

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2021
NAME OF PROVIDER OR SUPPLIER JEFFERSON FAMILY CARE HOME #4		STREET ADDRESS, CITY, STATE, ZIP CODE 495 STALEY BOSWELL ROAD YANCEYVILLE, NC 27379		
(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 The Adult Care Licensure Section conducted an annual survey on April 7, 2021.	C 000		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure therapeutic diets were served as ordered for 1 of 3 sampled residents (#2) who had an order for mechanical soft diet. The findings are: Review of Resident #2's current FL-2 dated 09/01/20 revealed: -Diagnoses included schizophrenia paranoid and anxiety disorder. -There was an order for a mechanical soft diet. Observation of the facility's mechanical soft lunch menu for 04/07/21 revealed chicken gumbo soup, ham sandwich with ground ham, orange slices and sliced tomato salad with a beverage were to be served. Observation of the lunch meal on 04/07/21 at 11:45pm revealed Resident #2 was served a bowl of chicken noodle soup, a grilled ham and cheese sandwich, tossed salad, a whole fresh orange	C 284		

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

TITLE

(X6) DATE

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C 284	Continued From page 1 and water. Review of an undated therapeutic diet list posed in the kitchen revealed Resident #2 was listed as being served a no concentrated sweets diet (NCS); there were no other therapeutic diets listed for Resident #2. Interview with Resident #2 on 04/07/21 at 11:57am revealed: -He had never been on a mechanical soft diet before and he did not know why the PCP would have put him on a mechanical soft diet. -He had all his teeth and did not have a problem chewing his food and he had never choked or coughed when he tried to swallow. -He had dental surgery well over a year ago, but he was not on a mechanical soft diet then either. -He did not know he was listed as being on a mechanical soft diet. Interview with the Supervisor-in-Charge/Medication Aide (SIC/MA) on 04/07/21 at 11:45am and 2:28pm revealed: -She followed the menu for the week with the therapeutic diets also listed on it. -She did not know what an NCS diet was but there were no residents on an NCS diet. -No one was on a mechanical soft diet, so she did not grind or chop ham for anyone for lunch that day. -Resident #2 did not strangle or cough when he ate his food. -Resident #2 had dental work done in the fall but he was not on a mechanical soft diet after the dental work. -She did not know why Resident #2 was on a mechanical soft diet; she would have followed the mechanical soft diet menu if she had realized. -The primary care provider (PCP) usually told her	C 284		

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C 284	Continued From page 2 if there was a change in anyone's diets. Interview with the Assistant to the Administrator on 04/07/21 at 2:34pm revealed: -She audited the residents' records changes and the Administrator would let her know if there were changes as well. -She visited the facility twice a week and audited the resident records once a month. -The Administrator was responsible for updating the resident therapeutic diet list; she had no idea when the diet list was last updated. -She did not realize Resident #2 was on a mechanical soft diet. -She did not know why Resident #2 was on a mechanical soft diet; she had never seen him struggle to chew his food or choke while swallowing. -Resident #2 had not had any conditions that she was aware of that he would need a mechanical soft diet. -She would try to contact Resident #2's PCP to find out why he was on a mechanical soft diet. Attempted interviews with Resident #2's PCP on 4/07/21 at 2:26pm and 3:02pm were unsuccessful. Attempted interview with the Administrator on 04/07/21 at 3:04pm were unsuccessful.	C 284		
C 611	10A NCAC 13G .1701 (b) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies and procedures are established and implemented consistent with	C 611		

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C 611	Continued From page 3 the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at https://www.cdc.gov/infectioncontrol , and addresses the following: (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics , including: (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1702 of this Section; (3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings	C 611		

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C 611	Continued From page 4 for residents when the mode of transmission is through a respiratory pathogen; (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures; (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working; (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak; (7) The annual review and update of the facility ' s IPCP to be consistent with published CDC guidance on infection control; and (8) a process for updating policies and procedures to reflect guidelines and recommendations by the CDC, local health department, and North Carolina Department of Health and Human Services (NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services	C 611		

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C 611	Continued From page 5 (NCDHHS) were implemented when caring for 6 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of residents, staff, and visitors. The findings are: Review of the CDC guidelines for the prevention and spread of COVID-19 in long-term care (LTC) facilities last updated 11/20/20 revealed: -All essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building. -Personnel should be screened for fever and symptoms of COVID-19 before starting each shift. -Screen residents daily for fever and symptoms of COVID-19. Review of the NCDHHS guidance for the prevention and spread of COVID-19 in LTC facilities dated 09/2020 revealed: -Actively screen all residents at least daily for fever and respiratory symptoms. -All visitors to the facility should be screened for signs and symptoms of COVID-19 prior to entering the facility. Observations upon entering the facility on 04/07/21 at 8:00am revealed: -The supervisor in charge (SIC) met the surveyor outside the facility and guided them through the front door. -There was no thermometer at the front door but there was a visitor logbook. -The SIC did not offer or request to check the surveyor's temperature or ask any screening questions upon entry. Observation of an optometrist on 04/07/21 at	C 611		

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C 611	Continued From page 6 9:15am revealed he entered the facility and the SIC did not offer or request to check the optometrist's temperature or ask any screening questions upon entry. Observation of the facility's visitor screening log revealed it was last signed in November 2020. Interview with two residents on 04/07/21 at 10:10am revealed their temperatures were not taken unless they were sick or when the physician took them. Interview with the SIC on 04/07/21 at 8:41am revealed: -Visitors were not allowed into the facility and the residents were not allowed to go out other than to go to a physician's appointment or to their day program. -She screened the physicians when they came into the facility, but she stopped documenting and prescreening and she did not know why. -She never took the residents temperatures; there was a thermometer mounted to the wall near the medication room, but she never used it unless a resident was sick. -Residents temperatures were not taken upon their return from their day programs or when they returned from a physician's appointment. -She should have screened the surveyor and the optometrist when he came into the facility; any other day she would have screened everyone. Interview with the Assistant to the Administrator on 04/07/21 at revealed: -Residents' temperatures were never taken or monitored; she did not realize there was a recommendation. -The residents had all received their two step vaccinations for COVID-19 and so had the live in	C 611		

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C 611	Continued From page 7 staff. -Visitors were not allowed into the facility but could visit outside with mask and social distancing. -Physicians were allowed in the facility with a mask; their temperatures should have been taken and the screening questions completed before they could gain entrance to the facility. -The physicians' temperatures and screen answers should have been documented; she had not checked the logbook and was not aware there was no documentation since November 2020. Attempted interview with the Administrator on 04/07/21 at 3:04pm was unsuccessful.	C 611		