STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal013046	A. BUILDING: _____ B. WING _____	R-C 06/04/2021

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THE LANDINGS CABARRUS	4968 MILESTONE AVE KANNAPOLIS, NC 28081

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Cabarrus County Department of Social Services conducted a complaint investigation on June 2, 2021 to June 4, 2021.	D 000		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (Resident #2) related to a medication used to treat pain. The findings are: Review of Resident #'2's current FL2 dated 02/17/21 revealed: -Diagnoses included surgical repair of right femur fracture, anemia, adult failure to thrive, aphasia, dementia, and depressive episodes. -There was an order for Tylenol 325mg, three tablets twice daily (used to treat pain). Review of Resident #2's signed FL2 Medication Clarification dated 02/22/21 revealed Resident #2 was to receive Tylenol 325mg, three tablets three	D 358		

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D 358	Continued From page 1 times daily. Review of a signed physician order dated 04/01/21 for Resident #2 revealed: -Resident #2 was ordered Tramadol 50mg one tablet two times daily (used to treat pain). -The scheduled Tylenol was to be discontinued when the Tramadol was received from the pharmacy. Review of Resident #2's April 2021 electronic Medication Administration Record (eMAR) revealed: -There was an entry dated 04/02/21 for Tramadol 50mg one tablet twice daily scheduled to be administered at 8:30am and 8:30pm. -Tramadol was documented as administered twice daily from 04/02/21 through 04/30/21 except from 04/09/21 through 04/12/21 when Resident #2 was in the hospital. -There was an entry for Tylenol 325mg, three tablets three times daily, scheduled to be administered at 8:30am, 2:00pm, and 8:30pm. -Tylenol 325mg three tablets three times daily was documented as administered from 04/01/21 to 04/07/21. Interview with the Resident Care Coordinator (RCC) on 06/03/21 at 1:31pm revealed: -Resident #2's routine Tylenol should have been discontinued when the Tramadol 50mg twice daily started being administered. -All new orders were placed in a folder and she was responsible for reviewing them and ensuring they were accurate on the residents' eMARs. -She and the Administrator were responsible for verifying and approving orders on the eMAR. Interview with Resident #2's nurse practitioner (NP) on 06/03/21 at 4:23pm revealed:	D 358		

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D 358	Continued From page 2 -Resident #2 had increased pain and she started him on Tramadol 50mg twice daily. -The Tylenol 325mg three tablets three times daily was to be discontinued when the Tramadol started. -She would be concerned if the continued Tylenol put him over the 3,000mg recommended daily limit. -She had not been notified Resident #2 continued to receive the scheduled Tylenol after the Tramadol was started. Interview with the RCC on 06/04/21 at 10:58am revealed: -The facility used a colored folder system to track physician medication orders. -The medication aides (MA) were to check the folders at the start of each shift for any new medication orders or any orders needing to be sent from the pharmacy. Interview with the Administrator on 06/04/21 at 2:24pm revealed: -The MAs were to check the medication folders at the start of each shift for any new medication orders. -The RCC was responsible to approving and following up on physician orders	D 358		
D 601	10A NCAC 13F .1801 (a) (b) Infection Prevention & Control Program (Emer) DO NOT USE/CITE AFTER 12/29/2020 10A NCAC 13F .1801 Infection Prevention and Control Program (Emergency Rules) (a) In accordance with Rule 13F .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement a comprehensive infection prevention	D 601		

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D 601	Continued From page 3 and control program (IPCP) consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines on infection prevention and control. (b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human Services. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and the Local Health Department (LHD) were implemented and maintained to provide protection of the residents during a non-invasive Type A Streptococcus outbreak and the Global Coronavirus (COVID-19) pandemic as related to staff not wearing required personal protective equipment (PPE) while providing personal care to a resident who had been placed in isolation with transmission based precautions, and not wearing required PPE while providing care to all residents in the facility. The findings are:	D 601		

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D 601	Continued From page 4 Review of the CDC guideline for the prevention and spread of infectious agents in long term care (LTC) facilities revealed: -Transmission-Based precautions, contact precautions and droplet precautions, are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. -Contact precautions require the use of personal protective equipment (PPE) appropriately, including gloves and gown. Healthcare personnel should wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. -Droplet precautions are initiated for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Healthcare personnel should clean their hands before entering and when leaving the room. Make sure the eyes, nose and mouth are fully covered. Remove face protection before room exit. -A strong infection prevention and control program is critical to protect both residents and healthcare personnel. Review of the CDC Recommendations for Healthcare Personnel During the Coronavirus Disease dated 02/10/21 revealed the following should be worn by healthcare personnel for source control while in the facility and for protection during patient care encounters: an N95 respirator or a facemask with a nose wire to help	D 601		

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D 601	Continued From page 5 the facemask conform to the face. Review of the NC DHHS guidelines for Visitation, Quarantine and Communal Activities, Core Principles of Infection Prevention, dated 05/05/21 revealed cloth face coverings are not healthcare personnel appropriate use of PPE. Review of the NC DHHS guidelines for the prevention and spread of the Coronavirus Disease in LTC facilities, strategies to optimize PPE-facemasks, dated 08/2020 revealed cloth coverings are not considered PPE because of their capability to protect healthcare personnel. Telephone interview with the LHD Registered Nurse (RN) on 06/02/21 at 1:15pm revealed: -The LHD staff came out to facility on 05/11/21 to discuss infection control recommendations specific to the Invasive Group A Streptococcus infection. -She spoke with the Administrator and the RCC, and developed a template for the Administrator to assist the facility in implementing the recommendations made at that meeting. -She provided laminated signs to post on the doors of infected residents to remind healthcare workers and visitors appropriate PPE to wear when entering the room. -The signs to be posted were for droplet precautions and contact precautions. -Proper PPE to be worn when entering included facemask, gloves, gown and eye protection. -When leaving the resident's room, PPE should be discarded in the receptacle by the door. Review of the facility's Standard Precautions and Infection Control policy dated 04/06/21, 04/07/20 and 10/21/20 revealed: -The facility shall implement recommendations to	D 601		

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D 601	Continued From page 6 the greatest extent practicable provided by the local health department in response to a suspected or confirmed communicable disease case. -A surgical mask and gloves were to be worn when staff were within 3 feet of a resident on droplet precautions. -Staff to wear gowns and gloves for all interactions that may involve contact with the resident or the resident's environment. -All blood and body fluids to include respiratory droplets will be considered potentially infectious. -Gloves, gowns, masks, eye shields and /or goggles are provided. -The Community will maintain a supply of these items in the medication rooms. Telephone interview with the LHD RN on 06/02/21 at 11:40am and 06/03/21 at 12:08pm revealed: -On 04/09/21 a resident was sent to the hospital with a fall and diagnosed with Invasive Type A Streptococcus. -The resident was sent to rehabilitation for strengthening after discharge from the hospital and returned to the facility on 05/05/21. -The LHD was contacted by the hospital on 04/11/21 to report Resident #1 had been diagnosed with sepsis due to Invasive Type A Streptococcus. -The LHD RN attempted to contact the Administrator -She sent the Administrator an email on 05/07/21 to inform her the LHD staff would be coming to the facility on 05/10/21 to discuss infection surveillance and control practices. -She and a co-worker attended the meeting on 05/11/21 and provided the Administrator and the RCC with information regarding PPE and infection surveillance information for the staff and residents.	D 601		

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D 601	Continued From page 7 -On 05/14/21, the Administrator notified the LHD that a resident presented with a red and swollen face and had developed a temperature overnight. -She went to the facility on 05/14/21 and swabbed a second resident for possible Streptococcus infection. -The laboratory returned the second resident's results on 05/17/21 as positive for non-invasive Type A Streptococcus. -She contacted the facility with the results and returned to the facility on 05/17/21 to swab all the residents. -She provided laminated signs from the CDC highlighting the proper PPE to be worn and to be disposed of when providing personal care to the second resident who tested positive. -The signs she provided were for Droplet precautions and Contact precautions, and included the proper PPE to be worn when entering the room included facemasks, gloves, gown and eye protection. -When leaving the resident's room, PPE should be discarded in the receptacle by the door. -However, the Administrator informed the LHD the facility staff had made their own signs and already placed them on the resident's door.. -She did not see the facility's sign posted on the resident's door. Review of the Centers for Disease Control and Prevention, Epidemiology Field Officer's recommendation, on 06/02/21, for non-healthcare personnel entering the rooms of any resident revealed the use of a medical grade facemask (or respirator). Observation of the facility created sign on Resident #2's door read " Droplet precautions required upon entry; Masks and gloves required; Dispose of gloves when exiting the room."	D 601		

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D 601	Continued From page 8 Observation of facility staff on 06/02/21 from 9:30am through 1:20pm and 06/03/21 from 9:00am through 2:15pm revealed: -The Management staff and housekeeping staff wore cloth masks while interacting with residents and staff and performing housekeeping duties in residents's room. -Two care staff were observed with cloth masks while providing personal care to residents. Review of the facility's screening questions and protocol on the IPad at the front entrance of the facility revealed: -If staff or visitor answered no to any of the screening questions, they were to be evaluated by the RCC or Administrator as to whether they should enter the building. -If staff had influenza type symptoms and body aches and/ or a temperature and are feeling ill, they should not come to work. Interview with the Maintenance Director (MD) on 06/02/21 at 11:35am revealed: -The MD had a sore throat on 05/14/21 which he reported to the RCC and the Health Department staff person who was in the building that day. -He did not have a fever and exhibited no other symptoms. -He was instructed by the LHD to see a physician over the weekend if he had worsening symptoms, and he continued working. -On 05/17/21, the MD had worsening symptoms and was swabbed for Streptococcus while at work. -His temperature was monitored by facility staff and he did not present with a fever while at work. -He completed his shift that day. -On 05/18/21, the MD called out from work due to illness.	D 601		

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D 601	Continued From page 9 -He had flu like symptoms and his sore throat was worse. -He returned to work on 05/19/21 and was informed by the Administrator, around noontime, he had tested positive for non-invasive Type A Streptococcus. -The Administrator sent the MD home and he was seen by his primary care provider (PCP) that day and started on antibiotic treatment. -He was instructed by his PCP to complete the 5 day round of antibiotics and he could return to work upon completion. -He had been in Resident #3's room on 05/19/21 before receiving the results of his testing to assist with reprogramming his television remote. -He had also attended a staff meeting earlier in the day. Interview with a first shift medication aide (MA) on 06/02/21 at 10:01am revealed: -She provided care to a resident who was on transmission based precautions. -There was a table outside his room with gloves and surgical masks. -Staff were instructed by the RCC to wear gloves and a surgical mask when entering Resident #2's room to provide personal care, and to dispose of the gloves when exiting the room. -Staff were not instructed to remove the surgical mask when exiting Resident #2's room. -Staff could wear the same mask all day unless it was soiled or wet. Observation of a first shift personal care aide (PCA) on 06/02/21 at 3:52pm revealed: -She was wearing a cloth facemask in the hallway. -She entered a resident's room to provide personal care wearing the cloth facemask.	D 601		

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D 601	Continued From page 10 Interview with the first shift PCA on 06/02/21 at 3:52pm and a telephone interview on 06/04/21 at 12:51pm revealed: -She wore surgical facemasks in the facility before she was vaccinated. -She began wearing a cloth facemask a week after she was fully vaccinated. -She provided care to residents while wearing the cloth facemask. -She provided care for one of the residents when he was on transmission based precautions for Streptococcus A. -She could not remember if there was a sign on the resident's door when he was on precautions. -There were surgical facemasks and gloves available on a table in the hall at the entrance to the resident's room. -She removed her cloth facemask and placed it with her belongings in the staff room across the hall, before entering the resident's room. -She wore a surgical facemask when caring for the resident and disposed of it prior to exiting the room. -She washed her hands in the resident's bathroom before exiting his room. -She sanitized her hands and replaced her cloth facemask after leaving the resident's room. Interview with another first shift medication aide (MA) on 06/03/21 at 11:50am revealed: -There were two signs on the resident's door when he was on transmission-based precautions for Streptococcus A infection. -She presented a sign that stated, "Resident in quarantine until ...". -The sign she presented was a prototype of the sign used with a blank space for the date the "quarantine" would be completed. -She was unsure what was stated on the second sign.	D 601		

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D 601	Continued From page 11 Interview with the Administrator on 06/03/21 at 11:55am revealed: -A resident was diagnosed with non-invasive Type A Streptococcus infection on 05/17/21. -She requested the receptionist at the facility to create a computer generated transmission-based precautions sign immediately after Resident #2 was diagnosed and it was placed on his door. -The LHD brought 2 laminated signs to post on residents' doors for contact precautions and droplet precautions after the facility sign had been posted. -She did not review the signs provided by the LHD at that time and kept them for future reference. -It was her understanding, the facility created sign was reflective of the information the LHD had provided in their meeting of 05/11/21. -The transmission based precaution signs provided by the LHD were never placed on Resident #2's door. Interview with the Receptionist on 06/03/21 at 12:06pm revealed: -The Administrator dictated to her the wording for Resident #2's transmission-based precautions sign. -She saved a copy of the sign on the computer in case she needed to print one in the future. -She printed the sign for Resident #2, put it in a sheet protector and gave it to the Administrator. Interview with a third MA on 06/03/21 at 12:54pm revealed: -She administered medications and provided personal care to Resident #2 when he was on transmission-based precautions. -She remembered two white signs on Resident #2's door.	D 601		

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D 601	Continued From page 12 -The signs were "Resident in Quarantine until ...." and the computer generated sign printed by the receptionist. Interview with the Maintenance Director on 06/03/21 at 1:58pm revealed: -Prior to his Streptococcus infection, he did not wear gloves when in resident's rooms and did not wash his hands prior to leaving resident rooms for minor things like hanging a picture or fixing a resident's television remote. -He currently wears gloves when entering all resident rooms and washes his hands before exiting. -When he left Resident #3's room after fixing his television remote on the 05/19/21 he did not wash his hands. Interview with the Administrator on 06/03/21 at 2:45pm revealed: -When she was notified Resident #2 was positive for Type A Streptococcus, she set a table outside his room with masks and gloves, and placed a sign created by the facility on his door. -The sign reminded the staff and visitors droplet precautions were to be observed, with gloves and masks to be worn in his room and gloves disposed of when exiting the room. -She did not know the surgical masks were also to be disposed of when the staff exited the room. -She thought the surgical masks could be worn the entire shift as long as they were not stained, even when entering and exiting a resident's room who was on transmission based precautions. -She misunderstood the LHD directives concerning the removal of masks as well as gloves when exiting Resident #2's room. -On 05/14/21, when the MD complained of a slight sore throat with no other symptoms she did not send him home because the LHD staff was	D 601		

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D 601	Continued From page 13 present and did not recommend that course of action to her. -She allowed the MD to stay and work on that day and on 05/17/21 after he was swabbed for the Streptococcus infection because she thought if he had to be sent home, the LHD would have instructed him to do so. -She also thought the current recommendation for facility healthcare workers and staff was to wear masks, with no specific recommendation of what type of mask. -She did not know the current recommendation for healthcare workers had not changed and cloth masks were not acceptable. _____ The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS), and the local health department (LHD) for infection prevention and transmission during a Type A Streptococcus outbreak, and COVID-19 pandemic related to staff not changing facemasks after providing personal care to a resident on transmission based precautions and not wearing surgical face masks for source control in the facility for COVID-19. The facility's failure to follow the guidance related to infection prevention for COVID-19 increased the opportunity for the virus to spread in the facility and was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/03/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 19 ,	D 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal013046	A. BUILDING: _____ B. WING _____	R-C 06/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 601	Continued From page 14 2021.	D 601		
D912	G.S. 131D-21(2) Declaration of Residents' Rights 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 regulations. This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure the residents received care and services that were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to following the recommended personal protective equipment (PPE) for a resident on transmission based precautions, and following the recommendations for health care personnel's appropriate face masking during the Coronavirus-19 pandemic. Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and the Local Health Department (LHD) were implemented and maintained to provide protection of the residents during Type A Streptococcus outbreak and the Global Coronavirus (COVID-19) pandemic as related to staff not wearing required personal protective equipment (PPE) while providing care to a resident who had been placed in isolation with transmission based precautions, and not wearing required PPE while providing care to all	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D912	Continued From page 15 residents in the facility. [Refer to Tag 0601 10A 13F .1801 Infection Prevention and Control (Type B Violation).]	D912		