

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2021
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NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on April 21, 2021.	C 000		
C 265	<p>10A NCAC 13G .0904(c)(2) Nutrition And Food Service</p> <p>10A NCAC 13G .0904 Nutrition And Food Service (c) Menus in Family Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure menus were maintained in the kitchen and identified the current menu for guidance of food service staff for the five residents residing in the facility.</p> <p>The findings are:</p> <p>Observation of the kitchen menu on 04/21/21 at 10:47am revealed: -A single, undated piece of paper with Tuesday lunch, Tuesday dinner, Wednesday lunch, and Wednesday dinner typed on the paper was posted on the front of the refrigerator. -The Wednesday lunch meal service was documented as ham, macaroni and cheese, and peas with cooking instructions typed next to each item listed.</p> <p>Observation of the week-at-a-glance menu</p>	C 265		

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

Division of Health Service Regulation

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C 265	<p>Continued From page 1</p> <p>posted on the front of the refrigerator on 04/21/21 at 10:48am revealed:</p> <ul style="list-style-type: none"> -The menu was labeled as cycle 2, 2020-2021. -The Wednesday lunch meal was dated September 16th, October 14th, November 11th, December 9th, January 8th, February 3rd, March 3rd, and March 31st. -The Wednesday lunch had stuffed chicken with cornbread dressing, asparagus, beets, dinner roll, fruit basket crumble, milk and beverage of choice documented as what was to be served. <p>Interview with the Supervisor-in-Charge (SIC) on 04/21/21 at 10:50am revealed:</p> <ul style="list-style-type: none"> -The week-at-a-glance menu posted on the refrigerator was an "old menu". -The correct lunch meal to be served on 04/21/21 was on the single piece of paper and was ham, macaroni and cheese, and peas. -The food for the facility was delivered on Mondays, Wednesdays, and Fridays and she would receive a new piece of paper with typed instructions on what to serve and instructions on how to prepare it. -The kitchen manager would type out the instructions for the meal service and send a copy to the facility with the food that was delivered for those days. -The typed piece of paper was not an "official" menu and had not been signed by a registered dietician. -She made substitutions for alternate meals by the resident's preference. <p>Observation of the lunch meal service on 04/21/21 from 12:00pm through 12:40pm revealed:</p> <ul style="list-style-type: none"> -One resident was served lunch in his room and it consisted of a peanut butter and banana sandwich, glass of milk, and glass of pineapple 	C 265		

Division of Health Service Regulation

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C 265	<p>Continued From page 2</p> <p>and apple juice mixed together.</p> <p>-A second resident was served beef tips with mushroom gravy, macaroni and cheese, peas, a prepackaged fruit cup, a glass of milk, and a glass of water in her room.</p> <p>-There were two other residents served beef tips with mushroom gravy, macaroni and cheese, peas, a prepackaged fruit cup, a glass of milk, and a glass of water at the dining room table.</p> <p>-There was a brown paper bag from a fast food restaurant setting at the end of the table.</p> <p>Interview with the SIC on 04/21/21 at 12:20pm revealed the bag of food from a fast food restaurant was brought in by a family member for the fifth resident.</p> <p>Review of the current menu faxed to the facility from a sister facility on 04/21/21 revealed the Wednesday lunch meal to be served was documented as ham, macaroni and cheese, peas, and a fruit cup.</p> <p>Interview with the SIC on 04/21/21 at 2:45pm revealed:</p> <p>-She could not find the ham to fix for the lunch meal service, so she substituted beef tips with mushroom gravy.</p> <p>-She did not have a menu to reference for substitutions.</p> <p>-She fixed the beef tips with mushroom gravy because she had it on hand.</p> <p>-She fixed one resident a peanut butter and banana sandwich for lunch per his request.</p> <p>Telephone interview with the Administrator on 04/21/21 at 4:58pm revealed:</p> <p>-The kitchen manager had a full menu signed by the registered dietician in her facility.</p> <p>-The kitchen manager printed off a "couple days'</p>	C 265		

Division of Health Service Regulation

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C 265	Continued From page 3 worth" of what was documented on the menu and how to prepare the food on a piece of paper and sent it to the facility. -Substitutions were made without a menu based on resident preference. -He did not know why the SIC had prepared beef tips with mushroom gravy instead of the ham that was supposed to be served for the lunch meal service. -He expected staff to serve what was listed on the menu.	C 265		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious 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.	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 4</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 recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents regarding the proper use of facemasks and visitor screening.</p> <p>The findings are:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) guidance related to preventing the spread of COVID-19 in long term care facilities (LTCF) dated 05/29/20 revealed: -All visitors were supposed to be screened for the presence of fever and symptoms consistent with COVID-19 when they entered the building. -Staff were always supposed to wear a facemask while they were in the facility. -A central point of entry to the facility was supposed to be designated for screening.</p> <p>Review of the North Carolina Department of Health and Human Services (NC DHHS) guidance for smaller residential settings dated 06/26/20 revealed visitors to the facility should be screened for symptoms of illness and known exposure to COVID-19.</p> <p>Review of the CDC guidance related to the COVID-19 vaccination and infection control and prevention after vaccination dated 01/05/21 revealed:</p>	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 5</p> <p>-After vaccination, staff were supposed to continue to follow all current guidance to protect themselves and others, including wearing a facemask and following guidance on visitation.</p> <p>-These recommendations continued to be the primary way that LTCF residents and healthcare personnel (HCP) were protected until vaccination was widespread.</p> <p>Review of the CDC guidance related to use of facemasks dated 01/30/21 revealed:</p> <p>-Facemasks were a critical step to help prevent people from getting and spreading COVID-19.</p> <p>-Wearing a mask correctly provided maximum protection against getting and/or spreading COVID-19.</p> <p>Review of the CDC guidance related to interim infection prevention and control recommendations for HCP dated 02/10/21 revealed:</p> <p>-Everyone entering a facility was supposed to be screened for signs and symptoms of COVID-19.</p> <p>-Symptom screening remained an important strategy to identify those who could have COVID-19 so appropriate precautions could be implemented.</p> <p>-A process was supposed to be established to ensure everyone entering the facility was assessed for symptoms of COVID-19 or exposure to others with suspected or confirmed COVID-19 infection.</p> <p>-There was information on obtaining reliable temperature readings.</p> <p>Review of the CDC interim infection prevention and control recommendations for HCP during the COVID-19 pandemic dated 02/23/21 revealed:</p> <p>-Universal source control measures were supposed to be implemented.</p>	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Source control referred to the use of well-fitting facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions when they breathed, spoke, sneezed, or coughed. -The use of facemasks offered protection against exposure to infectious droplets and particles produced by people infected with COVID-19. -HCP were always supposed to wear well-fitting source control while they were in the healthcare facility. <p>Review of the CDC guidance related to preventing the spread of COVID-19 in LTCF dated 03/29/21 revealed:</p> <ul style="list-style-type: none"> -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -Even as LTCF resumed normal practices and began relaxing restrictions, core infection prevention practices were to be maintained. <p>Review of the facility's Infection Prevention and Control policy dated 02/24/21 revealed:</p> <ul style="list-style-type: none"> -It was the facility's responsibility to provide appropriate personal protective equipment (PPE) for staff, residents, and visitors. -A surgical mask should be used inside the facility. -To assist with source control, the resident would be asked to wear a mask. -All staff would be screened for fever and respiratory symptoms at the start of each shift by a temperature taken and screening questions asked and documented on a staff and visitor log. -Whenever staff was within 6 feet of residents, visitors and fellow staff members were to wear a surgical mask and goggles/face shields. -All visitors would be screened for fever and respiratory symptoms upon entrance into the 	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 7</p> <p>facility by a temperature taken and screening questions asked and documented on a staff and visitor log.</p> <p>Review of the facility's memo sent out to staff dated 08/12/20 revealed:</p> <ul style="list-style-type: none"> -Always use a facemask, goggles/face shields and gloves when you are caring for residents or you are within 6 feet of anyone such as staff, essential personnel, and any human being. -Practice social distancing. -Perform daily COVID-19 screenings on all staff, residents, and visitors. <p>Observation upon arrival at the facility on 04/21/21 at 9:45am revealed:</p> <ul style="list-style-type: none"> -A staff member from a sister facility answered the door and was not wearing a facemask. -The staff member then applied a facemask. -The Manager-in-training sat at a table in a central location in the home not wearing a facemask with one resident walking around in the same room. -A facemask was setting on the table in front of the Manager-in-training. -The Supervisor-in-Charge (SIC) was wearing a facemask when she exited a resident room to meet the survey consultant. -Two visitors entered the facility to view a vacant room, both wore facemasks but were not screened by checking their temperatures or asked COVID-19 screening questions. -The staff member, manager-in-training, or SIC did not screen the surveyor by checking a temperature or asking COVID-19 screening questions. <p>Interview with the SIC on 04/21/21 at 10:50am revealed:</p> <ul style="list-style-type: none"> -She "normally" screened all visitors by checking 	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 8</p> <p>their temperature, asking the COVID-19 screening questions, and documented it on a staff and visitors log.</p> <p>-She did not screen the surveyor because she had been in a resident's room and was "caught off guard".</p> <p>-She did not screen the visitors viewing a vacant room because she was "nervous".</p> <p>-It was the facility's policy to screen all staff and visitors and document the screening on the staff and visitor log upon entrance to the facility.</p> <p>-After prompting, a temperature was checked and COVID-19 screening questions were asked of the surveyor and documented on the staff and visitor screening log.</p> <p>Observation of the SIC on 04/21/21 at 11:06am revealed she was standing less than 2 feet of the manager-in-training (who was not wearing a facemask), pulled her facemask down below her chin exposing her mouth and nose to converse.</p> <p>Interview with the manager-in-training on 04/21/21 at 11:12am revealed:</p> <p>-All residents had been administered 2 doses of the COVID-19 vaccine.</p> <p>-She was administered both doses of the COVID-19 vaccine; therefore she only had to wear a facemask if she was within 6 feet of other staff or residents.</p> <p>-The SIC had not been vaccinated with the COVID-19 vaccine.</p> <p>-The other staff member visiting the facility was not wearing a mask because she had been vaccinated with both doses of the COVID-19 vaccine.</p> <p>-It was the facility's policy for all staff to wear mask when they were within 6 feet of a resident or another person regardless of COVID-19 vaccination status.</p>	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 9</p> <p>-If visitors had been administered both COVID-19 vaccinations, they could visit but were required to wear a facemask and confined to the resident's private room.</p> <p>-If a visitor had not received both COVID-19 vaccinations, they were restricted to window visits.</p> <p>-The facility provided weekly COVID-19 testing for any staff or visitors that had not received both COVID-19 vaccinations.</p> <p>Observation of the SIC in the main open area of the facility on 04/21/21 at 1:39pm revealed she was not wearing a facemask while a resident, not wearing a facemask, sat at the dining room table.</p> <p>Observation of a visitor/guardian on 04/21/21 at 2:05pm revealed she entered the facility wearing a facemask, was not screened with a temperature taken or COVID-19 screening questions asked and walked into a resident room.</p> <p>Review of the staff and visitor screening log on 04/21/21 at 2:06pm revealed: -There were 3 documented entries on the staff and visitor log on 04/21/21. -The SIC was documented on the first entry dated 04/21/21. -The second documented entry on 04/21/21 was a maintenance staff member. -The third documented entry on 04/21/21 was the surveyor.</p> <p>Observation of the visitor/guardian on 04/21/21 at 2:10pm revealed she was not wearing a facemask in the resident's room.</p> <p>Interview with the visitor/guardian on 04/21/21 at 2:10pm revealed: -The facility staff did not check her temperature or</p>	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 10</p> <p>ask her the COVID-19 screening questions when she entered the facility.</p> <ul style="list-style-type: none"> -The facility staff told her she did not have to be screened anymore because she had been administered both COVID-19 vaccinations. -She would wear a mask when she visited at the facility except, she would remove it in the resident's room. -She visited the facility almost daily. -The facility staff had not screened her for COVID-19 since the beginning of February 2021 when all of the residents were administered the second dose of the COVID-19 vaccine. -Staff used to wear a facemask all the time but they did not wear one anymore. -All staff had not been vaccinated with the COVID-19 vaccine and she thought staff should wear a facemask. <p>Telephone interview with the Administrator on 04/21/21 at 4:58pm revealed:</p> <ul style="list-style-type: none"> -The facility provided weekly COVID-19 testing until both vaccines had been administered to all residents. -All staff and visitors were supposed to be screened for COVID-19 upon entrance into the facility by using the screening questionnaire and temperature check and the fact that all visitors and staff were not screened "is on us". -He expected staff to adhere to the policy of screening staff and visitors for COVID-19. -He told staff they were required to wear a facemask if they were within 6 feet of a resident, another staff member, or visitor but if they were beyond 6 feet, they were not required to wear a facemask inside the facility. -He used "practical application, common sense, and guidance from the CDC" to determine how staff needed to wear PPE; "it's on me, not them". 	C 612		

Division of Health Service Regulation

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C 612	<p>Continued From page 11</p> <p>-The SIC should have completed screening on the surveyor, manager-in-training, staff member from another facility, and the 3 visitors today (04/21/21).</p> <p>_____</p> <p>The failure of the facility to screen visitors to the facility for exposure to, and symptoms of COVID-19 through a screening questionnaire and temperature check and to ensure staff wore facemasks in accordance with guidelines published by the CDC and the NC DHHS increased the risk of transmission and infection of COVID-19 to the residents. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/21/21 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 5, 2021.</p>	C 612		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's 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 regulations.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to assure each resident was free of neglect related to infection prevention and control program.</p>	C 912		

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C 912	<p>Continued From page 12</p> <p>The findings are:</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents regarding the proper use of facemasks and visitor screening. [Refer to Tag C 0612 10A NCAC 13G .1701 (c) Infection Prevention and Control Program (Type B Violation)]</p>	C 912		