STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 8/26/2020 through 8/27/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 91TJ11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 8/26/2020 through 8/27/2020. There were a total of 2 complaint allegations investigated; 1 allegation was not substantiated and 1 allegation was substantiated as a result of the survey. Event ID #91TJ11.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880		9/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/18/2020

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F 880	Continued From page 1	F 880		

arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and

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F 880	Continued From page 2 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff interviews, and review of the Guideline on Mask Usage, the facility failed to place a mask on a dialysis resident while being transported to the lobby area for a dialysis appointment for 1 of 3 residents (Resident #1) reviewed for infection control. Additionally, the facility failed to implement measures specified in the All Staff Update related to mask usage when 2 of 4 dietary staff members failed to wear facemasks while they worked in the kitchen. These failures occurred during a Covid-19 pandemic. Findings included: A facility policy titled "Guideline on Mask Usage", last updated April 2020 was reviewed. The policy read in part: We are recommending the use of surgical masks, if available, when a patient is going to the emergency room, to dialysis, or is being readmitted into our facility. A facility communication titled "All Staff Update", dated 4/9/2020 was reviewed. The communication read in part: Residents going out to an appointment must wear a mask.	F 880	University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction as required by Federal and State regulations and statutes applicable to long term care providers. This plan does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or the scope or severity regarding any of the deficiencies cited are correctly applied. F880 Corrective action has been accomplished for the alleged deficient practice regarding resident #1 and 2 of 4 dietary staff members. On 08/26/2020 a face mask was placed on resident #1 by the receptionist. All residents that have outside appointments or return to the facility from outside appointments have the potential to be affected by the same alleged deficient practice. On 08/26/2020 an audit was completed to ensure that all residents that had appointments and returned from appointments had a face	

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F 880	Continued From page 3 All staff must wear a mask. 1. Resident #1 readmitted to the facility on 10/11/2019. His diagnoses included end stage renal disease. Resident #1's quarterly Minimum Data Set (MDS) dated 8/9/2020 revealed he had moderate cognitive impairment. He required extensive assistance and received dialysis services. No behaviors indicated. Resident #1 had a dialysis plan of care reviewed on 8/26/2020 which included interventions for dialysis services on Monday, Wednesday and Friday. Resident #1's nursing progress notes were reviewed from 8/3/2020 through 8/26/2020 which revealed no documentation of Resident #1 refusing to wear his mask. An observation was completed on 8/26/2020 at 10:10 AM of Resident #1 being transported in his geri-chair to the lobby area by Nurse Aide (NA) #1. Resident #1 had his dialysis bag resting on his lap. Resident #1 had no mask in place. NA #1 was observed with face-shield, mask and gloves in place while transporting Resident #1. Continued observation and interview was completed with NA #1. She stated she was aware Resident #1 was a dialysis recipient and needed to be in the lobby area by 10:15 AM for transport. She verbalized she had received training on infection control and Covid-19. NA #1 communicated Resident #1 should have a mask on. She stated she was rushed and going back to his room to get his mask. NA #1 explained Resident #1 should have had a mask on prior to leaving his room.	F 880	mask in place. All other residents were compliant with mask use. On 08/26/2020 an audit was completed with all dietary staff to monitor compliance of face mask use and no other issues were noted. In-service was conducted by Director of Nursing (DON), Assistant Director of Nursing (ADON) and Staff Development Coordinator (SDC) for all staff that included CDC guidelines for mask compliance and resident guidelines for mask use when leaving the facility and upon return to the facility. Measures put into place to ensure that the alleged deficient practice does not recur include: Face Masks were placed on medication carts for quick and easy access. Face masks were provided and stored in the Dietary Manager's office for quick and easy access. In-service education was conducted by Director of Nursing, Assistant Director of Nursing, and Staff Development Coordinator on 08/26/2020 for all staff that included CDC guidelines for mask compliance and resident guidelines for mask use when leaving the facility and upon return to the facility. In-service to be completed by 09/01/2020. Employees will not be allowed to work next scheduled shift until in-service acknowledged and understood. An audit was initiated on 08/26/2020 by the Director of Nursing, Assistant Director of Nursing and/or Staff Development Coordinator to ensure that all residents were wearing face masks when leaving to go to outside appointments and upon	

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F 880	Continued From page 4 Review of NA #1's education record revealed she received training on 8/10/2020 related to mask usage and Covid-19. An interview was completed with Nurse #1 on 8/26/2020 at 10:13 AM. She explained Resident #1 should have had a mask in place. She voiced NA #1 should have placed the mask on Resident #1 prior to exiting his room and being transported to the lobby area. An observation was completed of the Receptionist on 8/26/2020 at 10:15 AM in the lobby area. She was observed placing a mask on Resident #1 while he waited for dialysis transport. A telephone interview was completed with the Assistant Director of Nursing (ADON), who also served as the Infection Preventionist, on 8/26/2020 at 11:01 AM. She explained all residents should have a mask in place when leaving their rooms. She communicated all staff had received education on infection control practices and Covid-19. An interview was completed with the Social Worker on 8/26/2020 at 11:40 AM. She explained Resident #1 exhibited behaviors of refusal of care but was not aware of Resident #1 refusing to wear his mask. She communicated she had not developed a plan of care for Resident #1 refusing to wear his mask. An interview was completed with the Administrator on 8/26/2020 at 12:09 AM. She explained Resident #1 had periods of refusal to wear his mask. She explained agency staff asked Resident #1 if he would wear his mask and	F 880	return to the facility and to ensure that all dietary employees were wearing face masks while working in the kitchen. Audits will be completed on residents and dietary employees three times per week for 4 weeks, then two times per week for 4 weeks, then weekly for 4 weeks. The audit will be documented on the face mask audit tool. The Director of Nursing or Assistant Director of Nursing will present the findings and recommendations at monthly QI committee meeting. QAPI/QI committee will evaluate for continued compliance for 3 months.	

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he stated "no". The Administrator verbalized staff was agreeable with Resident #1's refusal and proceeded to transport him to the lobby area. The Administrator communicated if masks were readily available Resident #1 should have had a mask in place unless he refused.

An interview was completed with the Receptionist on 8/26/2020 at 12:26 pm. She stated she was familiar with Resident #1. She expressed Resident #1, on his dialysis days, wore a mask when he entered the lobby area and waited for his dialysis transport. The receptionist could not recall Resident #1 not wearing a mask.

2. An observation of the Dietary Department was completed on 8/26/2020 at 9:50 AM. The observation revealed Dietary Aide #1 not wearing a mask while she prepared to plate food for the Covid unit. Further observation of the kitchen revealed Dietary Aide #2 not wearing a mask while he washed dishes.

An interview was completed on 8/26/2020 at 9:55 AM with Dietary aide #1. She revealed she had received in-service training on infection control and Covid-19 inclusive of wearing a mask at all times. Dietary aide #1 stated her mask was hanging off her ear and had just came off. She was observed with her mask now covering her nose and mouth.

Review of Dietary Aide #1's education record revealed she received training on 4/09/2020 related to mask usage and Covid-19.

An interview was completed on 8/26/2020 at 9:57 AM with Dietary aide #2. He was observed exiting the dietary department with his mask in

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place. Dietary aide #2 stated he received training on infection control and Covid-19 inclusive of wearing mask at all times. He communicated he should have had his mask on but it was hot and difficult to breath.

Review of Dietary Aide #2's education record revealed he received training on 4/09/2020 related to mask usage and Covid-19.

An interview was completed on 8/26/2020 at 10:00 AM with the Assistant Dietary Manager (ADM). She explained all staff had received training on infection control and Covid-19 inclusive of wearing masks. The ADM verbalized staff were aware that masks should be in place at all times.

An interview was completed with the Administrator on 8/26/2020 at 12:15 PM. She communicated dietary staff should wear their masks the way they had been in-serviced.

A telephone interview was completed on 8/27/2020 at 11:15 AM with the Dietary Manager (DM). He stated staff had been instructed when they needed to remove their masks and get some fresh air to go outside or to a designated employee area. He verbalized staff had been educated on infection control and Covid-19 inclusive of wearing masks. The DM communicated employees should have had their masks in place.