

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

PRINTED: 01/11/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345471</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MECKLENBURG HEALTH &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 SANDY PORTER ROAD</b> <b>CHARLOTTE, NC 28273</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
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 886 SS=E	<p>COVID-19 Testing-Residents &amp; Staff CFR(s): 483.80 (h)(1)-(6)</p> <p>§483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</p> <p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency;</p>	F 886		1/7/21

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

TITLE

(X6) DATE

Electronically Signed

01/07/2021

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 886	<p>Continued From page 1</p> <p>(ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;</p> <p>(iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;</p> <p>(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;</p> <p>(v) The response time for test results; and</p> <p>(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</p> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <p>(i) Document that testing was completed and the results of each staff test; and</p> <p>(ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who</p>	F 886			

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F 886	<p>Continued From page 2 refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of facility records, the facility failed to implement Centers for Disease Control and Prevention (CDC), and Centers for Medicare and Medicaid (CMS) recommendations for Coronavirus (COVID-19) testing based on the current county rates and the facility's policy on Refusal of COVID-19 testing when staff members who failed to conduct COVID-19 tests were permitted to work in the facility for 3 of 6 staff reviewed for COVID-19 testing. This failure occurred during a COVID-19 pandemic (Staff #4, Staff #5, and Staff #6).</p> <p>The findings included:</p> <p>The CDC guidance titled "Responding to the Coronavirus (COVID-19) in Nursing Homes (NH), Interim Guidance on Testing Healthcare Personnel (HCP) for Coronavirus" dated 4/30/2020, documented in part, that currently testing asymptomatic HCP without known or suspected exposure to Coronavirus is recommended for HCP working in a NH. Testing less frequently than once per week increases the risk of missing HCP who are infected between scheduled tests.</p> <p>The facility policy, Refusal of COVID-19 Testing,</p>	F 886	<p>The facility was at fault for not making sure that all staff during testing procedures weren't conducting the testing and also were still working even after they hadn't receive a negative test. The correction action that the facility will accomplish for those residents found to have been affected by the deficient practice was that there were no residents affected by the alleged deficient practice. The way the facility was able to identify other residents having the potential to be affected by the same deficient practice is that all residents have the potential to be affected by the alleged deficient practice. The measures that were put into place were that the facility was able to complete all staff education regarding testing frequency requirements. For every testing date, the facility's Wellness Coordinator prints out a current employee roster and highlights all employees that are tested. If an employee misses their testing date, they are removed from the schedule and tested negative before returning to work. The facility will continue to follow the Centers for Disease Control and Prevention's (CDC) and Centers for Medicare and Medicaid's (CMS) testing</p>		

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F 886	<p>Continued From page 3</p> <p>dated August 2020, recorded in part, In the event that a staff member does not show up for the monthly, weekly or bi-weekly testing that is mandated by CMS based on the current county rates, the staff member may be asked not to work until they can obtain testing and prove they are COVID-19 negative. This facility requires staff testing and all procedures and guidelines directed by CDC, CMS and/or DHHS (Department of Health and Human Services).</p> <p>The facility document entitled Mandatory COVID Testing, undated, recorded in part, all facility staff must have testing in accordance with CDC timelines, based on facility transmission rate. As of November 2020, you must currently be tested weekly. Testing times every week: Mondays 10 AM to 12 PM and 2 PM to 5 PM; Thursdays 7 AM - 9 AM and 2 PM to 5 PM. If you have extenuating circumstances that prevent you from either testing dates and times, please see your supervisor or the Wellness Coordinator. Missing federally mandated testing may lead to counseling, suspension or loss of employment.</p> <p>According to the CMS COVID-19 Nursing Home Data, website, CMS.data.gov, Mecklenburg County had a 9% positivity rate for the week of 11/19/2020 to 12/02/2020 and recommended weekly COVID-19 testing of health care personnel who were employees in a nursing home to reduce the spread of the COVID-19 virus.</p> <p>During an interview on 12/09/2020 at 1:00 PM with the Wellness Coordinator (WC), she stated that she conducted weekly COVID-19 testing for staff in the facility. The WC stated that there were 3 staff who refused to complete COVID-19 tests</p>	F 886	<p>recommendation based on county positivity rates and COVID-19 outbreak status.</p> <p>The facility will continue to monitor this performance and make sure that solutions are sustained is by the facility's Wellness Coordinator (WC) notifies Administrator, Director of Nursing, and Scheduler of those employees that missed their scheduled testing date. Employees will be removed from the schedule until a negative COVID- 19 test is obtained. HR Director or designee will print out an employee roster on each testing day. The WC will mark off each employee tested on each testing day. Those employees who missed testing will be removed from the schedule until a negative COVID-19 test is obtained. Each Department supervisor will be made aware of any employees in their department that need to be removed from the schedule. Any staff member found to be non-compliant with recommended testing frequency will not work until they obtain negative COVID-19 testing. No schedule changes are to be made without approval from scheduler or department supervisor. Employee testing rosters will be reviewed weekly for eight weeks by Wellness Coordinator and Director of Nursing Services, every other week for four weeks, and monthly for three months. Results of the audits (monitoring) will be reviewed with monthly QAPI committee for further education or systemic changes as needed.</p>		

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F 886	<p>Continued From page 4</p> <p>in the facility during the week of 11/29/2020, but who continued to work. The WC stated these staff were Staff #4, Staff #5 and Staff #6. The WC expressed that she communicated this failure via electronic mail (email) to the Director of Nursing/Infection Control Preventionist (DON/ICP) and Administrator on 12/03/2020. A copy of this email dated 12/03/2020 was provided for review and recorded that Staff #4, Staff #5 and Staff #6 did not attend either of the scheduled mandatory testing dates in the facility the week of 11/29/2020. The email was sent to the DON/ICP, Administrator and Staff #5. The facility's December 2020 COVID-19 Log revealed no COVID-19 test results for Staff #4, Staff #5 and Staff #6 for the week of 11/29/2020 to 12/05/2020.</p> <p>Staff #4 was observed in the facility on 12/09/2020 at 3:00 PM at the end of her nursing shift. Staff #4 was interviewed on 12/09/2020 at 3:00 PM and stated that she worked in the facility as a nurse aide and her last COVID-19 test was conducted in the facility on 11/25/2020 with negative results. Staff #4 further stated that she failed to conduct a COVID-19 test since 11/25/2020, but that she worked in the facility on 12/04/2020 and 12/05/2020 without a COVID-19 test which showed negative results. Staff #4 stated that she had no explanation as to why she did not complete a COVID-19 test. Review of time records for Staff #4 revealed she worked in the facility for 11.25 hours on both 12/04/2020 and 12/05/2020.</p> <p>Staff #5 was observed on 12/09/2020 at 9:30 AM working in administration in the facility in an office located in the front lobby. Staff #5 was interviewed on 12/09/2020 at 3:15 PM and stated</p>	F 886			

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F 886	<p>Continued From page 5</p> <p>that she was the Human Resources Director. She further stated that she had completed a COVID-19 test on 11/25/2020 with negative results, but that she had not conducted another COVID-19 test since 11/25/2020. Staff #5 expressed that she recognized that she missed the weekly COVID-19 testing window the week of 11/29/2020 through 12/05/2020 because she got busy and when she went to complete a COVID-19 test all the administrative staff were gone, so she left a message for the WC to contact her for COVID-19 testing. Review of time records for Staff #5 revealed she worked 8 hours daily on 12/02/2020, 12/03/2020, 12/04/2020, 12/07/2020 and 12/08/2020 without a negative COVID-19 test result.</p> <p>Staff #6 was not observed in the facility on 12/09/2020. Review of the nursing schedule for 12/09/2020 revealed Staff #6 was scheduled to work as a nurse in the facility on 12/09/2020 at 7:00 PM. Staff #6 was unavailable for interview. Review of time records for Staff #6 revealed she worked 12 hours in the facility on 12/04/2020 and 11.75 hours in the facility on 12/05/2020 and 12/06/2020.</p> <p>An interview on 12/09/2020 at 12:03 PM and a follow up interview on 12/09/2020 at 1:10 PM with the DON/ICP revealed she served as the DON/ICP in the facility since October 2020. She stated that she routinely received email communication from the WC when staff failed to complete weekly COVID-19 testing in the facility. The DON/ICP further stated that she was not aware that Staff #4, Staff #5, Staff #6 continued to work without a negative COVID-19 test result during the week of 11/29/2020. The DON/ICP stated that the facility policy directed that staff</p>	F 886			

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F 886	<p>Continued From page 6</p> <p>who did not complete a COVID-19 test each week, would be reported to their department manager and would be sent home to quarantine for up to 14 days or until the staff provided a negative COVID-19 test result. She stated that COVID-19 test kits were routinely available in the nursing department, in the event a staff member missed the window for COVID-19 weekly testing provided by the facility. The DON/ICP checked her emails and confirmed that she received the email from the WC dated 12/03/2020 which documented that Staff #4, Staff #5 and Staff #6 did not complete a COVID-19 test the week of 11/29/2020. The DON/IP confirmed that Staff #4, Staff #5 and Staff #6 should not have been allowed to work the week of 11/29/2020 until a COVID-19 test was completed with negative results.</p> <p>An interview with the Administrator occurred on 12/09/2020 at 4:08 PM and revealed it was his first day as the Administrator at the facility. He stated he was not the Administrator at the facility when the WC sent the email communication on 12/03/2020 notifying administration that Staff #4, Staff #5 and Staff #6 did not conduct weekly COVID-19 testing in the facility. He stated that he expected staff to notify their supervisor if the staff had not completed a COVID-19 test and to quarantine until the staff provided proof of a negative COVID-19 test. He also stated that at his direction, Staff #4, Staff #5 and Staff #6 completed a COVID-19 test on 12/09/2020, all with negative results and he provided these test results for review. The prior Administrator was unavailable for interview.</p>	F 886			