

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2022
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NAME OF PROVIDER OR SUPPLIER BURLINGTON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on March 2, 2022.	D 000		
D 612	<p>10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp)</p> <p>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 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 established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to 12 residents during the global coronavirus (COVID-19) pandemic as related to appropriate use of personal protective equipment (PPE) face masks by staff to reduce the risk of transmission and infection and screening of staff, visitors, and residents.</p>	D 612		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 612	<p>Continued From page 1</p> <p>The findings are:</p> <p>1. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic dated 02/02/22 revealed:</p> <ul style="list-style-type: none"> -Source control measures were to be implemented for HCP. -Source control referred to the use of a well-fitting facemask to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. -Fully vaccinated HCP should wear source control when they were in areas of the facility where they could encounter residents. -Facilities should have established a process to identify anyone entering the facility, regardless of their vaccination status, who has a positive test for COVID-19, symptoms of COVID-19, or close contact/higher risk exposure to COVID-19. <p>Review of the North Carolina Department of Health and Human Services (NCDHHS) COVID-19 Infection Prevention for Long-Term Care Facilities dated 11/19/21 revealed:</p> <ul style="list-style-type: none"> -Source control referred to the use of well-fitting face masks to cover a person's mouth and nose. -All staff should be screened for symptoms prior to every shift. <p>Review of the facility's infection prevention handbook revealed:</p> <ul style="list-style-type: none"> -There was recommendation from the NCDHHS dated 10/2020. -The recommendations included actively screen all health care personnel (HCP) for fever and respiratory symptoms before starting each shift. -Implement universal face mask use by all people in the facility, including staff and visitors. 	D 612		

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D 612	<p>Continued From page 2</p> <p>Observation of the front entrance to the facility on 03/02/22 at 8:00am revealed there was a sign that read all visitors and staff must wear face masks at all times.</p> <p>Observation of a female staff on 03/02/22 at 8:00am revealed: -She was not wearing a face mask when she entered the front entrance. -She picked up a face mask from a table at the front entrance and put the face mask on as the surveyors were entering the facility.</p> <p>Observation of a male staff on 03/02/22 at 8:44am revealed the staff was not wearing a face mask.</p> <p>Observations in the hallway of the facility on 03/02/22 at 8:20am revealed there was a table in the corner of the hallway with an opened box of surgical face masks.</p> <p>Interview with the male staff on 03/02/22 at 8:44am revealed: -He worked at the facility every day. -He cleaned the facility and did transport for the residents at this facility and at a sister facility. -He was supposed to wear a face mask. -He forgot to put a face mask on today, 03/02/22.</p> <p>Interview with a resident on 03/02/22 at 8:48am revealed staff sometimes wore face masks, but not usually.</p> <p>Interview with another resident on 03/02/22 at 8:56am revealed: -Sometimes the staff wore face masks. -"Sometimes they did and sometimes they did not."</p>	D 612		

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D 612	<p>Continued From page 3</p> <p>Observation of the housekeeper/transport staff on 03/02/22 at 9:14am, 9:30am, and 10:08am revealed his face mask was pulled below his chin.</p> <p>Observation of a Supervisor on 03/02/22 at 9:18am, 12:43pm, and 12:55pm revealed her face mask was pulled below her chin.</p> <p>Interview with a Supervisor on 03/02/22 at 1:35pm revealed:</p> <ul style="list-style-type: none"> -Staff received training from a local pharmacy who reviewed COVID-19 symptoms. -She did not know the date of the last training session. -She knew she was supposed to wear a face mask while in the facility. -She got tired of wearing the face mask during the workday and she pulled her face mask below her mouth and nose. -She expected staff to properly wear face mask over their noses and mouths while in the facility. -She reminded the MAs and the housekeeper to wear their face masks properly. -The facility had an ample supply of face masks and other PPE stored on the lower level of the facility. -The CDC guidelines for COVID-19 were that face masks should be worn in the facility. -She was responsible for ensuring staff wore their face masks properly in the facility. <p>Telephone interview with another Supervisor on 03/02/22 at 1:37pm revealed:</p> <ul style="list-style-type: none"> -Visitors were required to wear face masks. -She would wear a face mask when there were visitors at the facility. -She stopped wearing a face mask every day after she had received her COVID-19 booster vaccination. -She did not know she was always supposed to 	D 612		

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D 612	<p>Continued From page 4</p> <p>wear a face mask in the facility.</p> <p>Telephone interview with the Administrator on 03/02/22 at 1:49pm revealed:</p> <ul style="list-style-type: none"> -All the residents were fully vaccinated for COVID-19 and had received their COVID-19 boosters. -Staff were always supposed to be wearing face masks in the facility. -If he saw staff with their face masks pulled down, he would tell the staff to pull the face mask up. -He did not think the staff was pulling the face masks down, but the face mask "just slipped down." -He was disappointed the staff was not wearing face masks as directed. -He expected staff to wear their face mask for the safety of the residents. <p>2. Review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for healthcare personnel during the coronavirus disease 2019 (COVID-19) pandemic dated 02/02/22 revealed:</p> <ul style="list-style-type: none"> -Facilities should establish a process to identify anyone entering the facility, regardless of vaccination status, who has any one of the following three criteria so that they can be managed: a positive viral test for COVID-19, symptoms of COVID-19, or close contact with someone with COVID-19 infection. -The options could include (but were not limited to): individual screening upon arrival to the facility or implement an electronic monitoring system in which individuals can self-report any of the above before entering the facility. <p>Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated</p>	D 612		

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D 612	<p>Continued From page 5</p> <p>02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever.</p> <p>Review of the North Carolina Department of Health and Human Services COVID-19 Post Acute Care Setting Infection Control Assessment and Response (ICAR) tool dated 10/2021 revealed staff and residents should be actively screened daily for fever, signs and symptoms of COVID-19.</p> <p>Review of the North Carolina Department of Health and Human Services COVID-19 Infection Prevention Guidance for Long Term Care Facilities dated 02/10/22 revealed facilities should continue to screen all who enter for visitation.</p> <p>Review of three residents' January 2022, February 2022, and March 2022 medication administration records (eMARs) revealed there was no documentation of any temperatures.</p> <p>Observations in the hallway of the facility on 03/02/22 at 8:20am revealed: -There was a table across from the entrance door in the corner of the hallway with an opened box of surgical face masks and hand sanitizer. -There was no thermometer or screening form on the table.</p> <p>Observation of thermometers in the facility on 03/02/22 at 2:15pm revealed: -There was a hand-held thermal scan thermometer stored in the living room. -The hand-held thermometer was not operable. -There was a boxed new thermal scan thermometer that could be attached to the wall. -The boxed new thermal scan thermometer was retrieved from a shelf in the staff office.</p>	D 612		

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D 612	<p>Continued From page 6</p> <p>Interview with a resident on 03/02/22 at 8:48am revealed the staff did not take his temperature .</p> <p>Interview with another resident on 03/02/22 at 8:56am revealed staff took his temperature once a month.</p> <p>Interview with a third resident 03/02/22 at 9:00am revealed the staff took his temperature sometimes, but not every day.</p> <p>Interview with the housekeeper/transportation staff on 03/02/22 at 2:25pm revealed: -He did not take his temperature every day when he entered the facility. -He might take his temperature 1-3 times per week. -He knew he was supposed to take his temperature when he entered the facility, but he "just forgot to do it."</p> <p>Interview with a Supervisor on 03/02/22 at 1:35pm revealed: -No residents had tested positive for COVID-19 during the pandemic. -One staff had tested positive for COVID-19 in the past. -The residents' temperatures were taken daily at the beginning of the COVID-19 pandemic, but after the COVID-19 booster vaccination was received staff stopped taking residents' temperatures. -There was a form that had five columns that she used to document staff and residents' temperatures. -There was a notebook used to document the residents' temperatures. -She did not know where the documented temperatures were now and she could not locate</p>	D 612		

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D 612	<p>Continued From page 7</p> <p>the notebook.</p> <ul style="list-style-type: none"> -She thought the owner had taken the notebook containing the temperatures home. -She asked visitors the screening questions when anyone entered the facility and she knew she was supposed to take visitors temperatures. -She had not screened visitors on 03/02/22 but she did not know why. -Staff used to take their temperatures daily but stopped January 2022 after the COVID-19 booster vaccination was received. -She nor the housekeeper had taken their temperatures on 03/02/22 when they arrived for work. -The owner provided updates concerning COVID-19 guidance from the North Carolina Department of Health and Human Services (NC DHHS) that she received via email. -She thought the current CDC COVID-19 guidelines for long term care facilities was that staff and residents should be screened daily. -She was responsible for ensuring the guidelines of the CDC concerning COVID-19 screenings with daily temperatures and monitoring of COVID-19 signs and symptoms for residents, staff and visitors. <p>Telephone interview with another Supervisor on 03/02/22 at 1:37pm revealed:</p> <ul style="list-style-type: none"> -Visitors' temperatures were taken, but not documented. -She would take the visitors' temperature and if their temperature was 98.6 or less, she did not do anything. -When a resident left the facility, their temperature would be taken upon return to the facility. -The residents' temperature was not documented. -She had not had any visitors or residents with a 	D 612		

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D 612	<p>Continued From page 8</p> <p>temperature higher than 98.6</p> <p>-When COVID-19 started temperatures were taken every day.</p> <p>-She thought they stopped taking temperatures in October 2021/November 2021 after the residents had their booster vaccination.</p> <p>-She did not know if all the residents were fully vaccinated or not, but she thought it was a requirement.</p> <p>-She did not know residents' temperatures should be checked daily and documented.</p> <p>-She did not know she should be self-screening when she entered the facility.</p> <p>-She had not been screened since she received her booster vaccination.</p> <p>-She received her booster vaccination in December 2021.</p> <p>Telephone interview with the Owner/ prior Administrator on 03/02/22 at 1:49pm revealed:</p> <p>-Staff should be screening each other at the change of shift.</p> <p>-Resident were screened if they exhibited any symptoms of a cold or flu, or if the resident did not feel well.</p> <p>Telephone interview with the Administrator on 03/02/22 at 1:49pm revealed:</p> <p>-Since all the residents were vaccinated, the residents were only screened if they had any symptoms or if the resident "felt bad."</p> <p>-He did not know the residents should be screened daily for sign and symptoms of COVID-19.</p>	D 612		