

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2023
NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING AND LEARNING CENTER (CLLC)			STREET ADDRESS, CITY, STATE, ZIP CODE 325 RUSSET RUN PITTSBORO, NC 27312		
(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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that staff were sufficiently trained in wearing face masks to prevent the spread of COVID-19. The finding is:</p> <p>During observations in the home on 1/3/23 between 1:45pm to 2:30pm, the Staff Developer A (SDA) and Staff Developer B (SDB) both wore their face mask, loosely fitted across their nose, which allowed their nostrils to be repeatedly exposed when outside of the office. SDA was observed to constantly re-adjust his face mask by pulling it up to the bridge of his nose. SDB was observed wearing his mask underneath his chin, when giving client charts to the surveyor.</p> <p>During additional observations in the home on 1/3/22 from 5:30pm to 6:00pm, revealed Staff E in the dining room and living room, interacting with staff and clients, with a face mask on her face. Staff E was observed repeatedly pulling down her face mask to converse with Staff B.</p> <p>Interview on 1/4/23 with SDA revealed his face mask would slide down his face due to his beard and face sweating.</p> <p>Interview on 1/4/22 with the Operations Compliance Manager (OCM) revealed the infection control policy and COVID-19 rules are</p>	W 340			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 340	Continued From page 1 discussed with staff during orientation and standard precautions training. The OCM stated face masks should fully cover the face, with a tight pinch at the top of the nose and extend under the chin. The OCM revealed staff should not remove their masks unless in a client-free area.	W 340			
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or	W 508			

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W 508	Continued From page 2 telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an	W 508			

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W 508	Continued From page 3 exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and	W 508			

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W 508	<p>Continued From page 4</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their COVID-19 policy. The finding is:</p> <p>Review on 1/4/23 of the undated Environment, Health and Safety (EHS) Manual on Immunizations, revealed all staff who provide patient care must receive all doses of a primary series of a COVID-19 vaccine authorized or approved in the United States, including Pfizer-BioNtech (2 doses), or Moderna (2 doses), or Johnson and Johnson's Janssen (1 dose); or Novavax (2 doses). Proof of vaccination will require the employee to upload a copy of their immunization record...Employees claiming religious exemption must submit a request on the EHS website.</p> <p>Review on 1/4/23 of staff COVID-19 vaccinations revealed 89% vaccination compliance. Further review of staff COVID-19 vaccination cards revealed 77 total staff with 68 vaccinations, and 8 missing documentation. The facility was unable to compile a list of their contracted staff or proof of their vaccine status.</p>	W 508			

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W 508	Continued From page 5 Interview on 1/3/23 with the Director revealed vaccines are handled strictly by the University who requires all staff to submit proof through their portal. The Director revealed she does not know which staff has completed the vaccination requirements because it handled confidentially by the University's human resource office. The Director acknowledged she was not familiar with the requirements for COVID-19 vaccination. Interview on 1/4/23 with the Operations Compliance Manager revealed the vaccine policy is managed by the University and acknowledged she was not familiar that staff who were non-compliant of submitting proof of the COVID-19 vaccine or exemption, were restricted from providing patient care.	W 508		