



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 3, 2021

Carl L. Blackwell, Executive Officer
Mildred's Family Care
3658 Cherry Grove Road
Elon, NC 27244

email address: cb@camelliagrdrn.com

Re: Annual Survey completed May 12, 2021 (JTHV11)

Facility: Mildred's Family Care
Licensure Number: FCL-017-006
County: Caswell

Dear Mr. Blackwell:

Thank you for the cooperation and courtesy extended during the survey completed May 12, 2021 by staff with the Adult Care Licensure Section.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violations and the time frames for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ADULT CARE LICENSURE SECTION

LOCATION: 801 Biggs Drive, Brown Building, Raleigh, NC 27603
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3765 • FAX: 919-733-9379

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response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **June 24, 2021**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **June 24, 2021**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at 984-202-1221. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Pam Dailey

Pam Dailey, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Michelle Waddell, Supervisor/Designee, Caswell County DSS
Bridget Rackley, Team Supervisor/Branch Manager, Central Region, Adult Care Licensure Section
Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: <http://info.ncdhhs.gov/dhsr/customerservice.html>
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2021
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES 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 May 12, 2021.	C 000		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have matching therapeutic menus for food service guidance for 2 of 3 sampled residents with physician orders for chopped diet (#1, #3). The findings are: Observation of the lunch meal on 05/12/21 at 11:34am revealed: -The residents were each served two baked chicken legs, sautéed cabbage, rice and two slices of bread and a gelatin salad with berries. -The meat was left on the bone for the baked chicken legs. Review of the diet menu on 05/12/21 revealed there was no diet menu for a chopped diet. 1. Review of Resident #1's current FL-2 dated 04/15/21 revealed: -Diagnoses included paranoid schizophrenia, hypertension, chronic obstructive pulmonary disease (COPD), tardive dyskinesia, benign	C 270	Administrator explain to all staff that diet orders must be followed as prescribed by Physician. A menu signed by a Dietitian will be displayed in appropriate area for review.	5/19/21 11

Division of Health Service Regulation

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

TITLE

(X6) DATE

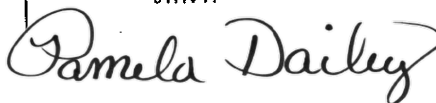
STATE FORM

6899

JTHV11

If continuation sheet 1 of 16

Reviewed and Acknowledged.



07/15/21

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C 270	Continued From page 1 prostrate hyperlipidemia, mental retardation, and bipolar. -There was an order for a chopped diet. Review of the diet list on 05/12/21 revealed: -The diet list was dated 08/15/19. -Resident #1 was not listed as being on a chopped diet. Interview with Resident #1 on 05/12/21 at 4:13pm revealed he was not on a chopped diet and he had not problem chewing or swallowing his food when he ate. Telephone interview with the personal care aide (PCA) on 05/12/21 at 4:21pm revealed: -None of the residents were on a chopped diet; all the residents were served the same food. - Resident #1 did not have teeth; she cut up Resident #1's food for him because sometimes he got choked when he ate because he chewed his food too fast. Interview with the Supervisor-in-Charge (SIC) on 05/12/21 at 4:27pm revealed: -Resident #1 was not on a chopped diet; none of the residents were on a chopped diet. -Sometimes she would cut up Resident #1's meat because he did not have teeth and could not "bite" his food. -She had never seen Resident #1 cough or choke on his food. Refer to telephone interview with the Administrator on 05/12/21 at 5:40pm. 2. Review of Resident #3's current FL-2 dated 01/13/21 revealed: -Diagnoses included dementia, history of right breast mass, cerebrovascular accident, past	C 270		11

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C 270	Continued From page 3 chopped diet; there should have been a chopped diet menu for the staff to follow at the facility. -He could not remember the last time he had seen the diet menu. -The SIC updated the resident diet list; he did not know the last time the diet list was updated.	C 270		11
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (Residents #3) related to aspirin, haloperidol and benztropine. The findings are: Review of Resident #3's current FL-2 dated 01/13/21 revealed diagnoses included dementia, history of right breast mass, cerebrovascular accident, past manual vacuum aspiration, gastroesophageal reflux disease, chronic obstructive pulmonary disease, schizophrenia, chronic right rotator cuff disease, prediabetes, hyperlipidemia.	C 330	Administrator explained to all med-techs that all meds are to be administered as ordered by physician and any discrepancies should be reported to Administrator or SIC. It was also reiterated that any and all med. discrepancy must be signed for at the time given	5/19/21

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C 330	Continued From page 5 Refer to interview with the Supervisor-In-Charge/medication aide (SIC/MA) on 05/12/21 at 2:02pm. Refer to interview with a second medication aide (MA) on 05/12/21 at 2:14pm. Refer to telephone interview with the personal care aide (PCA) on 05/12/21 at 4:18pm. Refer to telephone interview with the Administrator on 05/12/21 at 5:43pm. b. Review of Resident #3's current FL-2 dated 01/13/21 revealed an order for haloperidol 5mg (used to treat certain mental disorders) once daily. Review of Resident #3's signed physician's orders dated 01/13/21 revealed an order for haloperidol 5mg once daily. Review of Resident #3's May 2021 medication administration record revealed: -There was an entry for haloperidol 5mg once daily scheduled at 8:00am. -There was documentation haloperidol had been administered on 05/12/21 at 8:00am. Observation of Resident #3's medication on hand on 05/12/21 at 2:00pm revealed there was a medication packet with the morning dose of haloperidol 5mg that was still available and had not been administered. Telephone interview with the facility's contracted pharmacist on 05/12/21 at 3:40pm revealed 30 tablets of haloperidol 5mg had been dispensed on 03/31/21 and 04/27/21 for Resident #3.	C 330		5/19/21 5/19/21 5/19/21

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C 330	Continued From page 6 Attempted interview with Resident #3's mental health provider on 05/12/21 at 5:40pm was unsuccessful. Refer to interview with the facility's contracted pharmacist on 05/12/21 at 2:57pm. Refer to interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 05/12/21 at 2:02pm. Refer to interview with a second MA on 05/12/21 at 2:14pm. Refer to telephone interview with the personal care aide (PCA) on 05/12/21 at 4:18pm. Refer to telephone interview with the Administrator on 05/12/21 at 5:43pm. c. Review of Resident #3's current FL-2 dated 01/13/21 revealed an order for benztropine 1mg (used to treat side effects from antipsychotic medications) once daily. Review of Resident #3's signed physician's orders dated 01/13/21 revealed an order for benztropine 1mg once daily. Review of Resident #3's May 2021 medication administration record revealed: -There was an entry for benztropine 1mg once daily scheduled at 8:00am. -There was documentation benztropine 1mg had been administered on 05/12/21 at 8:00am. Observation of Resident #3's medication on hand on 05/12/21 at 2:00pm revealed there was a medication packet with the morning dose of	C 330		5/11/21 5/17/21 5/18/21

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C 330	Continued From page 7 benztropine 1mg that was still available and had not been administered. Telephone interview with the facility's contracted pharmacist on 05/12/21 at 3:40pm revealed 30 benztropine 1mg tablets had been dispensed on 03/31/21 and 04/27/21 for Resident #3. Attempted interview with Resident #3's mental health provider on 05/12/21 at 5:40pm was unsuccessful. Refer to interview with the facility's contracted pharmacist on 05/12/21 at 2:57pm. Refer to interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 05/12/21 at 2:02pm. Refer to interview with a second medication aide (MA) on 05/12/21 at 2:14pm. Refer to telephone interview with the personal care aide (PCA) on 05/12/21 at 4:18pm. Refer to telephone interview with the Administrator on 05/12/21 at 5:43pm. _____ Telephone interview with the facility's contracted pharmacist on 05/12/21 at 2:57pm revealed: -Resident #3's medication was on a cycle fill and was automatically dispensed to the facility every thirty days. -Resident #3's medication was packaged in cellophane packets; each packet had the resident's name, the medication dose and the scheduled administration time on the packet. -The medication packets were on a spool and	C 330		5/19/21 5/19/21 5/19/21

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C 330	Continued From page 8 were attached in order of scheduled administration. -Once a medication was torn off the spool and administered the next available medication packet would be for the next scheduled administration time. -The time of day the medication was scheduled to be administered was on the top of each packet; morning, noon, evening or bedtime. -If the next medication packet available on the spool indicated morning on it and the time of day was 2:00pm then Resident #3 did not get his morning dosage because that medication packet would no longer be on the spool. Interview with Resident #3 on 05/12/21 at 3:54pm revealed: -The SIC administered his medication most often. -He took medication in the morning and the evening, but he could not remember what his medications were or what they were for. -He thought he had taken his medication that morning and he thought the MA had administered them. Interview with the Supervisor-in-Charge/medication aide (SIC/MA) on 05/12/21 at 2:02pm revealed: -She administered Resident #3 his medication most every day and she had not missed any administrations. -She had administered Resident #3 his medications that morning. -She did not know why Resident #3 had extra tablets available for administration. -She thought the pharmacy may have "messed" up and sent too much medication. -She looked over the medication administration record (MAR) but she did not have a schedule or do an audit; she administered medication more	C 330		5/12/21 5/12/21 5/12/21

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C 330	Continued From page 9 often than any other staff. Telephone interview with the personal care aide (PCA) on 05/12/21 at 4:18pm revealed the SIC came in and relieved her for the day and to administer medication but she had not witnessed her administer any medication to Resident #3. Interview with a MA on 05/12/21 at 2:14pm revealed: -She had not seen the SIC administer medication to Resident #3 that morning; the SIC had said she administered the medication. -She had administered scheduled medication after the SIC in the past and had not noticed any medication that had not been administered. Telephone interview with the Administrator on 05/12/21 at 5:43pm revealed: -He expected medication to be administered as ordered by the PCP or mental health provider. -He was concerned Resident #3 was not administered his medication as scheduled because that was the way the PCP had ordered it. -He did not do medication audits or MAR audits; he thought that was something the pharmacy did when they conducted the quarterly reviews. -He thought the SIC also did MAR audits, but he did not know how often or what was looked when they were done.	C 330		5/13/21 5/13/21
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	C 611		5/14/21

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C 611	Continued From page 11 Source control includes the use of face coverings 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, record reviews and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) were implemented	C 611		5/14/21 5/14/21 5/14/21

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C 611	Continued From page 12 when caring for 5 residents during the global Coronavirus (COVID-19) pandemic as related to screening of staff, visitors and residents and the wearing of proper personal protection equipment (PPE). The findings are: Review of the Centers for Disease Control and Prevention (CDC) Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities dated 03/29/21 revealed: -Personnel should wear a facemask while in the facility and for protection during resident care encounters. -Personnel who worked in areas with minimal to no community transmission of the coronavirus should use a well-fitting facemask for source control. Review of the CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 04/27/21 revealed recommendations for use of personal protective equipment (PPE) by personnel was unchanged. Review of the NC Department of Health and Human Services Guidance for Best Practices for Infection Prevention in Long Term Care Facilities (LTCFs) dated 02/10/21 revealed LTCFs should follow the CDC guidance for appropriate selection and use of PPE. Review of the Centers for Disease Control and Prevention (CDC) Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 03/10/21 revealed: -This guidance applies to all healthcare personnel	C 611	<i>Staff Administrator explain to staff that facemask should be worn at all times in the facility. Staff will do weekly spot check to make sure staff is following requirement.</i>	<i>5/14/21</i> <i>5/14/21</i> <i>5/14/21</i>

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MILDRED'S FAMILY CARE

**3592 MARSHALL GRAVES 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 611	Continued From page 13 (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting -Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19 -Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19. -Screening for fever and symptoms should also be incorporated into daily assessments of all residents. Observation of the entrance to the facility on 05/12/21 at 7:45am revealed: -There a sign on the door restricting all visitors except healthcare providers; healthcare providers were asked to see the staff prior to entrance to the facility. -There was no instruction for screening of visitors and there was no visitor log or temperature and screening materials at the entrance. -The medication aide (MA) opened the door and let the surveyor into the facility. -The survey team was not prescreened, or temperatures taken upon entrance to the facility. Observation of the Supervisor-in-Charge (SIC) on 05/12/21 at 8:50am revealed: -She entered the facility and did not prescreen and did not monitor her temperature. -The SIC did not ask the surveyor if they had done a prescreening or had a temperature taken prior to entering the facility. Review of three residents' the medication administration (MAR) for March 2021, April 2021 and May 2021 revealed there were no temperatures documented on the MARs.	C 611	Residents Temperature to be checked daily and recorded. All personnel was explained that all CDC guidelines must be followed per facility policy. All staff and visitors must be screen prior to entering facility and masks worn.	5/14/21 5/14/21 5/14/21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2021
NAME OF PROVIDER OR SUPPLIER MILDRED'S FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3592 MARSHALL GRAVES ROAD YANCEYVILLE, NC 27379		
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C 611	Continued From page 14 Interview with three residents on 05/12/21 from 8:00am to 8:32am revealed: -There temperatures were not taken daily. -One resident's temperature was taken at the physician's office but not at the facility. -Another resident had his temperature taken about a month ago. -All three of the residents had their vaccinations for COVID-19. Telephone interview with the personal care aide (PCA) on 05/12/21 at 4:21pm revealed: -She did not take daily temperatures of the residents. -She did not take temperatures of other staff or visitors. -She did not prescreen herself or visitors. -She had never been told to monitor residents' or visitors' temperatures. -She had never been told to prescreen prior to starting her work shift. -She had not been shown a policy for the facility related to COVID-19. Interview with the SIC on 05/12/21 at 4:27pm revealed: -Staff were not taking the residents' temperatures daily. -She did not have a policy related to COVID-19 for the facility. -She felt she was doing everything necessary to prevent COVID-19 because she was sanitizing surfaces, restricting visitation with residents to outside, washing and sanitizing the residents' hands and wearing a facemask. -She was not aware the residents and staff temperatures needed to be monitored daily. -She had a prescreening questionnaire at her home office but did not realize she needed to	C 611		5/14/21 5/14/21 5/14/21

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C 611	Continued From page 15 screen the staff and healthcare providers. Telephone interview with the Administrator on 05/12/21 at 6:04pm revealed: -There should have been a policy related to COVID-19 at the facility. -The staff should have conducted prescreening and temperatures on themselves prior to the start of their shifts. -The surveyor should have been prescreened and had their temperature taken by the staff prior to entrance into the facility. -There should have been a log to document the staff and visitor prescreening and temperatures at the facility. -The residents' temperatures were not monitored daily; if everyone felt fine and did not have symptoms then there was no reason to take their temperatures. -At the beginning of the pandemic they were monitoring the residents' temperatures, but they stopped, and he was not sure when. -All the residents and some of the staff had been vaccinated. -He was not aware the residents' temperatures still needed to be monitored daily.	C 611		5/14/21

COVID-19 Health Check Record (To be Completed Every Day)

- Heath checks every morning
- Wait 30 minutes after eating, drinking or exercising
- Read temperature and record below. If temperature is 100.4°F/38°C or higher, fever is present.
Note: In addition to fever, please be alert for any other symptoms of COVID-19, including cough or difficulty breathing.
- Wait 30 minutes after eating, drinking, or exercising.

[illegible]

Daily Symptom Attestation Form COVID-19

Dear Staff Member:

please help us to protect you, your fellow staff members and our residents by completing this form regarding symptoms of COVID-19 and travel history immediately upon entry to the facility.

If you have any of the symptoms on this form, we cannot allow you to return to work until your symptoms have resolved and you have been cleared.

FORM IS TO BE COMPLETED IN ITS ENTIRETY

[illegible]

ADULT CARE HOME STAFF/VISITOR SCREENING FORM

DATE: _____

NAME: _____ Check: STAFF _____ VISITOR _____

PHONE: () _____

Please indicate if any of the following applies to you:

	YES	NO
Do you currently have a fever of 99.6° or more?		
Do you have any respiratory symptoms such as cough or shortness of breath?		
Did you have a recent diagnosis of pneumonia or flu?		
Have you travelled internationally or on a cruise ship in the last 14 days?		
<i>If yes, list where:</i>		
Have you had contact with anyone who has confirmed or is under investigation for Coronavirus within the last 14 days?		

I hereby certify that the information contained herein is true, accurate and correct to the best of my knowledge and belief.

Employee/Visitor Signature

Date

If you answered YES to any of these questions, please call the supervisor in charge or administrator and report your answers.

Please leave this form in the designated location BEFORE you enter your work area.

Thank you for your cooperation and understanding as we work to maintain the safety of our residents, staff and community.