

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/29/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 BROOKWOOD AVENUE NE</b> <b>CONCORD, NC 28025</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 880 SS=K	<p>An unannounced COVID-19 Focused Survey was conducted on 12/21/2020 through 12/29/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# FW0Z11</p> <p>A focused infection control survey was conducted from 12/21/2020 through 12/29/2020. Immediate Jeopardy was identified at:</p> <p>CFR 483.80 at tag F880 at a scope and severity K</p> <p>Immediate Jeopardy began on 11/26/2020 and was removed on 12/24/2020.</p> <p>1 of the 3 complaint allegations was substantiated resulting in deficiencies. (F880)</p> <p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p>	F 880		1/14/21	

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

TITLE

(X6) DATE

Electronically Signed

01/13/2021

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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F 880	<p>Continued From page 1</p> <p>§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 arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 record reviews, staff interviews and observation, the facility failed to implement the COVID-19 screening policy when a nursing assistant (NA #1) reported to work, answered "yes" to experiencing a symptom of COVID-19 (cough) and failed to inform the supervisor about the symptom for 1 of 3 staff reviewed for COVID-19 screening. Prior to beginning a twelve-hour shift on 11/26/2020, NA #1 reported on the COVID-19 screening tool that she had a cough. On 11/30/2020 NA #1 tested positive for the COVID-19 virus. Four of 21 residents who tested positive for COVID-19 were cared for by NA#1 on 11/26/2020. Residents #4, #5, #6 and #7 had been cared for by NA #1 on 11/26/2020 and tested positive within the next 14 days. Resident #7 required subsequent hospitalization. Since 12/1/2020 the facility had a COVID-19 outbreak with 24 of 75 residents and 9 staff testing positive for the COVID-19 virus. This failure occurred during the COVID-19 pandemic.</p> <p>Immediate Jeopardy began on 11/26/2020 when NA #1 reported for work and did not inform the nursing supervisor she had a cough. Immediate Jeopardy was removed on 12/24/2020 when the</p>	F 880	<p><b>F 880 INFECTION PREVENTION AND CONTROL</b></p> <p>1) Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>All residents are at risk for COVID-19 when surveillance guideline breach occurs, such as failure to review the screening log and staff not reporting symptoms and then taking care of residents.</p> <p>2) Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>An audit of the last 14 days was completed on 12/22/2020 by Senior Corporate Clinical Consultant of employee and visitor screening log to identify any employees that have stated they are experiencing signs and symptoms of COVID-19. Opportunities corrected as</p>		

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F 880	<p>Continued From page 3</p> <p>facility implemented a credible allegation of Immediate Jeopardy removal. The facility will remain out of compliance at a scope and severity level of E (not actual harm with the potential for more than minimal harm that is not immediate jeopardy) for the facility to complete staff training and to ensure monitoring systems put in place are effective.</p> <p>Findings included:</p> <p>The Communicable Disease Outbreak Preparedness plan dated 3/2020 was reviewed. The policy read: "All staff: report any symptoms relating to the current disease outbreak to their supervisor."</p> <p>COVID-19 Response Guideline 7 (no date) was reviewed and it directed: "actively screening employees for signs and symptoms of COVID-19 when employees report to work beginning of their shift and if an employee is ill, employee will be provided with a clean facemask and will immediately leave the facility ..."</p> <p>The facility policy "Testing" dated 8/28/2020 and revised 10/21/2020 was reviewed. The policy read: "When an individual has symptoms consistent with COVID-19 is identified, the facility will take immediate actions to prevent the transmission of COVID-19" and Staff with signs or symptoms of COVID-19 must be tested and will be restricted from the facility pending results of the COVID-19 testing."</p> <p>The facility screening log for employees and visitors dated 11/26/2020 was reviewed. Questions included "Have you had any of the following symptoms: fever, cough, shortness of</p>	F 880	<p>identified which included assessing (1) employee who reported a sore throat on the screening log on 12/22/2020. After review, this employee is restricted from work and will follow return to work guidelines which includes testing to rule out COVID-19.</p> <p>3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>A root cause analysis was completed involving the Infection Preventionist, Governing Body and Quality Assurance Performance Improvement (QAPI) committee members on 1/12/2021. In addition, the facility Infection Preventionist in conjunction with the Medical Director and clinical management team completed a new LTC (Long Term Care) Infection Control Self-Assessment on 1/12/2021.</p> <p>The facility contracted with an Independent Consultant on 1/12/2021 who is SPICE (Statewide Program for Infection Control and Epidemiology) certified. This consultant will continue to provide oversight of the facility's infection prevention and intervention plan for a minimum of the next six (6) months. The contracted Independent Consultant reviewed the facility's written root cause analysis and LTC Infection Control Self-Assessment on 1/12/2021.</p> <p>All staff were be re-educated by Administrator and Director of Nursing</p>		

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F 880	<p>Continued From page 4</p> <p>breath/difficulty breathing, sore throat, chills, repeated shaking with chills, muscle pain, headache, new loss taste/smell" NA #1 filled out the screening tool and answered "y" (yes) for cough. Instructions on the screening log included "(employee) should be reminded to stay home if they are ill; if (employee) develops fever or symptoms of COVID-19 while at work: 1. Keep facemask on; 2. Inform supervisor; 3. Leave workplace. NA #1 ' s documented temperature on the screening log was 98.8 degrees Fahrenheit.</p> <p>NA #1 was interviewed by phone on 12/21/2020 at 6:54 PM. NA #1 reported she worked 11/26/2020 from 7:00 AM to 7:00 PM. NA #1 reported she developed a cough prior to working on 11/26/2020 and answered "yes" to the screening question related to cough. NA #1 stated the cough was a new development. NA #1 reported she self-screened prior to her shift on 11/26/2020. NA #1 reported there was an assigned screener "sometimes" at 7:00 AM but she checked her temperature and answered the screening questions on 11/26/2020. NA #1 stated she was not certain she reported the symptom to the nursing supervisor, then corrected herself and reported she had reported the cough to "a nurse". NA #1 was unable to identify the nurse she reported the cough. NA #1 went on to explain she was told by the nurse that the cough was not significant and because she did not have any other symptoms of COVID-19, she could work her shift. NA #1 reported she did not believe she had COVID-19. NA #1 reported she received a positive COVID-19 test result on 11/30/2020.</p> <p>The Screener was interviewed on 12/21/2020 at 12:15 PM. The Screener reported she worked</p>	F 880	<p>(DON) on signs and symptoms of COVID-19, which include, fever, cough, shortness of breath/difficulty breathing, sore throat, chills, repeated shaking with chills, muscle pain, headache and new loss of taste or smell. Staff were also educated that if they experience signs and symptoms of COVID-19 or any signs/symptoms different from their baseline to not report work. Staff members were advised to contact the Infection Preventionist and/or Director of Nursing via phone to report any negative responses related to COVID-19 signs and symptoms. If Infection Preventionist and/or Director of Nursing is unavailable, staff will contact the facility Administrator. Staff were educated that if they start to experience signs and symptoms of COVID-19 while at work to immediately notify facility Infection Preventionist and/or Director of Nursing for further guidance. If Infection Preventionist and/or Director of Nursing is unavailable, staff will contact the facility Administrator. This education was completed on 12/24/2020. Additionally, an attestation statement was completed by the Director of Nursing on 1/12/2021 confirming completion of required education. New hires will be educated during orientation.</p> <p>All staff were re-educated by Administrator and Director of Nursing on thorough completion of the employee and visitor screening log. This included legibly completing name, date, and indication of symptoms of COVID-19. This education was completed on 12/23/2020.</p>		

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F 880	<p>Continued From page 5</p> <p>Monday through Friday and worked from 8:00 AM until 3:00 PM or 5:00 PM, depending on the day. The Screener reported that she reported any staff with signs or symptoms of COVID-19 to the Director of Nursing or the Administrator.</p> <p>Review of the nursing schedule for 11/26/2020 revealed NA #1 was scheduled to work from 7:00 AM until 7:00 PM. NA was scheduled to work on assignment #3 (rooms 216-227) from 7:00 AM until 3:00 PM and assignment #1 (rooms 124-128) from 3:00 PM to 7:00 PM. A review of the nursing schedule for 11/22/2020 and 11/24/2020 revealed NA #1 had been assigned to assignment #1 for a twelve-hour shift (7:00 AM to 7:00 PM) for both dates.</p> <p>Nurse #1 was interviewed by phone on 12/22/2020 at 10:47 AM. Nurse #1 reported she was the charge nurse for the entire facility on the day shift (7:00 AM to 3:00 PM) on 11/26/2020 and she supervised NA #1 on that date. Nurse #1 reported NA #1 had not reported a cough to her during the shift. Nurse #1 reported it was her responsibility to review the employee screening sheets for "yes" answers to the screening questions, but she did not recall seeing NA #1 's "yes" response to a new cough on 11/26/2020. Nurse #1 was not certain the time she reviewed the screening log on 11/26/2020. Nurse #1 reported if she had noticed NA #1 answered "yes" to cough, NA #1 would have been removed from her assignment, the Administrator would have been notified and a rapid COVID-19 test would have been performed on NA #1 and she would have been sent home.</p> <p>A list of residents who tested positive for COVID-19 was reviewed. Resident #4, Resident</p>	F 880	<p>Additionally, an attestation statement was completed by the Director of Nursing on 1/12/2021 confirming completion of required education. New hires will be educated during orientation.</p> <p>No staff will be allowed to work until education is completed.</p> <p>Administrator and Director of Nursing were educated by the Regional Director of Operations and Senior Corporate Clinical Consultant on COVID-19 response guidelines including to ensure proper screening and oversight of the screening process. This education was completed on 12/23/2020.</p> <p>Employees designated as screeners will reeducated to ensure that employee and visitor screening log is completed correctly and legibly. They will also be educated on if an employee or visitor checks yes to any of the signs and symptoms of COVID-19 they are not allow the employee or visitor to start work and to notify the Infection Preventionist and/or Director of Nursing for further guidance. Additionally, these screeners will be required to complete a competency tool to ensure screening competency. This education was completed on 12/23/2020. An attestation statement was completed by the Director of Nursing on 1/12/2021 confirming completion of required education.</p> <p>Effective 12/23/2020, the facility has updated the employee and visitor</p>		

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F 880	<p>Continued From page 6</p> <p>#5, and Resident #6 tested positive for COVID-19 on 12/8/2020 and were assigned to NA #1 on 11/26/2020. Resident #7 was assigned to NA #1 on 11/26/2020, tested positive for COVID-19 on 12/10/2020 and was hospitalized on 12/20/2020. Resident # 5, Resident #6 and Resident #7 resided on Assignment #3 hall and Resident #4 resided on Assignment #1 hall.</p> <p>The Infection Control Preventionist (IP) was interviewed on 12/21/2020 at 12:38 PM. The IP reported she was responsible for surveillance of COVID-19 in the facility. The IP reported she was not working 11/26/2020. The IP reported that she had not been notified NA #1 had a cough on 11/26/2020.</p> <p>The Administrator was interviewed on 12/21/2020 at 1:00 PM. The Administrator reported she worked 11/26/2020 and no nurse or staff member reported NA #1 had answered "yes" to cough on the screening log. The Administrator reported the Screener was responsible for reporting staff who answer "yes" to any of the questions and if a screener was not present, the charge nurse was responsible for the review of the screening logs. The Administrator reported NA #1 had been tested for COVID-19 on 11/24/2020 but the facility did not receive NA #1 ' s test results until 11/30/2020. The Administrator reported she contacted NA #1 on 11/30/2020 to report the positive COVID-19 test results and instructed her to not report to work.</p> <p>The Administrator was notified by phone of Immediate Jeopardy on 12/22/2020 at 4:38 PM.</p> <p>The facility provided a credible allegation of Immediate Jeopardy removal on 12/23/2020.</p>	F 880	<p>screening log to include screening for gastrointestinal symptoms (i.e., vomiting/nausea, diarrhea).</p> <p>4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Beginning 12/22/2020, Facility leadership team, which includes, but not limited to Administrator, Director of Nursing, Social Worker, Human Resources, will monitor the employee and visitor screening log Monday-Friday to ensure it is thoroughly completed and identify any negative responses related to COVID-19 signs and symptoms. Designated charge nurse will monitor the employee and visitor screening log on Saturday and Sunday. The Infection Preventionist and/or Director of Nursing will be notified of any issues or negative responses for guidance. Staff will not be allowed to work if they exhibit any signs or symptoms of COVID-19. This monitoring will be reported to facility weekly infection control QAPI (Quality Assurance Performance Improvement) team for recommendations as applicable.</p> <p>Beginning 1/13/2021, an audit of the screening log by the Administrator, Director of Nursing or their designee will be done daily times 2 weeks; 3 times a week for 4 weeks and weekly times 6 weeks or until a pattern of compliance is maintained.</p> <p>Beginning 1/13/2021, Staff Questionnaire Tool was developed to ensure that all Staff</p>		

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F 880	<p>Continued From page 7</p> <p>1) Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance:</p> <p>All residents are at risk for COVID-19 when surveillance guideline breach occurs, such as failure to review the screening log and staff not reporting symptoms and then taking care of residents.</p> <p>2) Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete:</p> <p>An audit of the last 14 days was completed on 12/22/2020 by Senior Corporate Clinical Consultant of employee and visitor screening log to identify any employees that have stated they are experiencing signs and symptoms of COVID-19. Opportunities corrected as identified which included assessing (1) employee who reported a sore throat on the screening log on 12/22/2020. After review, this employee is restricted from work and will follow return to work guidelines which includes testing to rule out COVID-19.</p> <p>All staff will be provided verbal and/or telephonic re-education by Administrator, Director of Nursing and /or Infection Preventionist on signs and symptoms of COVID-19, which include, fever, cough, shortness of breath/difficulty breathing, sore throat, chills, repeated shaking with chills, muscle pain, headache, vomiting, diarrhea and new loss of taste or smell. Staff will also be educated that if they experience signs and symptoms of COVID-19 or any signs/symptoms</p>	F 880	<p>understand Screening log, COVID Signs and Symptoms, and who and when to report. DON/designee will interview (15) fifteen staff members per week x 4 weeks, 10 (ten) staff members per week x 4 weeks, then 5 (five) staff members per week for 4 weeks. These audits will be conducted across all shifts.</p> <p>A review of the audits will be reported and discussed in monthly QAPI (Quality Assurance Performance Improvement) meetings times 3 months or until pattern of substantial compliance is maintained. QAPI (Quality Assurance Performance Improvement) committee can modify this plan in order to assure substantial compliance.</p> <p>Effective 12/22/2020, the Administrator and Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance.</p> <p>5) The facility alleged full compliance with this plan of correction effective date 1/14/2021.</p>		



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F 880	<p>Continued From page 8</p> <p>different from their baseline to not report work. Staff members will be advised to contact the Infection Preventionist and/or Director of Nursing via phone to report any negative responses related to COVID-19 signs and symptoms. If Infection Preventionist and/or Director of Nursing is unavailable, staff will contact the facility Administrator. Staff will also be educated that if they start to experience signs and symptoms of COVID-19 while at work to immediately notify facility Infection Preventionist and/or Director of Nursing for further guidance. If Infection Preventionist and/or Director of Nursing is unavailable, staff will contact the facility Administrator. This education will be completed by 12/24/2020. New hires will be educated during orientation.</p> <p>Effective 12/23/2020, the facility has updated the employee and visitor screening log to include screening for gastrointestinal symptoms (i.e., vomiting/nausea, diarrhea).</p> <p>All staff will be reeducated by Administrator and Director of Nursing on thorough completion of the employee and visitor screening log. This includes legibly completing name, date and indication of symptoms of COVID-19. This education will be completed by 12/24/2020. New hires will be educated during orientation.</p> <p>The education will be communicated verbally and telephonically by the Director of Nursing and and/or Infection Preventionist. Written education will be available for review prior to the staff member working their assigned shift. No staff will be allowed to work until education is completed.</p> <p>Administrator and Director of Nursing were</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 BROOKWOOD AVENUE NE</b> <b>CONCORD, NC 28025</b>		
(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) COMPLETION DATE	
F 880	<p>Continued From page 9</p> <p>educated by Regional Director of Operations and Senior Corporate Clinical Consultant on COVID-19 response guidelines including to ensure proper screening and oversight of the screening process. This education will be completed by 12/24/2020.</p> <p>Employees designated as screeners will be reeducated to ensure that employee and visitor screening log is completed correctly and legibly. They will also be educated on if an employee or visitor checks "yes" to any of the signs and symptoms of COVID-19 they will not allow the employee or visitor to start work and will immediately notify the Infection Preventionist and/or Director of Nursing for further guidance. Additionally, these screeners will be required to complete a competency tool to ensure screening competency.</p> <p>Facility leadership team, which includes, but not limited to Administrator, Director of Nursing, Social Worker, Human Resources, will monitor the employee and visitor screening log Monday-Friday to ensure it is thoroughly completed and identify any negative responses related to COVID-19 signs and symptoms. Designated charge nurse will monitor the employee and visitor screening log on Saturday, Sunday, and any Holidays. The Infection Preventionist and/or Director of Nursing will be notified of any issues or negative responses for guidance. Staff will not be allowed to work if they exhibit any signs or symptoms of COVID-19. This monitoring will be reported to facility weekly infection control QAPI team for recommendations as applicable.</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/29/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 BROOKWOOD AVENUE NE</b> <b>CONCORD, NC 28025</b>		
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F 880	<p>Continued From page 10</p> <p>Effective 12/22/2020, the Administrator and Director of Nursing will be ultimately responsible to ensure implementation of this immediate jeopardy removal for this alleged noncompliance.</p> <p>3) The facility alleged immediate jeopardy removal effective date 12/24/2020.</p> <p>As part of the on-site validation process on 12/29/2020, the credible allegation was reviewed which included dates and content of the in-services that were conducted, an updated screening documentation sheet and audit of the facility screening log. Multiple staff were interviewed and verified they had received education on screening before entering the building, reporting signs or symptoms of COVID-19 and communicating signs and symptoms of COVID-19 to their supervisor or management. Observations revealed staff performing correct screening procedures for staff entering the facility for work. The facility 's IJ removal date of 12/24/2020 was validated.</p>	F 880			