STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051051	A. BUILDING: _____ B. WING _____	08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HESTER FAMILY CARE HOME	154 HAVEN LANE PRINCETON, NC 27569

(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 08/04/21.	C 000		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 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 and interviews, the facility failed to ensure recommendations and guidance established by state of North Carolina and 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	C 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051051	A. BUILDING: _____ B. WING _____	08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HESTER FAMILY CARE HOME	154 HAVEN LANE PRINCETON, NC 27569

(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 612	Continued From page 1	C 612		

transmission and infection to residents as related to the use of facemasks by facility staff.

The findings are:

Observation upon entry to the facility on 08/04/21 at 9:28am revealed staff was not wearing a facemask.

Observation on 08/04/21 at 9:35am revealed the Administrator was not wearing a facemask.

Observation of dietary staff in the neighboring facility where food was prepared for the facility on 08/04/21 at 10:38am revealed there was staff who was not wearing a facemask.

Review of the CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to the COVID-19 Vaccination dated 04/27/21 revealed healthcare personnel should continue to wear source control (facemasks) while at work.

Interview with a resident on 08/04/21 at 9:59am revealed staff "sometimes" wore facemasks while they were in the facility.

Interview with a second resident on 08/04/21 at 10:03am revealed staff did not wear facemasks while they were in the facility.

Interview with dietary staff on 08/04/21 at 10:46am revealed:
-She did not wear a facemask because she was fully vaccinated.
-She thought facility policy did not require fully vaccinated staff to wear facemasks.
-She stopped wearing a facemask after she was fully vaccinated in January 2021 or February

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051051	A. BUILDING: _____ B. WING _____	08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HESTER FAMILY CARE HOME	154 HAVEN LANE PRINCETON, NC 27569

(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 612	Continued From page 2 2021. Interview with the Administrator on 08/04/21 at 10:49am revealed: -Emails from the North Carolina Department of Health and Human Services (NC DHHS) were her primary source of COVID-19 guidance. -There was "a lot of conflicting information" related to wearing a facemask after being fully vaccinated. -Staff provided her with proof of vaccination. -She thought facemasks were required to be worn only if a resident had tested positive for COVID-19.	C 612		