PRINTED: 09/18/2020 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | IPLE CONSTRUCTION NG | (X3 | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|-----------------------|---|-----------------------------------|----------------------------|--|
| | | 345471 | B. WING _ | | | C 08/25/2020 | |
| NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH & REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP C 2415 SANDY PORTER ROAD CHARLOTTE, NC 28273 | CODE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETION DATE | |
| E 000 | Initial Comments | | EC | 000 | | | |
| F 000 | was conducted on (facility was found in §483.73 related to E | ments for Long Term Care # W5SM11. | FC | 000 | | | |
| | An unannounced C Control Survey and conducted on 08/24 complaint allegation allegations were no | COVID-19 Focused Infection complaint investigation were 1/20 to 08/25/20. Three 1/20 is were investigated; 2 it substantiated and 1 itantiated and cited. Event ID | | | | | |
| F 880 SS=D | S483.80 Infection C The facility must esinfection prevention designed to provide comfortable environ development and tradiseases and infection g483.80(a) Infection program. The facility must esiand control program a minimum, the folio | ontrol tablish and maintain an and control program a safe, sanitary and ment and to help prevent the ansmission of communicable ions. In prevention and control tablish an infection prevention in (IPCP) that must include, at owing elements: | F8 | 380 | | 9/24/20 | |
| 1005.77 | and communicable staff, volunteers, vis providing services u | ing, and controlling infections diseases for all residents, sitors, and other individuals under a contractual | | TITLE | | (X6) DATE | |

Electronically Signed 09/18/2020

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.

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|--|--|--------------------------------|-------------------------------|--|--|
| | | 345471 | B. WING | | | C 98/ 25/2020 | | |
| NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH & REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2415 SANDY PORTER ROAD CHARLOTTE, NC 28273 | | 0/20/2020 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE CROSS-RE | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | | |
| F 880 | conducted according accepted national states \$483.80(a)(2) Writter procedures for the procedure | upon the facility assessment to §483.70(e) and following andards; In standards, policies, and ogram, which must include, Illance designed to identify ble diseases or y can spread to other ; im possible incidents of se or infections should be insmission-based precautions yent spread of infections; blation should be used for a at not limited to: ation of the isolation, infectious agent or organism at the isolation should be the ble for the resident under the uses with a communicable kin lesions from direct s or their food, if direct he disease; and procedures to be followed rect resident contact. | F8 | 380 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|--|--|--|-------------------------------|--|--|
| | 345471 | | B. WING | | | C 8/25/2020 | | |
| NAME OF PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | 0/23/2020 | | |
| | | | | 2415 SANDY PORTER ROAD | | | | |
| MECKLEN | BURG HEALTH & REHA | ABILITATION CENTER | | CHARLOTTE, NC 28273 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | | |
| F 880 | Continued From page | e 2 | F 8 | 80 | | | | |
| | transport linens so as infection. | s to prevent the spread of | | | | | | |
| | IPCP and update the This REQUIREMENT by: Based on observation of facility records and the facility failed to im Disease Control and recommendations for policy on "Handwash staff member failed to perform hand hygienda resident on Enhance Precautions due to a result (Resident #3). sampled residents reand occurred during a The findings included The CDC guidance times. | ir tan annual review of its ir program, as necessary. It is not met as evidenced ons, staff interviews, review I policies and procedures, aplement Centers for Prevention (CDC) or COVID-19 and the facility's ing/Hand Hygiene" when a powear eye protection and the after entering the room of seed Droplet Contact positive COVID-19 test. This failure was for 1 of 4 viewed for infection control a COVID-19 pandemic. | | PLAN OF CORRECTION The statements included in this correction are not an admission not constitute agreement with the deficiencies herein. The plan of correction is completed in the confect of state and federal regulations outlined. To remain in compliant federal and state regulations, the has taken or will take the action in the following plan of correction following plan of correction concenter's allegation of compliant alleged deficiencies cited have will be completed by the dates | n and do the alleged of compliance as nce with all ne center ns set forth on. The stitutes the ce. All been or | | | |
| | dated 4/30/20, and revised 6/9/2020, documented in part, that all recommended COVID-19 personal protective equipment (PPE) should be worn by all health care professionals, including eye protection (goggles or a disposable face shield that covers the front and sides of the face) when entering the room of a COVID-19 positive patient. | | | How corrective action will be accomplished for those resident have been affected by the deficient practice. No resident practice. | cient | | | |
| | (HH), revised August that the facility consid to prevent the spread | andwashing/Hand Hygiene 2015, documented in part, dered HH the primary means I of infections; all personnel procedures to help prevent | | How the facility will identify other having the potential to be affect same deficient practice. The facontinue with weekly COVID-19 | ted by the acility will | | | |

| MARCHE BURNAL BARRET ADDRESS, CITY, STATE, ZIP CODE | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | · / | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|---------|--|---|------|-------------------------------|--|
| MECKLENBURG HEALTH & REHABILITATION CENTER PARLICITE, IX. C 2273 SUMMARY STATEMENT OF DEPOSITIONS TAG CAPH DEPOSITION STATE CAPPODE TAG CAPH DEPOSITION STATE CAPPODE TAG CAPH DEPOSITION STATE CAPPODE TAG CAPPODE | | 345471 | | B. WING | | | | | |
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| CHARLOTTE, NC 28273 SUMMARY STATEMENT OF DEFICIENCIES FREGULATION CONTROL SCIENTIFITING INFORMATION) PRECIDENCY AUGINES TERMINICATION CONTROL SCIENTIFITING INFORMATION) PRECIDENCY FUND SCIENTIFITING INFORMATION COMMETTING COMMETTING INFORMATION COMMETTING COMMETTING INFORMATION COMMETTING COMMETTING INFORMATION COMMETTING INFORMATION COMMETTING COMMETTING COMMETTING INFORMATION COMMETTING COMMETTING COMMETTING COMMETTING INFORMATION COMMETTING COMMETTIN | NAME OF T | NOVIDEN ON SOLT EIEN | | | | | | | |
| F 880 Continued From page 3 the spread of infections to other personnel, residents and visitors and use an alcohol based hand sanitizer (ABHS) or, soap (antimicrobial or non-antimicrobial) and water after contact with objects in the immediate vicinity of the resident and before/after entering isolation, Categories of transmission-based precautions (TBP), revised January 2012, documented in part that residents infected with microorganisms, like COVID-19, transmitted by droplets that could be generated by the individual coughing, sneezing, or talking, required enhanced droplet precautions with guidance to apply eye protection when entering the resident \$3 revealed a positive test for COVID-19, on 8722/20. On 8/24/20 at 12:01 PM, a continuous observation occurred until 12:10 PM. The exit door of room 119, Resident \$3 sroom, posted an Enhanced Droplet Contact Precautions sign from the Statewide Program for Epidemiology, dated March 2020. The sign recorded, in part: - Perform hand hygiene before/after entering the room. PPE, to include gowns, gloves, masks, and eye protection, were observed in a storage container in the hallway, outside the room. Resident #3 was observed in his room with his privacy curtain operation of meaning the hallway outside the room. Resident #3 was observed in his room with his privacy curtain operations of meaning the staff and the results of evaluation of meaning the staff and the results of evaluation of meaning the staff and the results of evaluation of meaning the staff and the results of evaluation of meaning the staff and the results of evaluation of meaning the staff and the results of evaluation of meaning the staff and the results of evaluations of meaning the staff and the results of evaluations of meaning the staff and the results of evaluations of meaning the staff and the results of evaluations of meaning the staff and the results of evaluations. | MECKLEN | IBURG HEALTH & R | EHABILITATION CENTER | | | | | | |
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| TOURD STOUDDING DAD. HOUSEKEEDING STOP THAT I THE SUBJECT WILL BE TOURDED WITH LANDI | | | | | | the audits will be reviewed with QAPI | 5 UI | | |

| | | IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|------------------------------|---|---|---|---|-----------------------------------|-------------------------------|--|--|
| | | 345471 | B. WING _ | | | C | | |
| NAME OF PROVIDER OR SUPPLIER | | | 15: | STREET ADDRESS, CITY, STATE, ZIP CO | • | 8/25/2020 | | |
| NAME OF T | NAME OF PROVIDER OR SUPPLIER | | | | JDL | | | |
| MECKLEN | NBURG HEALTH & REH | ABILITATION CENTER | | 2415 SANDY PORTER ROAD | | | | |
| | | | | CHARLOTTE, NC 28273 | | | | |
| (X4) ID PREFIX TAG | EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC' | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | | |
| F 880 | Continued From pag | e 4 | F 8 | 80 | | | | |
| FOOU | #1 entered room 119 disposable gloves, a were observed positi did not have eye propushed the privacy chands and looked in who was lying in his stool, HS #1 remove curtain, held it agains exited the room. HS he wore while in roor remained on top of h privacy curtain on the then inserted the privacy curtain on the healso placed HS #1 re-entered roos tool and exited the of the PPE, change of hygiene before or afform 119 and with ghis head, HS #1 entered the privacy curtain. Toom. Room 118 did door and the resident test result dated 8/20 On 8/24/20 at 12:08 bags that contained left shoulder and carlaundry room where | wearing a disposable gown, and an N95 mask. Goggles ioned on top of his head. He tection in place. HS #1 curtain back with his gloved the direction of Resident #3 bed. While using a step d Resident #3's privacy at his disposable gown, and #1 did not remove the PPE m 119. The goggles his head. HS #1 placed the efloor in the hallway and vacy curtain into a plastic bag don the floor in the hallway. For more thank the did not remove any gloves or perform hand ther exiting the room. PM, wearing the same boyes, and N95 mask worn in loggles positioned on top of lered room 118, and removed A resident was present in this not have a TBP sign on the lat had a negative COVID-19 | F8 | committee for further educa systemic changes as neede member found to be non-codisciplined using the progre discipline process. | ed. Any staff ompliant will be | | | |
| | stool and exited the of the PPE, change of hygiene before or afformation of the PPE, change of hygiene before or afformation of the PPE, change of hygiene before or afformation of the PPE, change of the | room. He did not remove any gloves or perform hand ter exiting the room. PM, wearing the same oves, and N95 mask worn in oggles positioned on top of ered room 118, and removed A resident was present in this not have a TBP sign on the at had a negative COVID-19 0/20. PM, HS #1 placed the plastic the privacy curtains over his ried them off the unit to the he discarded both bags. HS | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345471 | | 1 ' ' | ` ′ | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED |
|--|---|--|---------------------|--|-------------------------------|
| | | B. WING | | C 08/25/2020 | |
| NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH & REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2415 SANDY PORTER ROAD CHARLOTTE, NC 28273 | 1 00/20/2020 |
| (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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE COMPLETION |
| F 880 | was still wearing the same of the Enhanced Drop sign that was on the confirmed that he had hand hygiene before/resident on precaution that he should have same residents and before room. He also stated protection while in an COVID-19. He stated did not this time." An interview with the on 8/24/20 at 12:15 FR Resident #3 was curred COVID-19 test, but the was not on precautions of COVID-19 test, but the was not on precaution when staff entered a precautions, staff should not of soiled items agains. The Director of Nursin Preventionist (ICP) where the confidence of the covidence | HS #1 confirmed that he same PPE he wore in rooms and he wore the PPE because olet Contact Precautions door of room 119. He is been trained to perform after entering a room with a ms for an infection. He stated anitized his hands between entering another resident's that he should wear eye oom with TBP for , "We usually do that, but I unit Manager (UM) occurred M. The UM stated that ently on Enhanced Droplet due to a recent positive lat the resident in room 118 ms. She further stated that resident room with unid wear full PPE, including the their hands in/out of each carry soiled items or a bag | F 88 | 30 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345471 | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|--|---|--|-------------------------------|----------------------------|--|
| | | 345471 | | | | C 08/25/2020 | | |
| NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH & REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, 2415 SANDY PORTER ROAD CHARLOTTE, NC 28273 | ZIP CODE | 1 00/2 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE CROSS-REFERENCED | N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIA CIENCY) | | (X5) COMPLETION DATE | |
| F 880 | stated that staff were gloves prior to leaving were in place. The Environmental S interviewed on 8/24/2 interview, he confirme goggles were position while he was in room curtain. The EVS state was on Enhanced Dr. The EVS stated that I full PPE which include room with droplet or of sanitize his hands be The administrator was 4:05 PM and stated the room with a resident remove their gloves a before going to anoth Administrator also stated COVID-19 positive, seppe to include gown that goggles/face shie staff provided direct of tasks. The Administrator also stated the staff provided direct of tasks. The Administrator also stated the staff provided direct of tasks. The Administrator also stated the staff provided direct of tasks. The Administrator also staff provided direct of tasks. | trained to discard soiled g a room where precautions ervices Manager (EVS) was to at 3:30 PM. During the ed that he noticed that hed on top of HS #1's head 119 to remove the privacy sed Resident #3, in room 119 coplet Contact Precautions. HS #1 was trained to wear ed eye protection when in a contact precautions and to tween residents. Is interviewed on 8/24/20 at hat when staff were in a con precautions, staff should and perform hand hygiene her resident's room. The lated that if a resident was he expected staff to wear full a gloves, and a mask, but held was only required if the later or provided aerosolizing ator then stated that staff same disposable gown or a COVID-19 positive to into a room with a | F | 380 | | | | |