	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345541	B. WING		ION (X5) LD BE)PRIATE COMPLET DATE
	ROVIDER OR SUPPLIER	ILLAGES OF MECKLENBURG	1:	TREET ADDRESS, CITY, STATE, ZIP CODE 3825 HUNTON LANE IUNTERSVILLE, NC 28078	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
E 000	Initial Comments		E 000		
F 000	Infection Control Surv 09/23/2020. Addition through 9/25/2020. T the facility on 09/29/2 was change to 9/29/2 in compliance with 42 E-0024 (b)(6), Subpa Term Care Facilities. INITIAL COMMENTS An unannounced on-	al information was obtained he survey team returned to 0. Therefore, the exit date 020. The facility was found CFR 483.73 related to rt-B-Requirements for Long Event ID# TMP411.	F 000		
	through 9/25/2020. T the facility on Septem	al information was obtained he survey team returned to ber 29, 2020 to review . Therefore, the exit date			
F 880 SS=E	This Statement of De 10/6/21 per CMS inst placement was chang Infection Prevention & CFR(s): 483.80(a)(1)	ged to an E. & Control	F 880		10/27/20
		blish and maintain an nd control program safe, sanitary and lent and to help prevent the Ismission of communicable			
	program. The facility must esta	prevention and control blish an infection prevention IPCP) that must include, at			
		SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.

PRINTED: 10/08/2021 FORM APPROVED

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/08/2021 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE	
		345541	B. WING			09/	29/2020
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
OLDE KN	OX COMMONS AT THE V	ILLAGES OF MECKLENBURG			3825 HUNTON LANE IUNTERSVILLE, NC 28078		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 880	reporting, investigatin and communicable di staff, volunteers, visite providing services und arrangement based u conducted according accepted national sta §483.80(a)(2) Written procedures for the pro- but are not limited to: (i) A system of surveil possible communicable infections before they persons in the facility; (ii) When and to whor communicable disease reported; (iii) Standard and tran- to be followed to prev (iv)When and how isco resident; including bu (A) The type and dura- depending upon the in involved, and (B) A requirement that least restrictive possible circumstances. (v) The circumstances must prohibit employed disease or infected se contact with residents contact will transmit the	ving elements: Im for preventing, identifying, g, and controlling infections seases for all residents, ors, and other individuals der a contractual pon the facility assessment to §483.70(e) and following indards; standards, policies, and ogram, which must include, lance designed to identify le diseases or can spread to other in possible incidents of se or infections should be usmission-based precautions ent spread of infections; lation should be used for a t not limited to: ation of the isolation, infectious agent or organism t the isolation should be the ole for the resident under the s under which the facility ees with a communicable cin lesions from direct or their food, if direct he disease; and procedures to be followed	F	880			

Facility ID: 990623

If continuation sheet Page 2 of 19

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		TE SURVEY MPLETED
		345541	B. WING		AECTION (X5) HOULD BE PPROPRIATE COMPLE DATE	9/29/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	•	0/20/2020
		VILLAGES OF MECKLENBURG		13825 HUNTON LANE		
	DX COMMONS AT THE	VILLAGES OF MECKLENBORG		HUNTERSVILLE, NC 28078		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 880	Continued From pag	e 2	F 880			
		em for recording incidents acility's IPCP and the ken by the facility.				
		dle, store, process, and s to prevent the spread of				
	IPCP and update the This REQUIREMEN by:	uct an annual review of its rir program, as necessary. Γ is not met as evidenced				
	interviews with staff a nurse, the facility fail droplet contact preca wear all recommende	views, observations, and and a Health Department ed to implement enhanced autions and require staff to ed Personal Protective		Olde Knox Commons prepa execution of this plan of corre response to the Report of Sur constitute admission or agree Olde Knox Commons of the tr	ction in vey does not ment by ruth of the	
	admitted residents (F Resident #3, Residen #6, Resident #7 and quarantine 3 of 8 new (Resident #2, Reside	en caring for 8 of 8 newly Resident #1, Resident #2, nt #4, Resident #5, Resident Resident #8) and cohort and wly admitted residents ent #3 and Resident #5) on antine hall (600 hall) and		facts alleged or conclusions s the statement of deficiencies. correction is prepared and/or because the provisions of stat federal law require it.	The plan of executed	
	assign dedicated star the quarantine hall (6 failed to have update procedures for new a Centers for Disease Centers for Medicare	ff to care for the residents on 600 hall). The facility also ad COVID-19 policies and admissions current with Control (CDC) guidance and and Medicaid (CMS)		The Root Cause Analysis and follow as an attachment to this Root Cause Analysis was con conjunction with the credentia Consultant Infection Control F	s POC. The npleted in led	
	COVID-19 pandemic			Address How Corrective Action Accomplished for Those Resident to Have Been Affected by The	dents Found	

Facility ID: 990623

If continuation sheet Page 3 of 19

PRINTED: 10/08/2021

S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
	345541	B. WING		09/29/2020
ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		CODE
OX COMMONS AT THE V	ILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28078	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
Continued From page	3	F 88	80	
Coronavirus (COVID- reviewed and updated following statements: * Place signage at the unit that instructs heat they must wear eye p higher-level respirator not available) at all tim Gowns and gloves sh entering resident roor * All recommended C worn during care of re which includes use of respirator (or facemas available), eye protect disposable face shield sides of the face), glo * A single negative test mean that the residen not become infected i admitted or readmitter monitored for evidence after admission and c recommended COVIE * New residents could observation (quarantia a multi-resident room without symptoms for exposure (e.g., date c	19) in Nursing Homes" last d on 04/30/20 indicated the e entrance to the COVID-19 Ithcare personnel (HCP) rotection and an N95 or r (or facemask if respirator is nes while on the unit. ould be added when ns. OVID-19 PPE should be esidents under observation an N95 or higher-level sk if respirator is not tion (goggles or a d that covers the front and ves and gown. st upon admission does not at was not exposed or will n the future. Newly d resident should still be ee of COVID-19 for 14 days ared for using all D-19 PPE. I be transferred out of the ne) area or from a single to if they remain afebrile and 14 days after their last of admission). r's COVID-19 Policy and pril 2020 for Admission of ndemic read in part: "A nout symptoms of and considered potentially	F 88	The three (3) Residents will status was unknown (new and not placed on the 600 were moved to the 600 lso the Weekend Nurse Coord 09.26.2020. Enhanced dra and contact isolation signs the door of all residents on whose COVID-19 status w (new admissions and read fourteen (14) day isolation Infection Control Prevention Nursing and Weekend Nur This was completed by 09 caring for residents whose status was unknown (new readmissions in fourteen (19 Were given N95 mask, gov goggles and gloves (full Pe Protective Equipment (PPF were re-educated by the In Preventionist and Director donning and doffing. This of by 09.26.2020. Additional Protective Equipment (PPF on the 600 Unit outside of residents whose COVID-19 unknown (admissions and such Personal Protective E (PPE) to be used for the for isolation period. This was on 09.24.2020. Beginning dedicated staff was/is assi the residents on the 600 Is The facility policy concerni	admissions) Isolation Unit blation Unit by dinator on oplet precaution a were placed on a the 600 Unit vas unknown missions in) by the prist, Director of rse Coordinator. .26.2020. Staff c COVID-19 admissions and 14) isolation) vns, face shield, ersonal E)) to wear and affection Control of Nursing on was completed Personal E) was placed the doors of all 9 status is readmissions), Equipment purteen (14) day accomplished 109.26.2020, gned to care for solation Unit. ing resident□s
	S FOR MEDICARE & I PEDEFICIENCIES CORRECTION ROVIDER OR SUPPLIER DX COMMONS AT THE V SUMMARY STI (EACH DEFICIENCY REGULATORY OR L Continued From page Coronavirus (COVID- reviewed and updated following statements: * Place signage at the unit that instructs hea they must wear eye p higher-level respirator not available) at all tir Gowns and gloves sh entering resident roor * All recommended C worn during care of re which includes use of respirator (or facemas available), eye protect disposable face shield sides of the face), glo * A single negative test mean that the resider not become infected i admitted or readmitted monitored for evidence after admission and cor recommended COVIE * New residents could observation (quarantii a multi-resident room without symptoms for exposure (e.g., date con A review of the facility Procedure updated A Residents During Par resident admitted with without testing will be positive and will be pl	CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 345541 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Coronavirus (COVID-19) in Nursing Homes" last reviewed and updated on 04/30/20 indicated the	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTI A. BUILDIN B. WING_ CONDER OR SUPPLIER 345541 B. WING_ COVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 Coronavirus (COVID-19) in Nursing Homes" last reviewed and updated on 04/30/20 indicated the following statements: F 8 * Place signage at the entrance to the COVID-19 unit that instructs healthcare personnel (HCP) they must wear eye protection and an N95 or higher-level respirator (or facemask if respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. * All recommended COVID-19 PPE should be worn during care of residents under observation which includes use of an N95 or higher-level respirator (or facemask if respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. * A single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted resident should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. * New residents could be transferred out of the observation (quarantine) area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). <t< td=""><td>S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER: (X) MULTIPLE CONSTRUCTION A BUILDING A BUILDING (X) MING CONTOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP (13225 HUNTON LANE HUNTERSVILLE, NC 22078 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PROVIDER SPLAN OF (REACH CORRECTIVE AC) CONTINUE (COVID-19) IN NURSING HOMES" last reviewed and updated on 04/30/20 indicated the following statements: ID PROVIDER SPLAN OF (REACH CORRECTIVE AC) PRECENCE DISTORY OR LSC DENTIFYING INFORMATION) P Flace Signage at the entrance to the COVID-19 unit that instructs healthcare personnel (HCP) they must wear eye protection and an N95 or higher-level respirator (or facemask if respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms, F 880 * All recommended COVID-19 PE should be worn during care of residents under observation which includes use of an N95 or higher-level respirator (or facemask if respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. This was completed by 09 caring for residents whole observation which includes use of an M95 or higher-level respirator (or facemask if respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. F 880 * A single negative test upon admission does not mentarte for using all recommended COVID-19 FPE. F</td></t<>	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER: (X) MULTIPLE CONSTRUCTION A BUILDING A BUILDING (X) MING CONTOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP (13225 HUNTON LANE HUNTERSVILLE, NC 22078 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PROVIDER SPLAN OF (REACH CORRECTIVE AC) CONTINUE (COVID-19) IN NURSING HOMES" last reviewed and updated on 04/30/20 indicated the following statements: ID PROVIDER SPLAN OF (REACH CORRECTIVE AC) PRECENCE DISTORY OR LSC DENTIFYING INFORMATION) P Flace Signage at the entrance to the COVID-19 unit that instructs healthcare personnel (HCP) they must wear eye protection and an N95 or higher-level respirator (or facemask if respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms, F 880 * All recommended COVID-19 PE should be worn during care of residents under observation which includes use of an N95 or higher-level respirator (or facemask if respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. This was completed by 09 caring for residents whole observation which includes use of an M95 or higher-level respirator (or facemask if respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. F 880 * A single negative test upon admission does not mentarte for using all recommended COVID-19 FPE. F

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION		IO. 0938-039 E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	IPLETED
		345541	B. WING		0	9/29/2020
AME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		5/25/2020
	OX COMMONS AT THE	VILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28078		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 880	Continued From page	e 4	F 88	0		
		s policies governing isolation		guidelines and Centers for Med Medicaid (CMS) requirements. received training from the Direct	All staff	
		conference on 09/23/20 at trator indicated the 600 hall all for COVID-19.		Nursing, the facility Infection C Preventionist and the weekend coordinator on 09.24.2020, 09. and 09.26.2020 for the followir	l nurse .25.2020	
	A review of the facilit 09/02/20 to 09/23/20	y's list of Admissions from indicated:		full Personal Protective Equipm including gown, N95 mask, fac goggles and gloves) for	nent (PPE	
		idmitted from the hospital on room on the 600 hall. A Lrecord revealed the		transmission-based precaution CDC guidance to include resid COVID-19 isolation unit during	ents on	
	resident had a COVII 09/15/20 which was i	D-19 test at the hospital on negative and a COVID-19		fourteen (14) days, need for sig enhanced droplet contact prec	gnage of autions	
		09/21/20 which was signage on the door that Watch" but no signage		posted on the doors of residen COVID-19 status is unknown (and readmissions), the need to	admissions	
		droplet/contact precautions		and cohort on the isolation unit admissions and readmissions	t all new	
		600 hall on 09/23/20 at		(14) days following admission of COVID-19 status is unknown,	the need to	
	droplet/contact preca	o residents on enhanced nutions and no PPE supplies side any of the resident doors		have Personal Protective Equi (PPE) outside the rooms of res the fourteen (14) day COVID-1 period, the necessity to have d	sidents on 9 isolation	
	precautions." NA #1 on 09/23/20 at 10:40 gloves while providin	and NA #2 were observed AM wearing a mask and g care to Resident #1 on the		staff for the isolation unit and h properly don and doff Personal Equipment (PPE).	iow to	
		a sign on the door that read ch" but no PPE available		Address How the Facility Will I Other Residents Having the Po Be Affected by the Same Defic	otential to	
	and NA #2 at 10:48 A			Practice:	and by 10	
	resident was monitor	"14 Day Watch" was the ed by the nurse for any signs WID-19. NA #1 and NA #2		Admission records were review Administrator and the Director Admissions for all current resid	of	
		nderstood they were not		confirm no other resident that I	nad been	

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	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	LE CONSTRUCTION		<u>NO. 0938-03</u> TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · · ·	MPLETED
		345541	B. WING			9/29/2020
AME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		9/29/2020
		/ILLAGES OF MECKLENBURG		13825 HUNTON LANE		
				HUNTERSVILLE, NC 28078		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
F 880	Continued From page	e 5	F 88	0		
		PPE in the room except their	1 00	admitted within the last 14 day	vs was not	
		en providing care. They both		on the 600 Isolation Unit. This		
		ot worn any eye protection or		completed on 09.26.2020. All		
	-	care to the residents on the		were tested by our COVID-19		
	600 hall.			(MDS RN, Medical Records C		
				Infection Control Preventionis	t and	
		3/20 at 11:00AM with Nurse		Director of Nursing) for COVI		
		vealed the residents on "14		September 21, 2020, Septem		
f L		wly admitted or had gone out		2020, October 5, 2020, Octob		
		visits and the sign was put		and October 19, 2020. All res		
		utionary measure they		negative for COVID-19 for res		
	•	s. She stated it did not quipment other than a mask		tested on these dates. All res (admission and readmitted) w		
		viding care and stated the		COVID-19 status is unknown		
		ored for respiratory status		(beginning 09.26.2020) admit		
		ind temperature at least		COVID-19 isolation Unit and o		
	twice a day.	·		a fourteen (14) day isolation p		
				Enhanced droplet precautions	and contact	
		3/20 at 11:10AM with Nurse		isolation signs are now (begin		
		vealed her understanding of		09.26.2020) posted on the do		
	•	vas they were to monitor the		residents whose COVID-19 st		
		ns or symptoms of COVID-19		unknown (new admissions an		
	-	ediately to the nursing		readmissions) for a fourteen (isolation period by the Charge		
		nt Director of Nursing. The twas her understanding she		the Unit at time of admission a		
		a mask and gloves while		by the Infection Control Preve		
		newly admitted residents on		Monday through Friday and th	•	
	the 600 hall because	-		Nurse Coordinator on the We		
		hospital prior to their		Beginning 09.26.2020, staff p		
	admission. Nurse #1	indicated they were		for these residents are now us		
		y assessment and pulse		Personal Protective Equipmer	, ,	
		mperature twice daily on the		when entering these resident		
		were not required to use		Beginning 09.24.2020, Persor		
		sk and gloves when taking		Protective Equipment (PPE) is		
	care of the residents.			available outside of resident		
	2 Resident #2 was a	dmitted from home on		whose COVID-19 status is un		
		rivate room on the 400 hall		(admissions and readmissions dedicated to the 600 Isolation	•	
	with a roommate. A			assigned to work this Unit beg		

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
		345541	B. WING		09/29/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
	OX COMMONS AT THE	VILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28078	
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE COMPL
F 880	Continued From pag	e 6	F 88	0	
	Continued From page 6 revealed the resident had a COVID-19 test upon admission to the facility on 09/23/20 which was negative. There was no signage on the door and no PPE available outside the door. Observations of the 400 hall on 09/23/19 at 9:40AM revealed Resident #2 in room 403-B and Resident #5 in room 403-A were not quarantined			09.26.2020. Every effort will be have dedicated and assigned sta 600 Isolation Unit based upon co crisis staffing contingencies as n facility and industry staffing shor	aff for the urrent elates to
	9:40AM revealed Re Resident #5 in room on the 600 hall and v droplet/contact preca outside the door. Nu 09/23/20 at 9:42AM a with a mask and glov	sident #2 in room 403-B and		Address What Measures Will Be Place or Systemic Changes Mac Ensure That the Deficient Practi Not Recur: A credentialed Consultant Infect	de to ce Will ion
	#3 revealed Residen a semi-private room recent admissions bu COVID Watch." Nurs why the residents we further stated he had while providing care			Control Preventionist has been h 10.21.2020 to audit the facility Control Program, including polic procedures, and practices. A Re Analysis (RAC) was conducted w Consultant Infection Control Pre and the root cause was identified Who, What, Where, When, and questions were addressed by the credentialed Consultant Infection Preventionist and the facility s	s Infection ies, pot Cause with the ventionist d. The Why e n Control Quality
	09/18/20 to a semi-p with no roommate. A record revealed the r at the hospital on 09/ and a COVID-19 test which was negative. door and there was r door. Observations of the s	admitted from the hospital on rivate room on the 500 hall A review of her medical resident had a COVID-19 test (17/20 which was negative at the facility on 09/22/20 There was no signage on the no PPE available outside the 500 hall on 09/23/20 at		Assurance and Improvement (Q Committee and the governing be The Administrator, Director of Ne facility Infection Control Prevent Director of Admissions, Social W Director of Housekeeping, Certif Dietary Manager, Staffing Coord Medical Records Clerk, Director Maintenance and Activity Director developed systemic changes an	API) ody. ursing, ionist, /orker, ïed linator, of or d
	room on the 500 hall quarantined on the 6	esident #3 in a semi-private without a roommate was not 00 hall and was not placed /contact precautions with		implemented these changes to i ensuring that all residents whose COVID-19 status is unknown (ne admissions and readmissions) w	e ew

Facility ID: 990623

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	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		· · · ·	TE SURVEY MPLETED
		345541	B. WING			0/20/2020
	ROVIDER OR SUPPLIER	040041		STREET ADDRESS, CITY, STATE, ZIP COD		9/29/2020
NAME OF F	ROVIDER OR SOFFLIER			13825 HUNTON LANE		
OLDE KN	OX COMMONS AT THE	VILLAGES OF MECKLENBURG		HUNTERSVILLE, NC 28078		
	STIWWARA S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	PRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(A3) COMPLETION DATE
F 880	Continued From pag	le 7	F 88	0		
	available PPE outsid			admitted to the 600 Isolation	Unit for a	
				fourteen (14) day isolation pe		
	An interview on 09/2	3/20 at 10:15AM with Nurse		Beginning 09.26.2020, the M		
		nt #3 was a recent admission		Admissions Department mus	t submit to	
		14 Day COVID Watch."		the Administrator and Directo	•	
		was not sure why the resident		all potential new admissions		
		Vatch and further stated he		offer can be made to ensure		
		ad only worn mask and gloves while providing rooms on the 600 Isolation Unit a				
	care to the resident.		m the hospital on available and the potential resident we assigned to a 600 Isolation Unit room Beginning 09.26.2020, the facility Inf			
	1 Resident #1 was a	admitted from the hospital on				
		room on the 600 hall. A		Control Preventionist (or desi	•	
	· ·	al record revealed the		make rounds daily Monday-F	• /	
		D-19 test at the hospital on		Week End Coordinator will ro	•	
		negative and a COVID-19		Saturday and Sunday to ensu	ure Enhanced	
	test at the facility on			Droplet Precautions and Con		
	-	s a sign on the door that read		Signs are posted on the door		
		no PPE available outside the		residents in a fourteen (14) d		
	door.			period. The facility Infection	Control	
	Observations of the	600 hall an 00/22/20 at		Preventionist will also audit	re re el	
	-	600 hall on 09/23/20 at o residents on enhanced		Monday-Friday and the Weel Coordinator on Saturday and		
		autions and no PPE supplies		ensure staff are using full Per		
		side any of the resident doors		Protective Equipment (PPE)		
	except Resident #8			entering rooms of residents of		
		and NA #2 were observed		(14) day isolation period; this		
	on 09/23/20 at 10:40	AM wearing a mask and		09.26.2020. Beginning 09.24	.2020, the	
		ng care to Resident #1 on the		Medical Supply Clerk (or des		
		a sign on the door that read		inventory and replenish the P		
	-	ch" but no PPE available		Protective Equipment (PPE)		
		urse #1 was observed on		Isolation Unit Monday Frida		
		I wearing a mask and gloves medications to Resident #7		Week End Coordinator will do Saturday and Sunday to ensu		
		rre was a sign on the door		supplies are available to the		
		OVID Watch" but no PPE		600 Isolation Unit for care of		
	available outside the			a fourteen (14) day isolation		
	An interview on 09/2	3/20 at 11:00AM with NA #1				
	and NA #2 at 10:48 /	AM revealed their		Indicate How The Facility Pla	ns to Monitor	
	7(02-99) Previous Versions Ob	osolete Event ID: TMP		Facility ID: 990623	If continuation sl	

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PRINTED: 10/08/2021 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					D. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		DNSTRUCTION	· · ·	E SURVEY PLETED
		345541	B. WING			09	/29/2020
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
	OX COMMONS AT THE V	ILLAGES OF MECKLENBURG			5 HUNTON LANE ITERSVILLE, NC 28078		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIC DATE
F 880	Continued From page	8	F 8	80			
	understanding of the resident was monitore	"14 Day Watch" was the ed by the nurse for any signs VID-19. NA #1 and NA #2			ts Performance to Make Sure That Solutions Are Sustained:		
	further stated they un required to wear any mask and gloves whe indicated they had no gown while providing 600 hall. An interview on 09/23	derstood they were not PPE in the room except their en providing care. They both t worn any eye protection or care to the residents on the 3/20 at 11:00AM with Nurse		f t t	A credentialed Consultant Infection Control Preventionist will audit the facility⊡s Infection Control Program a the findings from the audit will be repor- to facility administration (Administrato Director of Nursing and facility Infection Control Preventionist and the facility Quality Assurance and Improvement	orted r, on	
	#2 on the 100 hall revealed the residents on "14 Day Watch" were newly admitted or had gone out for dialysis or doctor visits and the sign was put up as an extra precautionary measure they provided the residents. She stated it did not			r i r	(QAPI) Committee for implementation part of the facility⊡s DPoC and mprovement in infection control servi The Consultant Infection Control Preventionist will conduct on site facili	ces.	
	require any special ed and gloves when prov residents were monito	quipment other than a mask viding care and stated the bred for respiratory status nd temperature at least		a F F F	audits of the facility □s Infection Contro practices for six (6) months and make recommendations to the Quality Assurance and Performance mprovement (QAPI) Committee for change as needed to ensure adheren	ol	
	#1 revealed her unde Watch" was they were any signs or sympton	3/20 at 11:10AM with Nurse rstanding of the "14 Day e to monitor the residents for ns of COVID-19 and report the nursing supervisor or		t (to current Centers for Disease Contro (CDC) and Centers for Medicare and Medicaid Services (CMS) infection co guidelines and regulations.	l	
	stated it was her under to wear a mask and g to the newly admitted because they had a r	Nursing. The Nurse further erstanding she only needed loves while providing care residents on the 600 hall legative COVID-19 test at		(A licensed nursing home administrato (without the assignment of a nursing nome to administrate) has been secur and appointed to monitor on a daily be publications and announcements from	ed asis	
	indicated they were o assessment and puls temperature twice da			(5 [Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS), North Carolina Department of Health and Human Services (NCDHHS), North Carolina		
	mask and gloves whe residents.				Infection Control Program for Long Te Care (SPICE) and identify any new	rm	

Facility ID: 990623

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		MEDICAID SERVICES				NO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · ·	TE SURVEY MPLETED
		345541	B. WING		0	9/29/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
	OX COMMONS AT THE	VILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28078		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETIO DATE
F 880	Continued From pag	e 9	F 88	0		
F 00U	5. Resident #5 was a 09/16/20 to a semi-p without a roommate. record revealed the r at the hospital on 09/ and a COVID-19 tesi which was negative. the door and no PPE Observations of the 4 9:40AM revealed Re Resident #5 in room on the 600 hall and v droplet/contact preca outside the door. Nu 09/23/20 at 9:42AM a with a mask and glov room 403. An interview on 09/2 #3 revealed Residen the semi-private roor	admitted from the hospital on rivate room on the 400 hall A review of his medical resident had a COVID-19 test (14/20 which was negative t at the facility on 09/22/20 There was no signage on available outside the door. 400 hall on 09/23/19 at sident #2 in room 403-B and 403-A were not quarantined vere not placed on enhanced autions with available PPE urse #3 was observed on administering medications ves only to the residents in 3/20 at 9:50 AM with Nurse t #2 and Resident #5 were in n were recent admissions '14 Day COVID Watch."	F 88	regulations and requirement impact current policies. S applicable information to t Assurance and Performar Improvement (QAPI) Com Quality Assurance and Per Improvement (QAPI) Com review all new regulations requirements within two (2 release by Center for Dise (CDC) and Centers for Med Medicaid (CMS) to ensure is in compliance with the r requirement. The Quality Performance Improvement Committee will devise and change in systems or poli procedure to ensure comp The Quality Assurance an Improvement (QAPI) Com review The Admission Acc maintained by the Adminis all residents whose COVII	she will provide the Quality nce mittee. The erformance mittee will and 2) weeks of ease Control edicare and that the facility regulation or Assurance and t (QAPI) d implement any cy and bliance. d Performance mittee will ceptance Form strator to ensure	
	Nurse #3 stated he w residents were not of stated he had only w providing care to the 6. Resident #6 was a 09/15/20 to a private review of his medica had a COVID-19 test which was negative a facility on 09/21/20 w was no signage on th outside the door.	vas not sure why the n COVID Watch and further orn mask and gloves while		unknown (new admissions) readmissions) are admitted Isolation Unit, they will rev rounds by the Infection Co Preventionist and Weeker Coordinator to ensure Ent Precautions and Contact are posted for all residents (14) isolation period and t using the appropriate Pers Equipment (PPE) when end of a resident on a fourteer isolation period. The Qua and Performance Improve Committee will review the	s and ed to the 600 view the daily ontrol and Nurse hanced Droplet Isolation signs s in a fourteen hat staff are sonal Protective intering the room an (14) day ality Assurance ement (QAPI)	

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION		NO. 0938-039 TE SURVEY
ND PLAN OI	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G	í co	MPLETED
		345541	B. WING			9/29/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
OLDE KN	OX COMMONS AT THE \	/ILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28078		
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 880	10:38AM revealed no droplet/contact preca available for use outs except Resident #8 w precautions." NA #1 on 09/23/20 at 10:40, gloves while providing 600 hall. There was "14 Day COVID Wato outside the door. Nu 09/23/20 at 10:45AM while administering r on the 600 hall. There that read "14 Day CC available outside the An interview on 09/23 and NA #2 at 10:48 A understanding of the resident was monitor and symptoms of CO further stated they un required to wear any mask and gloves whe indicated they had no gown while providing 600 hall. An interview on 09/23 #2 on the 100 hall rev Day Watch" were new for dialysis or doctor up as an extra preca provided the resident require any special extended	 b residents on enhanced utions and no PPE supplies side any of the resident doors who was on "contact and NA #2 were observed AM wearing a mask and g care to Resident #1 on the a sign on the door that read ch" but no PPE available rse #1 was observed on wearing a mask and gloves medications to Resident #7 re was a sign on the door DVID Watch" but no PPE door. 8/20 at 11:00AM with NA #1 M revealed their "14 Day Watch" was the ed by the nurse for any signs VID-19. NA #1 and NA #2 iderstood they were not PPE in the room except their en providing care. They both of worn any eye protection or care to the residents on the 8/20 at 11:00AM with Nurse vealed the residents on the 8/20 at 11:00AM with Nurse vealed the residents on "14 wly admitted or had gone out visits and the sign was put utionary measure they s. She stated it did not quipment other than a mask viding care and stated the 	F 88		E) inventories Supply Clerk sor to ensure tive Equipment use. To Quality ice mittee will meet k October 26, ien every other d then monthly	

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	-	ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 10/08/ FORM APPRC OMB NO. 0938-0	OVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		-	(X3) DATE SURVEY COMPLETED	
		345541	B. WING			09/29/2020)
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
OLDE KN	OX COMMONS AT THE V	/ILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 2	8078		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)	D 4 7 5	TION
F 880	Continued From page 11		F 88	0			
	An interview on 09/23 #1 revealed her under Watch" was they were any signs or symptom them immediately to the Assistant Director of I stated it was her under to wear a mask and g to the newly admitted because they had a m the hospital prior to the indicated they were of assessment and puls temperature twice dat and were not required mask and gloves where residents. 7. Resident #7 was a 09/22/20 to a private review of her medical resident had a COVID 09/19/20 which was m on the door that read no PPE available outs of the 600 hall on 09/ no residents on enhal precautions and no P use outside any of the Resident #8 who was NA #1 and NA #2 wer 10:40AM wearing a m providing care to Ress There was a sign on a COVID Watch" but no door. Nurse #1 was a 10:45AM wearing a m	B/20 at 11:10AM with Nurse erstanding of the "14 Day e to monitor the residents for ns of COVID-19 and report the nursing supervisor or Nursing. The Nurse further erstanding she only needed gloves while providing care a residents on the 600 hall negative COVID-19 test at heir admission. Nurse #1 btaining a respiratory e oximetry daily and ily on the new admissions d to use PPE other than a en taking care of the dmitted from the hospital on room on the 600 hall. A record revealed the D-19 test at the hospital on negative. There was a sign "14 Day COVID Watch" and side the door. Observations 23/20 at 10:38AM revealed					

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIDI E	CONSTRUCTION		10. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETE	
		345541	B. WING		0	9/29/2020
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
OLDE KN	OX COMMONS AT THE V	/ILLAGES OF MECKLENBURG		3825 HUNTON LANE UNTERSVILLE, NC 28078		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 880			F 880			
		a sign on the door that read ch" but no PPE available				
	and NA #2 at 10:48 A understanding of the resident was monitor and symptoms of CC further stated they ur	3/20 at 11:00AM with NA #1 AM revealed their "14 Day Watch" was the ed by the nurse for any signs VID-19. NA #1 and NA #2 inderstood they were not PPE in the room except their				
	mask and gloves who indicated they had no	en providing care. They both of worn any eye protection or care to the residents on the				
	#2 on the 100 hall red Day Watch" were new for dialysis or doctor up as an extra preca provided the resident require any special e and gloves when pro residents were monit	3/20 at 11:00AM with Nurse vealed the residents on "14 wly admitted or had gone out visits and the sign was put utionary measure they ts. She stated it did not quipment other than a mask viding care and stated the ored for respiratory status and temperature at least				
	#1 revealed her under Watch" was they wer any signs or symptor them immediately to Assistant Director of stated it was her und to wear a mask and g	3/20 at 11:10AM with Nurse erstanding of the "14 Day e to monitor the residents for ns of COVID-19 and report the nursing supervisor or Nursing. The Nurse further erstanding she only needed gloves while providing care t residents on the 600 hall				

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	MENT OF HEALTH AN	D HUMAN SERVICES				FORM	2: 10/08/2021 APPROVED 2: 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345541	B. WING		_	09/2	29/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
OLDE KN	OX COMMONS AT THE V	ILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28	8078		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 880	indicated they were o assessment and pulsi temperature twice dai and were not required mask and gloves whe residents. 8. Resident #8 was an 09/21/20 to a private review of his medical had a COVID-19 test which was negative. door that read "Conta was available PPE, b enhanced droplet pre Observations of the 6 10:38AM revealed no droplet/contact precat available for use outs except Resident #8 w precautions." NA #1 on 09/23/20 at 10:40/ gloves while providing 600 hall. There was a "14 Day COVID Watc outside the door. Nur 09/23/20 at 10:45AM while administering m on the 600 hall. There that read "14 Day CO available outside the for An interview on 09/23 and NA #2 at 10:48 A understanding of the resident was monitore and symptoms of CO	btaining a respiratory e oximetry daily and ly on the new admissions d to use PPE other than a en taking care of the dmitted from the hospital on room on the 600 hall. A record revealed the resident at the hospital on 09/21/20 There was a sign on the ct Precautions" and there ut the resident was not on cautions. 00 hall on 09/23/20 at residents on enhanced utions and no PPE supplies ide any of the resident doors ho was on "contact and NA #2 were observed AM wearing a mask and g care to Resident #1 on the a sign on the door that read h" but no PPE available rse #1 was observed on wearing a mask and gloves hedications to Resident #7 e was a sign on the door VID Watch" but no PPE door.	F 880				

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 10/08/2021 APPROVED D: 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCT A. BUILDING				(X3) DATE	
		345541	B. WING			_	09/	29/2020
NAME OF PF	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
OLDE KNO	OX COMMONS AT THE V	ILLAGES OF MECKLENBURG			13825 HUNTON LANE HUNTERSVILLE, NC 28	8078		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		(EACH CORRE) CROSS-REFEREI	B PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 880	mask and gloves when indicated they had no gown while providing 600 hall. An interview on 09/23 #2 on the 100 hall rev Day Watch" were new for dialysis or doctor y up as an extra precau provided the residents require any special ed and gloves when prov residents were monito each day and vitals at twice a day. An interview on 09/23 #1 revealed her unde Watch" was they were any signs or symptom them immediately to t Assistant Director of I stated it was her unde to wear a mask and g to the newly admitted because they had a n the hospital prior to th indicated they were o assessment and pulse temperature twice dai and were not required mask and gloves whe residents.	PPE in the room except their in providing care. They both t worn any eye protection or care to the residents on the 2/20 at 11:00AM with Nurse realed the residents on "14 vly admitted or had gone out visits and the sign was put utionary measure they s. She stated it did not quipment other than a mask viding care and stated the ored for respiratory status and temperature at least 2/20 at 11:10AM with Nurse rstanding of the "14 Day to monitor the residents for as of COVID-19 and report he nursing supervisor or Nursing. The Nurse further erstanding she only needed loves while providing care residents on the 600 hall egative COVID-19 test at leir admission. Nurse #1 btaining a respiratory e oximetry daily and ly on the new admissions d to use PPE other than a en taking care of the	F	880				
	Assistant Director of N	/20 at 11:40AM with the Nursing/Infection Control vealed their quarantine hall						

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	S FOR MEDICARE &					<u>D. 0938-039</u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	PLE CONSTRUCTION	· · ·	E SURVEY PLETED
		345541	B. WING		09	/29/2020
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE	
OLDE KN	OX COMMONS AT THE V	/ILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28078		
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETIO DATE
F 880	Continued From page	e 15	F 88	30		
	-	ch was also their rehab unit.	1.00			
		ired a COVID-19 test be				
		ns prior to them being				
		y. The ADON/ICP stated				
		sions had a negative test ey were not quarantined but				
		Watch." The ADON/ICP				
		meant they would watch the				
		or any signs or symptoms of				
	COVID-19 including f	ever, malaise, cough, loss				
	of smell, taste and an					
		ed the residents received a				
		ent and pulse oximetry daily ck at least twice daily and				
		. The ADON/ICP further				
		vere tested weekly or if they				
		or symptoms of the virus.				
	She indicated they we	ere not using PPE on the				
		admissions unless they				
		symptoms of COVID-19				
		hospital was negative. The				
		the residents and staff were and currently they had no				
		VID-19 in the facility. She				
		or placement of the "14 Day				
		ents had come from the				
	Administrator and sta	ited any resident that				
		nptoms of COVID-19 would				
		ed under the "14 Day				
		ADON/ICP stated she was				
		s not included in their policy				
	and procedure and st	inistrator. She indicated she				
	1 -	for writing the policies and				
	-	not sure why they would not				
		ance and that too would be a				
		inistrator. She stated again				

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ATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE		
U PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	COMF	COMPLETED	
		345541	B. WING		09/	29/2020	
AME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
	OX COMMONS AT THE	VILLAGES OF MECKLENBURG		13825 HUNTON LANE HUNTERSVILLE, NC 28078			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE	
F 880	Continued From page	e 16	F 88	30			
1 000		3/20 at 3:45PM with the	1 00				
	Director of Nursing (
		ey had no resident cases of					
		COVID-19 but had one staff case and considered					
	-	k status. The DON stated e provided at least monthly					
		any changes in cases. She					
		nilies are provided updates					
	-	rector, Marketing Director					
	and the Social Worker. The DON stated the families were provided information via social						
	· ·						
	media, text, email an	standing of the "14 Day					
		nissions were admitted to the					
	600 hall and placed o						
		iratory assessment, vital					
		erature twice daily and					
	of COVID-19. The D	g for any signs or symptoms					
		he Administrator that the					
		ents under the "14 Day					
	•	ot require staff use of PPE					
	due to the resident's	negative COVID-19 test at					
		heir admission. She further					
		ware that newly admitted					
		arantine and the use of full eye protection (goggles					
	-	own and gloves. The DON					
	stated she had been						
		nly equipment required was					
		providing resident care.					
	She stated they had						
		hospital with a negative test to be negative and not need					
	full PPE and quarant	-					
	An interview on 09/23	3/20 at 4:45PM an interview					
	with the DON reveale	-					
	stopped accepting ac						

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							<u>D. 0938-039</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345541	B. WING _			09	/29/2020
NAME OF PF	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
OLDE KNO	DX COMMONS AT THE V	/ILLAGES OF MECKLENBURG			25 HUNTON LANE NTERSVILLE, NC 28078		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 880	Continued From page	e 17	É F	380			
		but required a COVID-19					
	•	ior to admission. She stated					
		the 600 hall for newly					
		hen possible but stated					
		been placed in other rooms					
		esidents being on the 600					
	hall as well. The DO						
	residents that were n	ot newly admitted had been					
		all the tests had been					
	negative.						
	An interview on 09/23						
		d new admissions required					
		r to admission and if it was blaced under a "14 Day					
		Administrator explained this					
		received a respiratory					
		y usually on 1st shift and a					
		sign check at least twice					
	daily. She stated the	residents had not been					
	placed on Enhanced	precautions with full PPE					
		e test prior to admission					
		0-19 status was known to be					
		istrator further explained this					
	-	etation of the guidelines and					
	the reason they had r	nced precautions and utilized					
		otherwise they would utilize					
		nd potentially not have					
		admit a COVID-19 positive					
	•	istrator further stated all the					
		gative test at the hospital					
		d to the facility and the					
	-	staff and residents on a					
		ey were in outbreak status.					
		retation of the guidelines					
		or not using full PPE on the					
	"14 Day Watch" resid	ents and further stated they					

Facility ID: 990623

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORI	D: 10/08/2021 M APPROVED D. 0938-0391
	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION UMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345541	B. WING			09	/29/2020
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG				3825 HUNTON LANE IUNTERSVILLE, NC 28078			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
F 880	Continued From page	e 18	F	880			
		having adequate space on					
		e admitted residents. The					
		ed she had worked closely nd he was in agreement with residents.					
	-	09/25/20 at 12:49 PM with a ent nurse who was the					
	liaison for the facility i	revealed the local health					
		the facility to quarantine and readmissions for 14					
		on enhanced precautions. nt nurse stated she had not					
	been in recent contac	t with them because they					
		status but stated she had ce the start of the pandemic.					

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