

**RECEIVED**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL093001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ <b>AUG 25 2021</b> B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BOYD'S REST HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>ADULT CARE LICENSURE SECTION RALEIGH 295 CARROLLTOWN ROAD MACON, NC 27551</b>
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(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
C 000	Initial Comments	C 000		
C 612	<p>10A NCAC 13G .1701 (c) Infection Prevention &amp; Control Program (temp)</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) were implemented when caring for residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, visitors, and residents.</p>	C 612	Corrections - see attached	

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

STATE FORM *AP [Signature]* TITLE **Co-Admin** (X6) DATE **8/20/21**

6889 7DY611 If continuation sheet 1 of 4

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>BOYD'S REST HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>295 CARROLLTOWN ROAD MACON, NC 27551</b>
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C 612	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 03/10/21 revealed:</p> <ul style="list-style-type: none"> <li>-This guidance applies to all healthcare personnel (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting.</li> <li>-Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19</li> <li>-Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19.</li> <li>-Screening for fever and symptoms should also be incorporated into daily assessments of all admitted patients.</li> </ul> <p>Observations upon entering the facility on 07/15/21 at 8:30am revealed:</p> <ul style="list-style-type: none"> <li>-The Assistant Administrator met the surveyor at the facility entrance.</li> <li>-The Assistant Administrator instructed the surveyor the family care home was the facility next door.</li> <li>-The surveyor walked with a staff member who identified herself as the housekeeper into the facility next door.</li> <li>-The staff member did not offer or request to check the surveyor's temperature or ask any screening questions upon entry.</li> <li>-The Assistant Administrator entered the facility and did not check the surveyor's temperature or ask any screening questions.</li> </ul>	C 612		

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C 612	<p>Continued From page 2</p> <p>Interview with three residents on 07/15/21 between 8:47am-9:00am revealed: -No one had taken their temperatures at the facility unless they went somewhere. -No one asked screening questions about symptoms of COVID-19. -The doctor sometimes took their temperature.</p> <p>Interview with the Assistant Administrator on 07/15/21 at 11:44am revealed: -All the residents and staff had received the two COVID-19 vaccinations. -The resident's temperatures were not checked daily. -The staff was screened every day, but the screening was not documented. -No visitors were allowed inside the facility. -The surveyors were not screened because they were not supposed to enter the facility. -The surveyor should have read the sign on the door that read do not enter. -He did not screen the surveyors when he entered the facility because the surveyors were already inside.</p> <p>Observation of the lunch meal service on 07/15/21 at 12:18pm revealed: -The residents went to the sister facility next door. -The residents from both facilities sat together at the dining room table.</p> <p>Interview with the housekeeper on 07/15/21 at 12:15pm revealed she checked her temperature every day when she came to work.</p> <p>Interview with the facility's contracted nurse practitioner on 07/15/21 at 1:01 revealed: -She was at the facility twice a month. -No one had screened her prior to entering the facility for COVID-19.</p>	C 612		
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C 612	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-No one had taken her temperature when she entered the facility.</li> </ul> <p>Second interview with the Assistant Administrator on 07/15/21 at 1:33pm revealed they stopped checking the resident's temperatures after everyone had had the two COVID-19 vaccinations.</p> <p>Observation of a resident's COVID-19 vaccination record card revealed:</p> <ul style="list-style-type: none"> <li>-The first vaccination was documented as administered on 01/26/21.</li> <li>-The second vaccination was documented as administered on 03/26/21.</li> </ul> <p>Review of the facility's COVID-19 policy revealed:</p> <ul style="list-style-type: none"> <li>-There was no documentation of a screening procedure.</li> <li>-There were copies of various information related to COVID-19 such as coughing etiquette and hand washing.</li> <li>-There were copies of a certificate for COVID-19 training by staff.</li> </ul>	C 612		

**BOYD'S REST HOME I - PLAN OF CORRECTIONS  
WARREN COUNTY  
FCL-093-001**

**MEASURES TO CORRECT DEFICIENT AREA - COMPLETED 7/16/21**

1. IMPLEMENTING RESIDENT DAILY TEMPERATURE CHECKS W/ LOG
2. IMPLEMENTING STAFF DAILY TEMPERAURE CHECKS W/ LOG
3. IMPLEMENTING VISTIOR TEMPERATURE CHECKS, COVID QUESTIONAIRE CHECKLIST W/ LOG
4. IMPLEMENTING ENTRY DOOR VISITOR CHECK-IN STATIONS FOR TEMPERATURE CHECKS AND COVID QUESTIONAIRE QUESTIONS PERTAINING TO COVID W/ LOG
5. IMPLEMENTING STAFF/VISITORS TO WEAR PROTECTIVE FACE MASK AT ALL TIMES

**MEASURES TO PREVENT DEFICIENT AREA - COMPLETED 7/16/21**

1. ADDED INFECTION PREVENTION AND CONTROL PROGRAM MONITORING TO OUR MONTHLY QI PROGRAM.

**PERSONS WHO WILL PREVENT FUTURE PROBLEMS IN DEFICIENT AREA - COMPLETED 7/16/21**

1. ANN CRAWFORD (ADMIN) AND ALFATIR CRAWFORD (CO-ADMIN) WILL BE IN CHARGE OF MONITORING INFECTION PREVENTION.

**FREQUENCY OF MONITORING - COMPLETED 7/16/21**

1. MONITORING WILL TAKE PLACE DAILY TO ADHERE TO INFECTION PREVENTION.

**SIGNATURE | TITLE | DATE**

*Alfatir Crawford* Co-Admin 8/20/21

Reviewed and accepted 08/27/21. KG