, MUCOUS MEMBRANES, NON-INTACT SKIN OR WOUND DRESSINGS.
  - SANITIZE HANDS AFTER CONTACT WITH A RESIDENTS INTACT SKIN (E.G WHEN TAKING A PULSE OR BLOOD PRESSUE OR LIFTING A RESIDENT).
  - SANITIZE HANDS AFTER CONTACT WITH INANIMATE OBJECTS(INCLDING MEDICAL EQUIPMENT) IN THE IMMEDIATE VICINITY OF THE RESIDENT.
  - SANITIZE HANDS AFTER REMOVING GLOVES.
- REVIEW WITH STAFF THE PROPER TECHNIQUE FOR WEARING MASK AND FACE SHEILDS.
  - MAKE SURE THE MASK COVERS BOTH NOSE AND MOUTH.
- CHECKING TEMPS OF STAFF & AUXILLARY PERSONNEL ENTRANCE BEFORE ENETRING THE BUILDING.
- ENSURING STAFF DISINFECT DOOR KNOBS, COMMON AREAS AND HAND RAILS

SHIFT \_\_\_\_\_

SIC SIGNATURE: \_\_\_\_\_

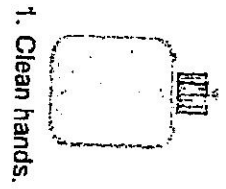
DATE: \_\_\_\_\_

PLEASE PLACE IN TOMEKA BOX AFTER EACH SHIFT..THANKS

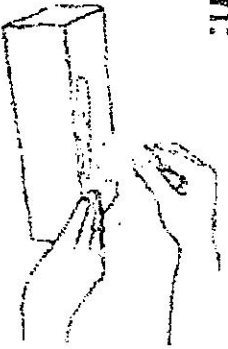
no eating or drinking on halls.....

# Proper Technique for Putting on and Removing Gloves

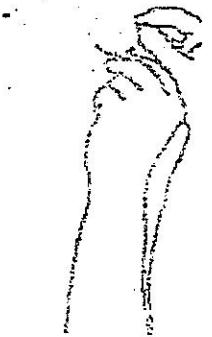
## Putting Gloves on:



1. Clean hands.



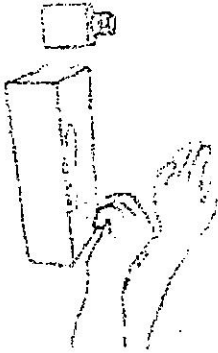
2. Take a glove from its box.



3. Handle glove carefully to avoid contamination.



4. Put on the first glove.



5. Take the second glove with the bare hand and handle carefully to avoid contamination.



6. Try to avoid touching the skin of the forearm with the gloved hand as you put it on.



7. Once gloved, hands should not touch objects or pieces of equipment that are not needed for the task.

## Removing Gloves:



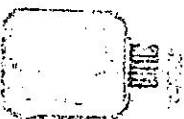
1. Pinch one glove at the wrist, without touching the skin of the forearm. Peel glove away from the hand, allowing the glove to turn inside out.



2. Hold the removed glove in the gloved hand. Slide fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold over the first glove.



3. Discard the removed gloves into the garbage.



4. Clean hands.



# Attachment # 3

Rivers Edge of Lumberton 2/24/21

I have read, received copy, and understand the policies for COVID and Infection Control along with all updates:

Signature	Signature
Sharon Burden	Sharon Burden
Tabatha Bullard	Tabatha Bullard
Stephanie Henderson	Stephanie Henderson
Sheila Jacobs	Sheila Jacobs
Cardiace Seals	Cardiace Seals
Leticia Gustafson	Leticia Gustafson
VICTORIA HUNT	VICTORIA HUNT
April Deese	April Deese
Twanna Hunt	Twanna Hunt
Candice Gustafson	Candice Gustafson
Margarete Smith	Margarete Smith
Dorjela Elerby	Dorjela Elerby
Jay Pude	Jay Pude
Teri Meares	Teri Meares
Taylor Chavis	Taylor Chavis
Michelle Bailey	Michelle Bailey
Anastasia Thomas	Anastasia Thomas
Elony Stanley	Elony Stanley
Candi Jacobs	Candi Jacobs
Annie Lindsey	Annie Lindsey
Tina McNeill	Tina McNeill
Tiyana Stephens	Tiyana Stephens
Brittany Hunt	Brittany Hunt
Osalah Buchanan	Osalah Buchanan

# *Rivers Edge of Lumberton*

## TRAINING ON INFECTION CONTROL POLICIES AND UPDATES

Date: \_\_\_\_\_

- Received updated Infection Control Prevention in LTF's (Feb. 10<sup>th</sup>) and read
- Received training on hand hygiene, glove on and off, PPE donning and doffing handout and read
- **These are the things that DHSR and AHS expect to see during on-site visits:**
  1. Daily screening for all residents and staff including temps, the presence of symptoms, exposure to COVID
  2. Staff screening at the start of each shift
  3. Screening for residents upon returning to the facility (from appointments, outings, leave of absence, hospitalization)
  4. Visitor screening (ALL visitors should be screened before walking into the facility) Their temperatures should be taken. \*This goes for DHSR and AHS staff as well
  5. PPE (personal protective equipment)/hand hygiene (ie Mask, gloves, gowns, sanitizer, etc.)
  6. You will want to make sure that you have plenty of hand sanitizer and that its out in the open and easily accessible to STAFF, VISITORS, and RESIDENTS
  7. That all staff are wearing their mask appropriately covering their nose and mouth (and that they are encouraging residents (taking cognitive status into account) to wear their mask as well)
  8. Staff are trained in putting on and taking off PPE equipment
  9. Location of screening area
  10. Staff would be asked how often they are screened, who is responsible for screening, what symptoms are they looking for when screening residents
  11. Residents will be asked how often they're are screened and If they've been educated on symptoms to report to staff
  12. Health care staff in the facility will be asked similar questions as well.
  - 13. One very important thing to note is staff should be sanitizing before and after giving a resident medication as well as between going in and out of resident rooms and/or providing resident care. For example, if a staff goes into a resident's room that staff should sanitize their hands after leaving the room before going to assist another resident.**

I have read and understand the policies for COVID and Infection Control along with all updates:

I attest that I have none of the following symptoms:

- Fever over 100.4
- Cough
- Shortness of breath
- Nausea/Vomiting
- Diarrhea
- Headache
- Muscle Soreness
- Fatigue
- Have traveled to countries with coronavirus alerts within 14 days
- Have had contact with someone with confirmed COVID-19 within 14 days of onset of symptoms

In the event that I begin to have any of these symptoms I will report to the supervisor/management and seek medical attention immediately.