STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G239	A. BUILDING _____ B. WING _____	R-C 01/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS S DECATUR HOME	7559 DECATUR DRIVE FAYETTEVILLE, NC 28303

(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) COMPLETION DATE
{W 000}	INITIAL COMMENTS A follow-up survey was conducted on 1/6/2021 for all previous deficiencies cited on 9/29/2020. All deficiencies have been corrected, and a new noncompliance was found. The facility is still out of compliance.	{W 000}		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained in wearing face masks. This potentially effected all the clients residing in the home. The finding is: Throughout the observations in the home during the survey on 1/6/2021 from approximately 9:15-10:30AM, staff A was wearing her mask covering only the mouth and the nose was exposed. The home manager came to the home wearing a face shield only. Interview on 1/6/2021 with Staff A revealed she been trained to wear a mask that covers her mouth and the nose. Interview on 1/6/2021 with the home manger revealed that staff should wear their mask to cover both the mouth and the nose but she was	W 340		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 340	Continued From page 1 allowed to wear the mask just covering the mouth. She further added regardless of wearing the face shied, the mask should be worn at all times. Interview on 1/6/2021 with he facility nurse revealed all the staff have been trained to wear the mask while at work and the mask must cover the nose and the mouth. She further added face shields are optional and should not replace the mask. Interview on 1/6/2021 with the program director (PD) indicated the staff and clients were provided with mask. She added it is mandatory for the staff to wear the mask at work and the clients should be encouraged to keep the mask on. She further added checking temperature, completing screening assessment tool and routine hand washing and sanitizing is required. The PD acknowledged staff need more training to work effectively in reducing/preventing the spread of COVID-19.	W 340		