PRINTED: 10/19/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345008	B. WING _			09/	22/2020
	ROVIDER OR SUPPLIER DEL AT MYERS PARK,	LLC		STREET ADDRESS, CITY, STATE, ZIF 300 PROVIDENCE ROAD CHARLOTTE, NC 28207	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
E 000	Initial Comments		EC	000			
E 000	Control survey was of facility was found in §483.73 related to E Subpart-B-Requirem Facilities. Event ID#	ents for Long Term Care SNWT11.					
F 000	Control Survey was The facility was foun CFR §483.80 infection has implemented the Disease Control and recommended pract COVID-19. Event ID	DVID-19 Focused Infection conducted on 09/22/2020. d out of compliance with 42 on control regulations and e CMS and Centers for Prevention (CDC) ices to prepare for # SNWT11.	FC				
F 880 SS=D	infection prevention designed to provide comfortable environt development and tradiseases and infection program. The facility must estand control program a minimum, the follow \$483.80(a)(1) A syst reporting, investigation and communicable of the provided in the provide	ontrol ablish and maintain an and control program a safe, sanitary and ment and to help prevent the ansmission of communicable ons. prevention and control ablish an infection prevention (IPCP) that must include, at wing elements: em for preventing, identifying, ng, and controlling infections liseases for all residents,	F8				
ABORATORY		tors, and other individuals /SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE			(X6) DATE

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

Electronically Signed

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.

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(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI) TAG	((EACH CORRECTIVE CROSS-REFERENCED	E ACTION SHOULD BE O TO THE APPROPRIATE	(X5) COMPLETION DATE	
Continued From page	e 1	F 8	880			
providing services un arrangement based up conducted according accepted national states \$483.80(a)(2) Written procedures for the probut are not limited to: (i) A system of surveit possible communicate infections before they persons in the facility (ii) When and to whom communicable disease reported; (iii) Standard and transt to be followed to preven (iv) When and how isconsident; including but (A) The type and durate depending upon the involved, and (B) A requirement that least restrictive possicircumstances. (v) The circumstance must prohibit employed disease or infected sleptontact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or take the factorized actions take the corrective actions take the conduct with residents contact with residents contact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected sleptontact with residents contact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected sleptontact with residents contact with residents contact will transmit to (vi) The hand hygiene by staff involved in disease or infected sleptontact with residents contact	der a contractual upon the facility assessment to §483.70(e) and following ndards; I standards, policies, and ogram, which must include, Illance designed to identify ble diseases or r can spread to other ; m possible incidents of se or infections should be nsmission-based precautions rent spread of infections; blation should be used for a t not limited to: ation of the isolation, infectious agent or organism at the isolation should be the ble for the resident under the se under which the facility the swith a communicable can lesions from direct to or their food, if direct the disease; and procedures to be followed rect resident contact.					
§483.80(e) Linens.						
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR IT Continued From page providing services un arrangement based us conducted according accepted national states \$483.80(a)(2) Written procedures for the probut are not limited to: (i) A system of surveil possible communicable infections before they persons in the facility (ii) When and to whore communicable disease reported; (iii) Standard and trant to be followed to preve (iv) When and how is cresident; including but (A) The type and durate depending upon the involved, and (B) A requirement that least restrictive possible circumstances. (v) The circumstance must prohibit employed disease or infected she contact with residents contact will transmit the (vi) The hand hygiene by staff involved in directions.	CORRECTION JA5008 ROVIDER OR SUPPLIER DEL AT MYERS PARK, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 providing services under a contractual 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.	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		345008	B. WING _			09/22/2020	
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F 880	Continued From pag	e 2	F 8	380			
		dle, store, process, and s to prevent the spread of					
	IPCP and update the This REQUIREMEN' by: Based on observation review of an All Staff to implement measu Education related to Maintenance Director while talking in the histaff (dietary aide #1 wear facial protection)	view. uct an annual review of its eir program, as necessary. T is not met as evidenced ons, staff interview, and Education, the facility failed res specified in the All Staff facial protection when the r failed to wear a face mask allway, and 2 of 4 dietary and dietary aide #2) failed to n while they worked in the res occurred during a					
	A facility education ti and Cleaning of PPE equipment) and Prop PPE", dated 4/09/20 reviewed. The comm	tled "Proper Use, Storage, E (personal protective per Donning and Doffing of 20 and 9/22/2020 were nunication read in part:					
	1. An observation wa 10:30 AM of the Mai with a housekeeping hallway. The Mainte his face mask in plac observed in his right completed with the Natime of the observati	as completed on 9/22/2020 at intenance Director speaking staff member on the 200 mance Director did not have se. His face mask was hand. An interview was faintenance Director at the on. He explained he was and that was the reason for					

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F 880	Continued From page	e 3	F	880			
	revealed he had beer and Covid-19 inclusiv times.	donned his face mask. He n trained on infection control re of wearing a mask at all					
		nance Director's education ceived training on 4/09/2020 e.					
	12:38 PM with the Dir who also served as the She stated face mask staff. When a staff per lunch, then masks co	rector of Nursing (DON), ne Infection Preventionist. as should be in place for all erson was on a break or uld be off in non-residential as outside of the building.					
	PM with the Administ	npleted on 9/22/2020 at 2:00 rator. He verbalized staff n place while in the facility.					
	completed on 9/22/20 revealed two (2) dieta masks while working was completed with E she had received train Covid-19 inclusive of She explained she had times needed to get so verbalized when she mask was in place. To mouth and nose remarks were possible to the complete the comp	left the kitchen her face Throughout the interview her ained uncovered. le #1's education record					
	revealed she received related to mask usage	d training on 4/09/2020 e.					

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F 880	An interview was co 10:45 AM with Dieta had received training Covid-19 inclusive of She voiced the temporary hot. She verbakitchen her face mass the interview her mouncovered. Review of Dietary Airevealed she received related to mask usage. An interview was co 10:49 AM with the Direvealed staff have be control and Covid-19 at all times. The DN a medical condition kitchen was just fixed air conditioning bein the kitchen was extracommunicated staff all times. An interview was co 12:38 PM with the Direct She stated face mass staff. When a staff plunch, then masks coareas or while staff with the Administration.	impleted on 9/22/2020 at a ry Aide #2 who stated she g on infection control and f wearing a mask at all times. Serature in the kitchen was lized when she left the sk was in place. Throughout both and nose remained de #2's education recorded training on 9/22/2020 ge. impleted on 9/22/2020 at stated one staff person had and the air conditioning in the d on 9/21/2020. Prior to the g fixed, the temperature in	F8	80				