STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: _____ B. WING _____	R 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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
{D 000}	Initial Comments Th Adult Care Licensure Section conducted a follow-up survey from 04/23/24 to 04/24/24.	{D 000}		
D 611	10A NCAC 13F .1801(b) Infection Prevention & Control Policies & Pro 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES (b) The facility's infection and control policies and procedures shall be implemented by the facility and shall address the following: (1) Standard and transmission-based precautions, 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 .1802 of this Section; (3) Measures for the facility to consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communal dining; limiting or restricting outside visitation to the facility;	D 611		

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D 611	Continued From page 1 screening staff, residents, and visitors for signs of illness; and use of source control as tolerated by the residents; and (4) Strategies for addressing potential staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure recommendations and guidance established by the federal Centers for Disease Control and Prevention (CDC) and guidelines established in the facility's infection control policies and procedures were followed during a COVID-19 outbreak. The findings are: Review of the facility's Infection Disease Control and Infection Control Policy, dated September 2021 revealed: -The Infectious Disease Control staff will assure the local county health department is notified upon occurrence of any outbreak, illness, or disease of two or more residents. -All employees are required to use personal protective equipment (PPE) as appropriate when in contact with, or there is possible contact with bodily fluids or other potentially infectious	D 611		

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D 611	Continued From page 2 material. Observation of the entrance of the facility on 04/23/25 at 8:30am revealed a sign posted on the entrance door which indicated there were current positive COVID-19 cases in the building. Observation of the dining room on 04/23/25 at 8:30am revealed: -There were two employees in the dinning room assisting with serving meals that were not wearing (PPE). -There was a medication aide (MA) on the medication cart that was not donning PPE. -The Resident Care Coordinator (RCC) was not donning PPE. Interview with the Resident Care Coordinator (RCC) on 04/23/25 at 8:40am revealed: -There were four residents that were positive for COVID-19 in the facility. -The facility had eight COVID-19 positive residents in total since the first documented case. -COVID-19 positive residents were not being quarantined in their rooms. -The corporate policy did not allow residents that were COVID-19 positive to be quarantined in their rooms. -All staff were required to wear masks when there were COVID-19 positive cases in the building. Interview with the Regional Facility Nurse on 04/23/25 at 8:50am revealed the facility staff attempted to keep COVID-19 positive residents isolated in their rooms, but were not successful. Interview with local County Health Department Nurse on 04/23/25 at 8:55am revealed: -The health department had not been notified about the COVID-19 outbreak at the facility.	D 611		

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D 611	Continued From page 3	D 611		

-If the facility had notified them, the information would have been in their system.
-The facility should have informed the health department about the outbreak.
-The facility would have been given guidelines had they known about the outbreak.
-Residents should have been quarantined in their rooms for a minimum of five days.
-COVID-19 positive residents should have been eating meals in their rooms.
-Staff members should have been wearing masks while in the facility.

Second interview with RCC on 04/23/25 at 9:00am revealed:
-The first confirmed COVID-19 positive case in the facility was on 04/15/25.
-Residents that were COVID-19 positive had a choice to remain quarantined in their room.
-The facility staff encouraged residents to wear masks.
-Some of the COVID-19 positive residents ate meals in the dining room.
-She believed COVID-19 would continue to spread to other residents as long as the residents were not quarantined.
-She did not notify the local health department about the COVID-19 outbreak.

Interview with the Administrator on 04/23/25 at 9:05am revealed:
-The facility tested residents who had signs and symptoms of COVID-19.
-She informed the Adult Home Specialist (AHS) with the local county Department of Social Services about the COVID-19 outbreak.
-She believed the AHS called the local health department and informed them about the COVID-19 positive cases.
-The local health department contacted her and

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D 611	Continued From page 4	D 611		

asked her how many COVID-19 positive cases were in the facility.
-The local health department did not give her any guidelines for dealing with the COVID-19 outbreak at the facility.

Telephone interview with the AHS on 04/23/25 at 11:00am revealed:
-The Administrator emailed her on 04/19/25 to inform her of the COVID-19 outbreak in the facility.
-She was informed there were six total COVID-19 positive cases between residents and staff.
-She did not notify the local health department.
-She expected the facility to notify the local health department.

Interview with a medication aide (MA) on 04/23/25 at 12:40pm revealed:
-Staff were told they had to wear masks when the COVID-19 outbreak began.
-Up until the morning of 04/23/25 the staff members wore masks.
-She was the only one that had a mask on the morning of 04/23/25.

Interview with a second MA on 04/23/25 at 1:00pm revealed:
-Masks were mandatory for staff members during a COVID-19 outbreak.
-She did not have a mask on the morning of 04/23/25 because she had problems breathing when she wore masks.
-She should have a mask on at all times while in the facility.

Second interview with the Administrator on 04/23/25 at 2:45pm revealed:
-An additional resident tested positive for COVID-19 that afternoon.

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D 611	Continued From page 5 -The facility had a total of nine residents test positive for COVID-19. -The facility had a total of one staff member test positive for COVID-19. -On 04/17/25 She put a policy in place for all staff members to wear masks. -All staff should have been wearing masks in order to stop the spread of COVID-19 throughout the facility.	D 611		