

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/23/2021
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 and follow-up survey on 07/23/21.	C 000			
C 444	10A NCAC 13G .1213 Reporting Of Accidents And Incidents 10A NCAC 13G .1213 Reporting of Accidents and Incidents (a) A family care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure accident and incident reports were sent to the local Department of Social Services (DSS) within 48 hours for 1 of 1 sampled resident (#1) who experienced a fall that required emergency medical treatment. The findings are: Review of Resident #1's current FL2 dated 04/23/21 revealed diagnoses included colitis and obstructive sleep apnea syndrome. Review of Resident #1's progress notes revealed there was a note dated 06/21/21 during the 8:00pm-7:00am shift indicating Resident #1 returned to the facility from the hospital at 12:45am.	C 444			

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

TITLE

(X6) DATE

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C 444	Continued From page 1 Interviews with the Medication Aide (MA) on 07/23/21 at 11:30am and 4:14pm revealed: -She heard a noise that came from Resident #1's room on 06/21/21 at 7:45pm. -Resident #1 was on the ground when the MA went into her room. -The MA called the Administrator and 911 emergency services. -Whenever a resident experienced a fall, she notified the Administrator and documented the incident in the resident's record. -She received training on completing incident reports when she was initially hired at the facility two years ago. -The training was completed by a Registered Nurse (RN). -She never completed incident reports when an incident occurred. -The Administrator did not tell her to complete an incident report after Resident #1 experienced the fall on 06/21/21. Interview with the Administrator on 07/21/21 at 4:23pm revealed: -She drove Resident #1 to the emergency room on 06/21/21 and returned to the facility at a late hour. -Staff were not required to complete incident reports. -She had to work a shift alone on 06/22/21. -The local DSS was not notified of Resident #1's fall. -She did not think sending an incident report to the local DSS was "urgent." -"It didn't get on my priority list."	C 444		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp)	C 612		

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C 612	Continued From page 2 10A NCAC 13G .1701 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. 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 and Prevention (CDC) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents as related to visitor screening and resident temperature screening. The findings are: 1. Observation upon entry to the facility on	C 612		

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C 612	Continued From page 3 07/23/21 at 9:21am revealed: -There was signage at the front entrance related to the use of facemasks. -There was a table with a thermometer, hand sanitizer, and a sign in/out book adjacent to the front door. -After the surveyor entered the facility, the Medication Aide (MA) walked into the kitchen. -The Medication Aide (MA) did not take the surveyor's temperature or ask COVID-19 screening questions. -The MA did not instruct the surveyor to self-screen or sign the visitor log. Review of the facility's infection prevention and control policy dated 10/23/20 revealed: -There was a section titled "Policy for Visitation" -Visitors should be screened for travel from an affected geographic area within the last 14 days. -Visitors should be screened for signs or symptoms of a respiratory infection such as a fever, cough, and sore throat. -Visitors should be screened for contact with someone who had tested positive for COVID-19. - "Actively take their temperature and document absence of symptoms consistent with COVID-19." Review of the CDC updated healthcare infection prevention and control recommendations in response to the COVID-19 vaccination dated 04/27/21 revealed visitors were to be screened for symptoms of and exposure to COVID-19 regardless of their vaccination status. Interview with the MA on 07/23/21 at 4:14pm revealed: -She was instructed to notify the Administrator via phone call or text when an unfamiliar visitor came to the facility.	C 612		

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C 612	Continued From page 4 -She was supposed to tell visitors to take their own temperatures and to make sure visitors wore a facemask while at the facility. -She did not ask any COVID-19 screening questions. -There were no screening questionnaires used at the facility. Interview with the Administrator on 07/23/21 at 4:23pm revealed: -Staff was expected to instruct the surveyor to take her temperature and to make sure a facemask was worn in the facility. -Staff was not instructed to ask visitors COVID-19 screening questions. -Staff were "not here to ask people those questions." -Staff's responsibility was to care for the residents. Refer to the interview with the Administrator on 07/23/21 at 4:23pm. 2. Review of the Centers for Disease Control and Prevention (CDC) interim infection prevention and control recommendations to prevent COVID-19 spread in nursing homes and long-term care facilities dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -The residents were to have their temperatures taken daily. Interviews with the Medication Aide (MA) on 07/23/21 at 10:20am and 4:14pm revealed: -The residents' temperatures were taken if the residents did not "feel okay." -She did not know if the Administrator instructed her to take the residents' temperatures every day;	C 612			

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C 612	Continued From page 5 "maybe she told me, but I don't remember." -She did not remember what the online COVID-19 training advised related to taking the residents' temperatures. Interview with the Administrator on 07/23/21 at 4:23pm revealed: -The residents' temperatures had not been taken regularly. -A resident's temperature would be taken if the resident had signs and symptoms of a fever. Refer to the interview with the Administrator on 07/23/21 at 4:23pm. _____ -She received guidance from the local health department related to writing the infection prevention and control policy. -She also used the CDC website for guidance in writing the infection prevention and control policy. -"We made it to what we could do." -All the residents had been vaccinated. -There had not been any COVID-19 cases at the facility.	C 612		