STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 09/17/2020

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UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	**9200 GLENWATER DRIVE CHARLOTTE, NC 28262**

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 09/16/20 through 09/17/20. 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# Q6E011.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 09/16/20 through 09/17/20. There were a total of 4 complaint allegations investigated. The complaint allegations were not substantiated. Event ID #Q6E011.	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 arrangement based upon the facility assessment	F 880		10/11/20

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

Electronically Signed | 10/07/2020

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F 880	Continued From page 1	F 880		

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 transport linens so as to prevent the spread of

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F 880	Continued From page 2 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 staff interviews, review of facility records, and review of Centers for Disease Control and Prevention (CDC) recommendations, the facility failed to follow CDC recommendations to stay at home when sick when one of three sampled staff (Housekeeping Staff #1) was allowed to continue to work his shift on 8/21/20 after reporting to his supervisor that he did not feel well. This failure occurred during a COVID-19 pandemic. The findings included: CDC recommendations regarding "What to do if you are sick", updated on 5/13/20, revealed recommendations to stay home and self-quarantine if you are sick or may have been exposed to someone with COVID-19. CDC recommendations listed common symptoms of COVID-19, but also cautioned that the common symptoms were not all the possible symptoms of COVID-19. Facility training dated 03/04/20 and 03/18/20 recorded in part, Stop the Spread of Germs, Stay home when you are sick, except for medical care. Housekeeping staff #1 (HS #1) attended these trainings. An interview with HS #1 was conducted on 9/16/20 at 1:40 PM. During the interview, HS #1 stated that for the prior 5 months, he worked in	F 880	University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction as required by Federal and State regulations and statutes applicable to long term care providers. This plan does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or the scope or severity regarding any of the deficiencies cited are correctly applied. F880 Corrective action has been accomplished for the alleged deficient practice regarding Housekeeper #1. On 09/16/2020 Housekeeper #1 was re-educated on COVID 19 symptoms and need to stay home for any symptoms and the need to report to supervisor any symptoms if at work and to go home if exhibiting any symptoms. All employees that have any symptoms listed on COVID 19 screening sheet have the potential to be affected by the same alleged deficient practice. On 09/18/2020 and 09/21/2020 an in-service was completed by the Administrator,	

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F 880	Continued From page 3 the facility as a housekeeper and a floor tech on all units, except the COIVD 19 designated unit. He stated that on Friday, 8/21/20 he told the Assistant Environmental Services (AEVS) Manager around lunch time that "I did not feel well because I forgot to take my medicine." He then stated that he also told the AEVS Manager that "I was ok to keep working." HS #1 further stated that by the end of his shift on Friday, 08/21/20, around 3:00 pm, he still did not feel well, but by the time he got home, he felt worse. HS #1 also stated that he called the Environmental Services (EVS) Manager on Saturday, 08/22/20 and told her how he was feeling. He then stated that he received a call from her on Sunday, 08/23/20 advising him that his COVID 19 test was positive. HS #1 continued to say that he always screened upon entry/exit to/from work using the screening questions that were posted on the wall. He stated that his temperature stayed under 100 degrees F each day that week, and that he did not have any of the symptoms posted on the wall. He confirmed he had been trained to notify his supervisor if he became ill during work and to go home. HS #1 also provided a written/signed statement dated 9/18/20 which recorded in part that he worked on Friday, 08/21/20 and that he felt okay that morning before coming to work. His written statement also documented that his blood sugars were high on Friday, 08/21/20, a reading of 305 which he obtained when he checked his blood sugars during his lunch break. He documented that this high blood sugar reading usually resulted when he did not take his medication for a couple of days. His written statement also recorded that he worked his entire shift on Friday, 08/21/20 with no symptoms, he denied having chills and that he	F 880	Director of Nursing, Assistant Director of Nursing, and Staff Development Coordinator to ensure that all staff were aware and knew what to do if exhibiting any symptoms on the COVID 19 screening list. On 09/18/2020 all managers were educated by the Administrator on what to do if any of their employees were sick or exhibiting symptoms. On 10/05/2020 staff started watching the video titled: “Keeping COVID 19 Out” https://youtu.be/7srwrF9MGdw from CMS. All staff will complete the video by 10/11/2020. All in-service/education will be completed by 10/11/2020. Employee will not be allowed to work next scheduled shift until all in-service/education acknowledged and understood. Measures put into place to ensure that the alleged deficient practice does not recur include: On 09/16/2020 signs were posted throughout the facility in the break room, rest rooms, and all other key areas by the Assistant Director of Nursing with guidance on what to do if an employee is sick or having symptoms, and or if an employee has been exposed to COVID by living with or being in contact with someone who has COVID. An audit was initiated on 09/18/2020 by the Director of Nursing, Assistant Director of Nursing and/or Staff Development Coordinator by completing 10 random audits to ensure that staff knows to report if they are sick or if they have symptoms.	

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F 880	Continued From page 4 did not report to his supervisor on Friday that he did not feel well. The AEVS Manager was interviewed on 9/16/20 at 2:46 PM. He stated that on Friday, 08/21/20 after lunch around 12:30 PM, he noticed HS #1 had not returned to work from his lunch break, which was unusual for him. AEVS Manager stated that he went to look for HS #1, found him in the breakroom and noticed that HS #1 did not look like himself. The AEVS Manager said he asked HS #1 if he was okay and he responded that he was not feeling good. HS #1 reported to the AEVS Manager that he forgot to take his blood sugar medicine. The AEVS Manager stated he advised HS #1 to go home, but HS #1 responded that he still wanted to work. The AEVS Manager then stated, "I thought he had about an hour or so to go and that he could muster it up and finish up his assignment before he left." AEVS Manager also stated that he called the EVS Manager on the phone on 08/21/20, sometime between 2:00 PM or 3:00 PM, to let her know that HS #1 did not feel well, but that he was not certain of the exact time. AEVS Manager stated that if the time was closer to 3:00 PM, HS #1 would have already left his shift. AEVS Manager reported that he found out later that HS #1's COVID 19 test result was positive. AEVS Manager stated that he did not question HS #1 further regarding how he felt or ask him if he had any COVID 19 symptoms at the time, but further stated "I just trusted him when he said he forgot to take his medicine." AEVS Manager stated that it was not uncommon for HS #1 to say he did not feel well because of his blood sugars, but "Now I realize I should have sent him home." The EVS Manager was interviewed on 9/16/20 at	F 880	Audits will be completed on 5 random staff members two times per week for 8 weeks. The audit will be documented on the Let's Be Safe and Report audit tool. The Director of Nursing or Assistant Director of Nursing will present the findings and recommendations at monthly QI committee meeting. QAPI/QI committee will evaluate for continued compliance for 3 months.	

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1:00 PM. She stated that all staff were screened for signs/symptoms of illness, which included COVID 19 symptoms upon entrance/exit of the facility. The screening included temperature monitoring and questions regarding signs/symptoms of illness. If staff answered yes to any of the screening questions they were expected to return home. The EVS Manager explained that she was working on the COVID 19 unit on Friday, 08/21/20 when she received a phone call sometime after lunch from the AEVS Manager advising her that HS #1 reported to him that he did not feel well, she stated HS #1 should go home. The AEVS Manager told her that he also advised HS #1 to go home, but HS #1 responded that he was okay to work and finish his shift. The EVS Manager further stated that after she was notified that HS #1 tested positive for COVID 19, she realized that he should have been sent home when he reported that he did not feel well, rather than remaining in the facility to complete his shift. The EVS Manager also stated that staff in the housekeeping department used the employee breakroom which was shared with staff of other departments. Staff were expected to wear PPE during their breaks but that social distancing was difficult in the employee breakroom due to the small size of the room. The EVS Manager stated that HS #1 worked on all units as a housekeeper and a floor technician, except the COVID 19 unit, worked with staff who had previously tested positive for COVID 19 and that part of his job responsibilities included entering resident rooms to provide housekeeping services.

During an interview with the Assistant Director of Nursing/Infection Control Preventionist (ADON/ICP) on 9/17/20 at 12:30 PM she stated

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that if staff become ill during their shift, the employee was expected to notify their supervisor and the supervisor should send the employee home. She stated that all the symptoms listed on the Coronavirous Guidance sign that was posted at the screening log should be recognized as possible symptoms for COVID 19 and reported. The ADON/ICP reviewed surveillance records and stated that HS #1 was tested on 08/21/20 for COVID 19 with positive results.

The Director of Nursing was interviewed on 9/17/20 at 1:40 PM. She stated that staff were trained and expected not to come to work if they did not feel well and to go home if they became ill during work.

The Medical Director (MD) was interviewed via phone on 9/17/20 at 4:25 PM. During the interview, the MD stated he was not aware of any staff identified as actively working with symptoms that could be consistent with COVID 19. He stated that he had witnessed administrative staff diligently informing staff to report to their supervisor any positive symptoms with the screening questions which were posted on signs in the facility. The MD further stated that if staff worked while they were ill or were symptomatic for COVID 19, even though the symptoms could be false positive as it related to COVID 19, it was important that staff did not report to work while they were sick. He stated staff should self-quarantine until they were tested and received their results, otherwise the employee could potentially expose residents and other staff to COVID 19.

An interview with the Administrator occurred on 9/16/20 at 1:30 PM. During the interview, the

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F 880	Continued From page 7 Administrator stated that HS #1 received a COVID 19 test on Friday, 08/21/20 with a positive result. The Administrator also stated that she contacted the EVS Manager via phone on Sunday, 08/23/20 to inform her that HS #1 test results from 8/21/20 were positive. The Administrator stated that during the phone conversation, the EVS Manager informed her that HS #1 reported to the AEVS Manager on Friday, 08/21/20 that he did not feel well, and went to the emergency department on Saturday because he thought his blood sugars were elevated. The Administrator further stated that she reviewed the employee screening logs and found no evidence that HS #1 worked with COVID 19 symptoms. The Administrator stated that staff were expected/trained to advise their supervisor if they became sick while at work and to go home until they could be tested and receive their results.	F 880		