

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2020
NAME OF PROVIDER OF SUPPLIER CARVER LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 303 EAST CARVER STREET DURHAM, NC 27704	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, staff interviews, and review of the facility's policy, entitled, COVID-19, the facility failed to maintain social distancing for 11 residents (Resident #s 1, 2, 3, 4, 7, 9, 10, 11, 12, 13 and 14) on the memory care unit, and three (3) residents in the common day area (Resident #s 15, 16 and 17). These failures occurred during a COVID-19 pandemic and had the potential to affect all residents, that resided on the memory care unit. The findings include: During an observation on 04/08/2020 at 2:25 p.m., accompanied by the Infection Control Nurse (ICN), fourteen residents were located in the dinning/day room. The ICN confirmed the following and stated, she expected social distancing to be maintained; however, it was a challenge for the resident population: - Resident #s 13 and 14 (seated two (2) feet apart) - Resident #s 11 and 12 (seated two (2) feet apart) - Resident #s 1 and 2 (seated five (5) feet apart) - Resident #s 4 and 7 (seated five (5) feet apart) - Resident #s 9 and 10 (seated three (3) feet apart) - Resident #3 was pleasantly confused, and constantly walked up to and touched other residents and visitor. The resident was not immediately, redirected by the memory care staff in the dinning/day room. During an interview on 04/08/2020 at 2:41 p.m., the memory care Unit Manager acknowledged that she was aware of the COVID-19 pandemic. She also stated that she expected social distancing of six (6) feet to be maintained as much as possible, although it was a challenge for the resident population. The aforementioned findings, were shared and the need for the memory care staff to be more proactive, with redirecting residents and social distancing with seating of residents. On 04/08/2020 at 2:45 p.m., accompanied by the ICN, four (4) residents were observed in the common day area. The ICN confirmed the following and stated she expected social distancing to be maintained: - Resident #s 16 and 17 (seated one (1) feet apart) - Resident #s 15 and 16 (seated one (1) feet apart) During an interview on 04/09/2020 at 5:27 p.m., the Administrator, Director of Nursing, ICN and Corporate Nurse revealed, that education related to social distancing, was provided to the staff and residents, prior to the survey findings. Review of the facility's policy, dated 04/09/2020, revealed, .Remind and assist residents to participate in social distancing (at least 6 feet apart) .		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.