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 _____	02/13/2021

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

(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
E 000	Initial Comments An unannounced COVID-19 Focused Infection Control Survey was conducted on 02/13/2021. 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# 5NKB11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 02/13/2021. The facility was found out of compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# 5NKB11.	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	F 880		3/9/21

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

Electronically Signed | 03/08/2021

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F 880	Continued From page 1	F 880		

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.

§483.80(e) Linens.

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F 880	Continued From page 2 Personnel must handle, store, process, and 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, and staff interviews, the facility failed to ensure dietary staff implemented the facility's infection control measures for wearing facemasks when 2 of 7 dietary staff (Dietary Aide #1 and Dietary Aide #2) failed to wear a facemask that covered their mouth and nose while working in the kitchen. These failures occurred during the COVID-19 pandemic. Findings included: A facility communication form titled "All Staff Update", dated 4/9/2020 was reviewed. The communication read in part: All staff must wear a mask. A continuous observation of the dietary department was completed on 2/13/21 from 9:38 AM - 9:50 AM. The observation revealed Dietary Aide #1 not wearing a mask while he washed dishes. During the observation, Dietary Aide #2 was observed not wearing a mask while she walked through the kitchen into an office in the kitchen. An interview was completed on 2/13/21 at 9:45 AM with Dietary Aide (DA) #2. She reported she had received in-service training on infection control and COVID-19 inclusive of wearing a	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 2 of 7 dietary staff members. On 02/13/2021 an audit was completed with all dietary staff to monitor compliance of face mask use and no other issues were noted. In-service education was conducted on 2/13/2021 by Director of Nursing (DON) as well as disciplinary action for the 2 staff members. Measures put into place to ensure that the	

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F 880	Continued From page 3 mask. DA #2 stated while outdoors, she placed her mask in her pocket and forgot to put it back on when she came back into the kitchen. During the interview, she was observed with her mask now covering her nose and mouth. Review of DA #2's education record revealed she last participated in an in-service with the dietary department on site related to mask usage and COVID-19 on 2/10/21. An interview was completed on 2/13/21 at 9:50 AM with Dietary Aide #1. Initially, DA #1 was not wearing a mask during the interview. He reported his mask was in his pocket, then placed the mask on his face covering his nose and mouth. He explained he had placed his mask in his pocket when he went outdoors and forgot to put the mask on when he returned to the kitchen. He acknowledged he should wear his mask while working in the kitchen. DA #1 also reported he had received training on infection control and COVID-19 inclusive of wearing mask. Review of Dietary Aide #1's education record revealed he last received training on 12/14/20 during the facility skills fair that included infection control, COVID-19 and mask usage. The Dietary Manager was not available for an interview. An interview was completed with the Administrator on 2/13/21 at 3:40 PM. She communicated dietary staff should wear their masks the way they had been in-serviced. The Administrator reported she had sought out best practice from the local health department for staff in the kitchen regarding wearing a mask. The	F 880	alleged deficient practice does not recur include: Face masks were provided and stored in the Dietary Manager's office for quick and easy access. In-service education was initiated for all staff by Staff Development Coordinator on 2/15/2021 that included COVID 19 policy and procedures, specifically including mask useto be completed by 3/8/2021. Employees will not be allowed to work next scheduled shift until in-service acknowledged and understood. An audit was initiated on 02/15/2021 by the Director of Nursing, Assistant Director of Nursing and/or Staff Development Coordinator to ensure that all dietary employees were wearing face masks while working in the kitchen. Audits will be completed on 7 days consecutively on dietary employees and then 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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F 880	Continued From page 4 expectation was for dietary staff to always wear a mask covering their nose and mouth in the facility.	F 880		