	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED	
			A. BUILDING:		R-C		
		HAL001023	B. WING			к-с 11/03/2021	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
BLAKEY H	IALL		RTH MANNING AVE	NUE			
			IC 27244				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 000	Initial Comments		D 000				
	-	sure Section conducted an survey on 11/02/21 to					
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp)		D 612				
	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.						
	interviews, the facility recommendations and the Centers for Disea North Carolina Depar Services (NC DHHS) maintained to provide during the global coro pandemic as related to	ns, record reviews, and failed to ensure d guidance established by se Control (CDC), and the tment of Health and Human were implemented and protection of the residents onavirus (COVID-19) to use of personal protective e masks by staff to reduce					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL001023	B. WING		R-C 11/03/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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D 612	Continued From page	e 1	D 612			
	The findings are:					
	Guidance dated 10/1 continues to recomm families adhere to the COVID-19 infection p wearing surgical face	HS Infection Prevention 4/21 revealed NC DHHS and facilities, residents, and e core principles of prevention, including staff e masks when providing care ents and screening outside				
	05/06/21 revealed: -Everyone who enter be screened for signs COVID-19 by temper questions and observ symptoms. -Establish a process the facility were asse	rature checks, screening				
	revealed: -Restrictions required and report signs and -The policy did not ad related to COVID-19	's infection control policy d facility staff to self-screen symptoms to the supervisor. ddress a screening process and visitors. regarding the process to				
	-There was an 8.5 x front door of the facili -The sign read "If full not required."	2/21 at 8:55am revealed: 11 inch sign posted on the ity. y vaccinated, face mask was nain door to the facility there				
	-There were no scree questionnaires set-up alth Service Regulation	ening stations or COVID-19 o in the foyer area.				

D STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL001023	B. WING			R-C 1/ 03/2021
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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		ELON, N	C 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 612	Continued From page	e 2	D 612			
	was the main entrance -Upon entering the fa- to the left side of the st thermometer. -The business office st mask. -The business office st check their temperature -There was no place -Surveyors were not st questions regarding of contact with COVID-1 Interview with the bus 11/02/21 at 8:59am re -The facility required temperatures. -Temperatures were not -Visitors were not scr temperature checked Interview with the Ada 10:23am revealed: -He was not aware of -There were so many which was accurate.	cility immediately attached wall, there was an electronic staff was wearing a face staff asked the surveyors to ures. to log the temperature. screened or asked any COVID-19 symptoms, 19 or COVID-19 testing. siness office staff on evealed: visitors to check their not documented. eened, just their ministrator on 11/02/21 at the NC DHHS guidelines. guidelines, he was not sure				
		ly put a system in place to cording to NC DHHS				
	06/03/21 revealed: -All staff regardless o should wear a face m -Universal PPE should	d still be worn by staff when ctivities, essentially any time				
	Review of the NC DH	IHS guidelines dated				

	of Health Service Regu OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH MANNING AVENUE							
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 612	Continued From page	3	D 612				
	Continued From page 3 05/06/21 revealed: -All facility staff, unvaccinated and fully vaccinated, still need to wear appropriate PPE when providing patient care. -Facility staff should wear source control (surgical face mask) while at work. Review of the facility's infection control policy revealed: -Restrictions required facility staff to self-screen and report signs and symptoms to the supervisor. -If staff had a fever, respiratory symptoms, or other symptoms they would be instructed to put on a face mask. -Staff were always to wear face masks for source control while in the facility until all symptoms were completely resolved or at baseline. -Based on the policy staff were not required to wear a face mask at all times when providing care for residents, which was in accordance with NC DHHS guidelines.						
	11/02/21 at 8:55am re -There were two staff Resident Care Coord the reception desk. -Neither of the staff w -The RCC was inform DHHS and CDC guid face mask regardless Observation of the fac 11/03/21 at 1:40pm re	(medication aide (MA) and inator (RCC)) standing near ere wearing face masks. ned that according to NC elines all staff had to wear a of vaccination status. cility's storage area on evealed there were 18 cases					
	Interview with the RC revealed: -Staff had been instru	n 2000 masks per case. C on 11/02/21 at 9:04am icted if they were fully i) did not have to wear face					

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
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			IC 27244			
(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 C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
D 612	Continued From page	e 4	D 612			
	mask. -Her instructions cam -Staff had to wear a f fully vaccinated. -Once staff were vacc required to wear a fac Interview with a perse 11/03/21 at 12:30pm -She had worked at t and had never put or -No one at the facility mask until yesterday -She did not wear a f posted on the front de are fully-vaccinated a needed." Interview with the RC revealed: -It was her understan fully vaccinated, then	Her instructions came from the Administrator. Staff had to wear a face mask if they were not ully vaccinated. Once staff were vaccinated, they were not equired to wear a face mask. Interview with a personal care aide (PCA) on 11/03/21 at 12:30pm revealed: She had worked at the facility since March 2021 and had never put on a face mask. No one at the facility told her to wear a face mask until yesterday after the surveyors arrived. She did not wear a face mask because the sign posted on the front door of the facility read, "If you are fully-vaccinated a face mask was not needed."				
	-Staff did put on full F resident's room who COVID-19.	had tested positive for esidents and most staff had				
		last vaccine, staff were have to wear a face mask.				
	revealed:	on 11/03/21 at 2:00pm he facility for almost 90				
	days. -When she first starte was told to wear a fac	ed working at the facility, she ce mask because she was				
vision of Hos	not fully vaccinated. -After she received h alth Service Regulation	er second vaccine, she was				

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If continuation sheet 5 of 9

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
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D 612	Continued From pag	e 5	D 612				
		have to wear a face mask.					
		earing a face mask because					
	.	ted on the front door which					
	not have to wear a fa	ly vaccinated, then you did					
), after the surveyors arrived,					
	she was told to put o						
		o one had told her to wear a					
	face mask.						
		ministrator on 11/03/21 at					
	1:20pm revealed:						
	-Prior to being tested staff wore full PPE. -Most and all residents had received their second						
	waccine in February 2021.						
	-Two weeks after the second vaccine, he						
	informed staff they no longer had to wear full PPE.						
	thinking not wearing	-He thought there was some confusion with staff thinking not wearing full PPE included a face					
	mask. Stoff wore still requir	red to wear a face mask.					
		nout a face mask, then he					
	instructed them to pu						
	-	o posted the sign on the front					
	door of the facility.						
	b. Observations throu						
	11/02/21 at various ti						
	-At 9:05am staff in th wearing a face mask	e dining room was not					
		tenance Director was not					
		while inside the facility.					
		the Special Care Unit					
	(SCU) was not weari	ng a face mask.					
	-At 9:32am the PCA a face mask.	in the SCU was not wearing					
		e PCA in the SCU was					
	-	n the bathroom and was					
	wearing a face mask	below her chin.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
						R-C
		HAL001023	B. WING		11/03/202	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
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D 612	Continued From page	e 6	D 612			
	-At 12:38pm a MA in the Assisted Living (AL) Unit was wearing a face mask below her nose.					
	at various times reve	nout the facility on 11/03/21 aled: ne AL area was not wearing				
	a face mask. -At 7:41am a second MA in the AL area (the same MA who was observed on 11/02/21) was wearing a face mask below her chin. -At 8:37am the MA in the SCU (who was observed on 11/02/21) was not wearing a face					
	mask. -At 9:01am the assistant Activity Director (AD) in the SCU was wearing a facemask below her chin.					
	observed on 11/02/2 below her chin.	t in the SCU (who was 1) was wearing a face mask C was wearing a face mask				
	below her chin.	nd MA in the AL unit was				
	Interview with a resid at 9:42am revealed s	lent in the SCU on 11/02/21 taff did not wear face masks y were inside the facility				
	(SCC) on 11/02/21 at -She was wearing a c	cloth face mask.				
	wear cloth face mask	aid staff were allowed to s. were available for staff use.				
		:C on 11/03/21 at 9:48am				
	September 2020.	ed a COVID-19 outbreak in id multiple staff tested				

D STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		HAL001023	B. WING		R-C 11/03/2021			
NAME OF P	AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
		501 NOF	RTH MANNING AVE	NUE				
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(X4) ID	-	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)		
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D 612	Continued From page	e 7	D 612					
	-Staff "never stopped SCU.	l" wearing face masks in the						
	10:00am revealed: -Staff were supposed whenever they were -Staff were supposed whenever "anyone w into the building. -She "just forgot" to p surveyor entered the -The SCC told staff th face mask in the facil vaccinated. -After she was fully v stopped wearing a fa Interview with the PC 1:24pm revealed: -She started working -In June 2021, the Se supposed to wear fac "outsiders" came into	within six feet of a resident. It to wear face masks ho's not an employee" came but on a face mask when the SCU. hey did not need to wear a lity if they were fully accinated in April 2021, she ice mask in the facility. CA in the SCU on 11/03/21 at at the facility in June 2021. CC told her staff were ce masks whenever						
	1:28pm revealed: -Staff were not instru all times. -Staff were required t non-employees came -The Administrator pr face mask use a whil calming down" follow -All the residents and	sistant AD on 11/03/21 at cted to wear face masks at to wear face masks when e into the facility. rovided the instruction on le ago after "things were ring the outbreak. I staff were vaccinated.						
ivision of He	-All the residents and -She was informed "r word of mouth" that f	-						

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If continuation sheet 8 of 9

STATEMENT	of Health Service Regu OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	HAL001023 B.		 B. WING	B. WING		R-C I/ 03/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		501 NOF	TH MANNING AVE	NUE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 612	Continued From page	2 8	D 612			
	1:44pm revealed: -There was a sign on indicating face masks individual was fully va -The sign was intende -She did not know wh posted at the entranc -She had worn a face pandemic had begun -Face masks were su mouth, and chin. -She wore her face m whenever she was in the residents. -She pulled her face m ot around anyone. -When the COVID-19 received training on th -In 2020, staff were p information on face m -Signs about using Pf in 2020.	ed for both staff and visitors. Then the sign was initially the to the facility. The mask since the COVID-19 The posed to cover the nose, mask in the appropriate way a resident's room or around mask down when she was D pandemic began, staff the proper use of PPE. rovided with written				