STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345471	A. BUILDING _____ B. WING _____	C 08/25/2020

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MECKLENBURG HEALTH & REHABILITATION CENTER	2415 SANDY PORTER ROAD CHARLOTTE, NC 28273

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 08/24/20 to 08/25/20. 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# W5SM11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/24/20 to 08/25/20. Three complaint allegations were investigated; 2 allegations were not substantiated and 1 allegation was substantiated and cited. Event ID #W5SM11.	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 providing services under a contractual	F 880		9/24/20

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

Electronically Signed | 09/18/2020

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arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and

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F 880	Continued From page 2 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, review of facility records and policies and procedures, the facility failed to implement Centers for Disease Control and Prevention (CDC) recommendations for COVID-19 and the facility's policy on "Handwashing/Hand Hygiene" when a staff member failed to wear eye protection and perform hand hygiene after entering the room of a resident on Enhanced Droplet Contact Precautions due to a positive COVID-19 test result (Resident #3). This failure was for 1 of 4 sampled residents reviewed for infection control and occurred during a COVID-19 pandemic. The findings included: The CDC guidance titled "Responding to the Coronavirus (COVID-19) in Nursing Homes, 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. The facility policy, Handwashing/Hand Hygiene (HH), revised August 2015, documented in part, that the facility considered HH the primary means to prevent the spread of infections; all personnel would follow the HH procedures to help prevent	F 880	PLAN OF CORRECTION The statements included in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F880 How corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents were affected by the alleged deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice. The facility will continue with weekly COVID-19 testing	

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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 precaution settings. The facility policy, 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's room. Resident #3 was re-admitted to the facility 8/11/20. Review of lab results for Resident #3 revealed a positive test for COVID-19, on 8/22/20. On 8/24/20 at 12:01 PM, a continuous observation occurred until 12:10 PM. The exit door of room 119, Resident #3's room, 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 - Wear eye protection when entering the room. PPE, to include gowns, gloves, masks, and eye protection, were observed in a storage container in the hallway, outside room 119. Wall and stand ABHS dispensers were also observed in the hallway outside the room. Resident #3 was observed in his room with his privacy curtain pulled around his bed. Housekeeping staff (HS)	F 880	until the health department criteria is met for no longer testing residents. The measures put into place or systemic changes made to ensure that the deficient practice will not recur. Facility staff completed CDC Infection Control Training modules 6A: Principles of Standard Precautions, 6B: Principles of Transmission-Based Precautions, and 7: Hand Hygiene; by September 23, 2020. These courses include information regarding wearing eye protection in droplet precaution rooms, such as used with COVID-19 patient rooms, and the performance of hand hygiene before and after resident and resident object contact. Since the root cause analysis identified newly hired staff, the systemic change to ensure that the deficient practice will not recur is to have newly hired staff evaluated on hand hygiene competency and personal protective equipment competency, by their department head, prior to working with isolation residents or rooms. Staff compliance with hand hygiene and the use of eye protection will be monitored by the Director of nursing, Unit manager, and Regional nurse consultant by monitoring the staff at least 3 times per week for 8 weeks and 1 time per week for 4 weeks. How the facility plans to monitor its performance to make sure that solutions are sustained. The competency evaluations of new staff and the results of the audits will be reviewed with QAPI	

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F 880	Continued From page 4 #1 entered room 119 wearing a disposable gown, disposable gloves, and an N95 mask. Goggles were observed positioned on top of his head. He did not have eye protection in place. HS #1 pushed the privacy curtain back with his gloved hands and looked in the direction of Resident #3 who was lying in his bed. While using a step stool, HS #1 removed Resident #3's privacy curtain, held it against his disposable gown, and exited the room. HS #1 did not remove the PPE he wore while in room 119. The goggles remained on top of his head. HS #1 placed the privacy curtain on the floor in the hallway and then inserted the privacy curtain into a plastic bag which he also placed on the floor in the hallway. HS #1 re-entered room 119, removed the step stool and exited the room. He did not remove any of the PPE, change gloves or perform hand hygiene before or after exiting the room. On 8/24/20 at 12:05 PM, wearing the same disposable gown, gloves, and N95 mask worn in room 119 and with goggles positioned on top of his head, HS #1 entered room 118, and removed the privacy curtain. A resident was present in this room. Room 118 did not have a TBP sign on the door and the resident had a negative COVID-19 test result dated 8/20/20. On 8/24/20 at 12:08 PM, HS #1 placed the plastic bags that contained the privacy curtains over his left shoulder and carried them off the unit to the laundry room where he discarded both bags. HS #1 returned to the unit wearing the same PPE he wore when he removed the privacy curtains from rooms 119 and 118. On 8/24/20 at 12:10 PM, HS #1 was interviewed as he approached another resident's room.	F 880	committee for further education or systemic changes as needed. Any staff member found to be non-compliant will be disciplined using the progressive discipline process.	

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During the interview, HS #1 confirmed that he was still wearing the same PPE he wore in rooms 119 and 118. He stated he wore the PPE because of the Enhanced Droplet Contact Precautions sign that was on the door of room 119. He confirmed that he had been trained to perform hand hygiene before/after entering a room with a resident on precautions for an infection. He stated that he should have sanitized his hands between residents and before entering another resident's room. He also stated that he should wear eye protection while in a room with TBP for COVID-19. He stated, "We usually do that, but I did not this time."

An interview with the Unit Manager (UM) occurred on 8/24/20 at 12:15 PM. The UM stated that Resident #3 was currently on Enhanced Droplet Contact Precautions due to a recent positive COVID-19 test, but that the resident in room 118 was not on precautions. She further stated that when staff entered a resident room with precautions, staff should wear full PPE, including eye protection, sanitize their hands in/out of each room, and should not carry soiled items or a bag of soiled items against their body.

The Director of Nursing (DON)/Infection Control Preventionist (ICP) was interviewed on 8/24/20 at 12:46 PM. The DON/ICP stated Resident #3 was tested for COVID-19 on 8/20/20 with positive results received on 8/22/20. She stated that he was currently on Enhanced Droplet Contact Precautions in room 119 awaiting a vacant room on the facilities COVID-19 designated unit. The DON/ICP further stated that if staff entered a room with Enhanced Droplet Contact Precautions in place, staff were trained to wear full PPE, which included eye protection and to sanitize

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before/after leaving the room. The DON/ICP also stated that staff were trained to discard soiled gloves prior to leaving a room where precautions were in place.

The Environmental Services Manager (EVS) was interviewed on 8/24/20 at 3:30 PM. During the interview, he confirmed that he noticed that goggles were positioned on top of HS #1's head while he was in room 119 to remove the privacy curtain. The EVS stated Resident #3, in room 119 was on Enhanced Droplet Contact Precautions. The EVS stated that HS #1 was trained to wear full PPE which included eye protection when in a room with droplet or contact precautions and to sanitize his hands between residents.

The administrator was interviewed on 8/24/20 at 4:05 PM and stated that when staff were in a room with a resident on precautions, staff should remove their gloves and perform hand hygiene before going to another resident's room. The Administrator also stated that if a resident was COVID-19 positive, she expected staff to wear full PPE to include gown, gloves, and a mask, but that goggles/face shield was only required if the staff provided direct care or provided aerosolizing tasks. The Administrator then stated that staff should not wear the same disposable gown or gloves in a room with a COVID-19 positive resident and then go to into a room with a resident who had not tested positive.