

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CITADEL AT MYERS PARK, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PROVIDENCE ROAD CHARLOTTE, NC 28207</b>
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E 000	Initial Comments  An unannounced COVID-19 Focused Infection Control survey was conducted on 9/22/2020. 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# SNWT11.	E 000		
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/22/2020. The facility was found out of compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# SNWT11.	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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE
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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.

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

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F 880	<p>Continued From page 1</p> <p>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 identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 observations, staff interview, and review of an All Staff Education, the facility failed to implement measures specified in the All Staff Education related to facial protection when the Maintenance Director failed to wear a face mask while talking in the hallway, and 2 of 4 dietary staff (dietary aide #1 and dietary aide #2) failed to wear facial protection while they worked in the kitchen. These failures occurred during a Covid-19 pandemic.</p> <p>Findings included:</p> <p>A facility education titled "Proper Use, Storage, and Cleaning of PPE (personal protective equipment) and Proper Donning and Doffing of PPE", dated 4/09/2020 and 9/22/2020 were reviewed. The communication read in part:</p> <p>Facial protection to be worn while in facility.</p> <p>1. An observation was completed on 9/22/2020 at 10:30 AM of the Maintenance Director speaking with a housekeeping staff member on the 200 hallway. The Maintenance Director did not have his face mask in place. His face mask was observed in his right hand. An interview was completed with the Maintenance Director at the time of the observation. He explained he was talking in the hallway and that was the reason for</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>not having his face mask in place. The Maintenance Director donned his face mask. He revealed he had been trained on infection control and Covid-19 inclusive of wearing a mask at all times.</p> <p>Review of the Maintenance Director's education record revealed he received training on 4/09/2020 related to mask usage.</p> <p>An interview was completed on 9/22/2020 at 12:38 PM with the Director of Nursing (DON), who also served as the Infection Preventionist. She stated face masks should be in place for all staff. When a staff person was on a break or lunch, then masks could be off in non-residential areas or while staff was outside of the building.</p> <p>An interview was completed on 9/22/2020 at 2:00 PM with the Administrator. He verbalized staff should have masks in place while in the facility.</p> <p>2. An observation of the Dietary Department was completed on 9/22/2020 at 10:42 AM which revealed two (2) dietary staff not wearing face masks while working in the kitchen. An interview was completed with Dietary Aide #1 who stated she had received training on infection control and Covid-19 inclusive of wearing a mask at all times. She explained she had a medical condition and at times needed to get some fresh air. She verbalized when she left the kitchen her face mask was in place. Throughout the interview her mouth and nose remained uncovered.</p> <p>Review of Dietary Aide #1's education record revealed she received training on 4/09/2020 related to mask usage.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>An interview was completed on 9/22/2020 at 10:45 AM with Dietary Aide #2 who stated she had received training on infection control and Covid-19 inclusive of wearing a mask at all times. She voiced the temperature in the kitchen was very hot. She verbalized when she left the kitchen her face mask was in place. Throughout the interview her mouth and nose remained uncovered.</p> <p>Review of Dietary Aide #2's education record revealed she received training on 9/22/2020 related to mask usage.</p> <p>An interview was completed on 9/22/2020 at 10:49 AM with the Dietary Manager (DM) who revealed staff have been trained on infection control and Covid-19 inclusive of wearing a mask at all times. The DM stated one staff person had a medical condition and the air conditioning in the kitchen was just fixed on 9/21/2020. Prior to the air conditioning being fixed, the temperature in the kitchen was extremely hot. The DM communicated staff knew to wear their masks at all times.</p> <p>An interview was completed on 9/22/2020 at 12:38 PM with the Director of Nursing (DON). She stated face masks should be in place for all staff. When a staff person was on a break or lunch, then masks could be off in non-residential areas or while staff was out of the building.</p> <p>An interview was completed on 9/22/2020 at 2:00 PM with the Administrator. He verbalized staff should have masks in place while in the facility.</p>	F 880			