

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2020
NAME OF PROVIDER OF SUPPLIER PEMBROKE CENTER		STREET ADDRESS, CITY, STATE, ZIP 310 E WARDELL DRIVE PEMBROKE, NC 28372	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on record review and staff interview the facility failed to inform resident representatives and families by 5:00 PM the next calendar day following the occurrence of confirmed staff COVID-19 infections on 09/26/20 for 3 of 55 staff reviewed for COVID-19 reporting. Findings included: Review of the facility COVID-19 testing log revealed 3 staff tested positive on 09/26/20. An interview with the Administrator on 10/08/20 at 4:15 PM revealed the 3 staff who tested positive for COVID-19 on 09/26/20 were notified of positive COVID-19 status via telephone as soon as the positive results were received. The Administrator stated she did not think about notifying residents or residents' responsible parties of the staff who tested positive on 09/26/20, because they were notified weekly via phone calls by the department managers and documented in the residents' medical record regarding the facility having positive COVID-19 infections. The Administrator confirmed she was unaware the facility was required to report subsequent confirmed COVID-19 cases, so the facility did not contact families and/or responsible parties of residents who were not COVID-19 positive on 09/26/20.		

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.