STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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 An unannounced COVID-19 Focused Survey was conducted on 09/21/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 1PTP11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 09/17/20-09/21/20. The facility was not found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event #1PTP11 23 of 23 allegations were not substantiated.	F 000		
F 880 SS=K	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	F 880		10/21/20

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

Electronically Signed | 10/12/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 1	F 880		

and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and 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, interview with the local public health department nurse practitioner and review of the facility ' s COVID -19 Pandemic Guidelines, infection control polices, and The Centers for Disease Control and Prevention (CDC) COVID 19 guidelines revealed these guidelines and policies were not implemented when the facility failed to; 1. assign dedicated staff to only work on the COVID positive isolation unit 2. supply required Personal Protective Equipment (PPE) to staff working in the designated isolated and quarantine units. 3. don required PPE before providing resident care and to remove PPE before leaving the resident ' s room and the COVID positive isolation unit. 4. use the correct precaution signage in the facility ' s New Admission and Person Under Investigation (PUI) quarantine units and on the COVID positive isolation unit. 5. Four of eight dietary workers were observed on the meal serving line with facial masks not covering the nose and mouth. These failures occurred during the COVID-19 pandemic and had the likelihood to affect all residents in the facility. A total of 10 residents tested positive for the COVID-19 virus as of September 14, 2020. Immediate Jeopardy began on 09/14/20 when observations revealed the same staff were	F 880	F880K The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. It is solely created to demonstrate our good faith attempt to continue to provide the quality of life for our residents. Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance All residents are at risk of COVID 19 when infection control breaches occur. Alert and oriented residents will continue to be re-directed in importance of wearing mask while out of their room. Confused residents will be re-directed by staff. Staff will reapply/reposition masks as required to ensure residents are wearing mask while out of their rooms. Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 3 assigned to work with residents who resided on the COVID positive unit and the adjoining quarantined Person Under investigation (PUI) unit, and staff were observed not wearing required personal protective equipment (PPE). Isolation gowns were not observed on the quarantine PUI unit and the COVID positive isolation unit for staff to use for resident care and eye wear was not available for use on the COVID positive isolation unit or the PUI and New Admission quarantine units. The staff were observed not removing PPE before leaving residents ' rooms on the COVID positive isolation unit and the PUI and the New Admission quarantine units and when leaving the COVID positive isolation unit to enter the PUI quarantine unit. The facility was posting "Airborne/Contact Precaution" signage on the New Admission and the PUI quarantine units rather than the "Enhanced Droplet and Contact Precautions". Also, four of eight dietary staff were observed not wearing face masks covering the nose and mouth. The Immediate Jeopardy was removed on 9/19/20 when the facility provided and implemented an acceptable credible allegation for Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity level of an "E" (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring systems put into place are effective. Findings included: The facility ' s "Personal Protective Equipment (PPE) policy dated January 2018 revealed the facility was responsible for ensuring that appropriate PPE was readily accessible, and PPE should be removed and discarded before leaving	F 880	action will be complete A 100 % audit was completed on 9/15/2020 by Director of Nursing, Regional Clinical Consultant and Senior Corporate Clinical Consultant on the COVID Unit, PUI area, and the New admission area to ensure all rooms have correct signs posted. Precautions signs have been updated to reflect use of Enhanced Droplet/Contact precautions in all these areas which would include gown, gloves, surgical mask (N-95 or KN-95 (if optimizing supply) and eye protection. Effective 9/18/2020, the facility policy was updated to reflect the use of Enhanced Droplet/Contact Precautions in the COVID Unit, PUI area, and the New Admission. On 9/15/2020, the facility Director of Nursing and Administrator were educated on COVID-19 Pandemic Guidelines by the Regional Clinical Consultant and Senior Corporate Clinical Consultant. This education included specific criteria/ proper function, PPE requirements and precaution signage of the COVID isolation unit and quarantined units (PUI unit and Admission unit). The following policy and procedures were also reviewed: Resident Placement, Infection Control, Handwashing, PPE, and Isolation practice inside isolation and quarantined units. Additionally, emphasis was placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building. Lastly, education was provided to ensure dedicated staff on the COVID Unit with no cross-over to other	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 4 a resident ' s room or cubicle. The facility ' s "Resident Placement COVID-19 Pandemic Guidelines" dated effective on March 31, 2020 and revised May 26,2020 revealed the COVID positive isolation unit was a unit for residents who had tested positive for COVID-19, and the Person Under Investigation (PUI) unit was a unit for residents with a known exposure to COVID-19 or respiratory illness or infection symptoms were evident. The PPE requirements for the health care professionals on both of these units included disposable gowns, N95 mask, goggles or face shields and shoe coverings. Furthermore, the policy listed "Special Airborne/Contact Precautions" as the required signage for the units and to limit staff working between units as much as possible. The policy also revealed the New Admission unit was a unit for residents after an Emergency Room visit, readmission to the facility and new admissions to the facility. PPE requirements for the health care professionals in the New Admission quarantine unit included a "Trio: disposable sleeves, plastic apron, cloth gown" sleeves (the facility stated disposable gowns were used instead of a "Trio" as noted in the policy), N95 mask, goggles or face shields and shoe coverings. "Special Airborne/Contact Precautions" was listed as the required signage for the New Admission quarantine unit also. For health care professionals in unaffected areas, the policy revealed masks were the required PPE. The Centers for Disease Control and Prevention (CDC) "Responding to Coronavirus (COVID-19) in Nursing Homes Responding to COVID-19" dated April 30, 2020 stated to place signage at the entrance to the CVOID-19 care unit that	F 880	quarantined areas and ensuring residents are wearing a mask while out of their room with re-direction and re-application, as necessary. On 9/15/2020, on All PPE stations were audited on all units to ensure equipment was available by Central Supply Clerk. On 9/18/2020, facility change staffing protocol to ensure dedicated staff on the COVID Unit. The facility staffing scheduler was educated by the Director of Nursing on expectation for dedicated staff on the COVID unit. On 9/15/2020, 100% of staff in facility were provided education by the Director of Nursing. This education included specific criteria/ proper function, PPE requirements and precaution signage of each isolation unit and/or quarantined areas and use of dedicated staff on the COVID unit with no cross-over to other quarantined areas. The following policy and procedures were also reviewed: Resident Placement, Infection Control, precaution signage, handwashing, PPE, and isolation practice inside quarantined areas and isolation units. Additionally, emphasis was placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building and ensuring residents are wearing masks while out of their room with re-direction and re-application, as necessary. Lastly, all nursing staff in facility were educated on process to notify Central Supply/ DON when PPE needs restocking by Director of Nursing. Central Supply or Manager on Duty will check PPE availability at least daily. On	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 5 instructs healthcare personnel they must wear eye protection and an N95 or higher level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Centers for Disease Control and Prevention (CDC) "Preparing for COVID-19 in Nursing Homes" dated June 25, 2020 stated the facility was to identify a dedicated space to care for residents confirmed with COVID-19 and identify health care personnel who will be assigned to work only on the COVID-19 care unit when in use. The CDC guidance further noted residents with known or suspected COVID-19 should be cared for using all recommended PPE, which included use of N95 or higher level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and gown, and the residents with known or suspect COVID-19 did not need to be placed into an airborne infection isolation room. CDC guidance stated for managing new admissions and readmissions whose COVID-19 status is unknown, healthcare personnel should wear an N95 or higher-level respirator, eye protection (googles or face shield that covers the front and sides of the face), gloves and gown when caring for these residents. Further CDC guidance for PPE stated healthcare personnel should wear a facemask at all times while they were in the facility and included the facility monitoring daily PPE use to identify when supplies would run low, making necessary PPE available in area where resident care was provided and staff discarding PPE prior to exiting the room or before providing care for another resident in the same room.	F 880	9/15/2020, 100% of Staff in facility completed the Hand Hygiene Competency with the Director of Nursing. On 9/15/2020, 100% of Staff in facility completed the PPE Competency with the Director of Nursing. Effective 9/17/2020, no staff will be allowed to work until education/competency is completed. The independent contracted consultant company will conduct an in-service education for facility Director of nursing, Administrator and infection preventionist as "train the trainer" and assisted on training 100% of all facility staff. This education will be completed for all staff by 10/21/2020. any employee not educated by 10/21/2020 will not be allowed to work until educated. Until a Staff Development Coordinator (SDC) is hired for the facility, the Director of Nursing (DON) will provide COVID-19 education updates to facility staff to ensure facility staff are abreast of any new guidance related to controlling the spread of COVID-19 and ensure all new hire staff (including agency staff) receives training on infection control and prevention prior to resident contact. This education will include specific criteria/ proper function, PPE requirements and precaution signage of each isolation unit and/or quarantined areas and use of dedicated staff on the COVID unit with no cross-over to other quarantined areas. The following policy and procedures will be reviewed: Resident Placement, Infection Control, precaution signage, handwashing, PPE, and isolation practice	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 6 The CDC "COVID-19 Overview and Infection Prevention and Control Priorities in non-US Healthcare settings COVID-19 & IPC Overview" dated August 12, 2020 stated the current World Health Organization (WHO) guidance for healthcare workers caring for suspected or confirmed COVID-19 patients recommends the use of contact and droplet precautions in addition to standard precautions (unless an generated procedure is being performed, in which airborne precautions are needed.) The Center of Disease Control and Prevention (CDC) "Sequence for Putting on Personal Protective Equipment" document provided by the facility revealed the mask ' s flexible band fitted to the nose bridge and the mask fitted snug to the face and below the chin. 1. On 9/14/20 at 1:10pm, "Special Airborne/Contact" isolation precaution signage was observed on the PUI unit entrance doors located on the 200 hallway. The posted signage stated a N95 mask, gloves, gown and protective eyewear were required PPE. Underneath eyewear in parentheses a statement read: goggles for aerosol generating procedures. Gowns, gloves, face shields and shoe coverings were observed outside the PUI unit to apply before entering the unit. On 9/14/20 at 1:21pm there were 6 residents on the PUI unit, and no gowns or eyewear were observed in the hallway of the PUI unit to apply before entering the resident ' s rooms on the PUI unit or the adjoining COVID positive isolation unit. "Special Airborne/Contact Precautions" signage	F 880	inside quarantined areas and isolation units. Additionally, emphasis will be placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building and ensuring residents are wearing masks while out of their room with re-direction and re-application, as necessary. Effective 9/18/2020, to support efforts in reducing the spread of COVID-19 in the facility, the facility will implement increased infection control surveillance rounding including hand hygiene and personal protective equipment. These surveillance rounds will be conducted by the Director of Nursing, Administrator, and/or Unit Manager. The facility will follow our policy related to Resident Placement to ensure any residents who have signs and symptoms of COVID-19 are properly isolated and isolation precautions are maintained. The Administrator and/or Director of Nursing will continue to maintain and review any resident symptoms utilizing a respiratory log and line listing. Routine tracking and trending will be conducted by the Director of Nursing to identify any patterns. The facility DON will continue to monitor the employee illness log and refer to the Return to Work policy for facility staff. Central Supply Clerk will perform audits Monday-Friday of PPE supply on nursing units to ensure appropriate supply level. Weekend Manager on Duty will audit PPE supply on nursing units (Saturday and Sunday) to ensure appropriate supply level.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 7 was observed on the resident doors. Medication Aide (MA) #1 was observed on the PUI unit wearing a gown and a N95 mask, but no eyewear. On 9/14/20 at 1:23pm, MA #1 stated she and NA #1 were assigned to work both the PUI quarantine unit and the COVID positive isolation unit. She stated she wore the same gown between the PUI quarantine unit and COVID positive isolation unit. MA #1 was observed removing the gown before entering the employee ' s lounge on the PUI unit and washing her hands in the bathroom. A medication cart was observed in the employee lounge. On 9/14/20 at 1:25pm, MA #1 was observed exiting the employee lounge with medications in her hand. She was wearing a gown, N95 and gloves, and she entered the resident ' s room 210 to administer the medications wearing no protective eyewear. On 9/14/20 at 1:27pm, MA #1 was observed exiting resident ' s room 210 with gowns, gloves and N95 mask on. She stated while walking toward the employee lounge, "I need my face shield in the COVID unit." MA#1 was observed entering the employee lounge without removing the gown, gloves or N95 to get a face shield. MA #1 exited momentarily the employee ' s lounge wearing gown, gloves, N95 mask and a face shield holding medications in her hand and entered the COVID positive isolation unit through a plastic zip wall barrier located in the hallway. On 9/14/20 at 1:29pm, MA #1 was observed exiting the COVID positive isolation unit without removing the gown before entering the PUI	F 880	Effective 09/18/2020, the Administrator and Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance. MONITORING PROCESS Effective 10/12/2020, The governing body including the Facility Administrator and the Director of Health services, will monitor compliance with increased infection control surveillance rounding including hand hygiene and personal protective equipment by reviewing the completion of infection control monitoring form used to conduct surveillance rounds. The governing body will also validate that the surveillances completed followed the facility policy. Any issues identified during this monitoring process will be addressed promptly. This monitoring process will be conducted daily Monday to Friday for two weeks, weekly for two more weeks, then monthly for three months or until a pattern of compliance is maintained. Effective 10/12/2020, the Director of nursing will review daily schedule to ensure dedicated staff are assigned on the COVID Unit (when applicable). Any issues identified during this monitoring process will be addressed promptly. This monitoring process will be conducted daily Monday to Friday for two weeks, weekly for two more weeks, then monthly for three months or until a pattern of compliance is maintained.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 8 quarantine unit hallway and entering the employee lounge. In an interview with MA #1 on 9/14/20 at 1:29pm, MA #1 stated residents on the PUI quarantine unit were roommates of COVID positive residents or residents that were having signs or symptoms of COVID-19 that had tested negative last week. She stated the face shield was not required on the PUI quarantine unit. MA #1 stated she had received computerized education on COVID-19 and denied receiving specific instructions on using PPE between the PUI quarantine unit and the COVID positive isolation unit. On 9/14/20 at 1:30pm, an "Enhanced Droplet and Contact" Precaution signage was observed on the plastic zipped barrier in the 200 hallway beyond room 209 and 210 of the Person Under Investigation (PUI) quarantine unit before entering the COVID positive isolation unit. The "Enhanced Droplet and Contact" Precaution signage listed use of gloves, gowns, eye protection, a surgical mask and hand hygiene before entering the COVID positive resident ' s room. On 9/14/20 at 1:32pm upon entering the COVID positive isolation unit, Nurse Aide (NA) #1 was observed exiting Resident #1 ' s room with a meal tray. NA #1 was observed wearing an isolation gown, gloves, and a N95 mask and no protective eyewear. No isolation signage was noted on the door. On 9/14/20 at 1:33pm, NA #1 was observed wearing the same isolation gown and N95 mask, removing her gloves, performing hand hygiene, applying new gloves before entering Resident #2 '	F 880	Effective 10/12/2020, the week end registered nurse supervisor or designated licensed nurse will review daily schedule to ensure dedicated staff are assigned on the COVID Unit (when applicable). Any issues identified during this monitoring process will be addressed promptly. This monitoring process will be conducted every Saturday and Sundays for two weeks, every other Saturday and Sundays for two more weeks, then weekend (Saturday and Sunday) monthly for three months or until a pattern of compliance is maintained. Effective 10/12/2020 Director of nursing will monitor compliance with PPE availability at each nursing unit daily to ensure appropriate supply level. Weekend Manager on Duty will audit PPE supply on nursing units (Saturday and Sunday) to ensure appropriate supply level. Effective 10/12/2020, The facility Administrator and/or Director of Health services will report findings of this monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for three months, or until a pattern of compliance is maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance. Title of person responsible for implementing the acceptable plan of correction:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 9 s room on the COVID positive isolation unit. There was no isolation signage noted on the door. NA #1 was observed at the resident ' s bedside speaking with the resident and pulling the top covers up onto the resident without wearing protective eyewear. An interview was conducted on 9/14/20 at 1:36pm with NA #1. NA #1 stated gloves, mask, shoe covers, gowns, and face shields were required PPE on the COVID positive isolation unit. NA #1 stated she was passing out the meal trays and forgot to reapply the face shield. She stated unless patient care was being provided isolation gowns were not changed between residents. NA #1 explained she was assigned to work both the COVID positive isolation unit and the PUI quarantine unit. NA #1 stated she had received COVID-19 and PPE training, and PPE except for the face mask and face shields were removed before exiting the COVID positive isolation unit into the PUI quarantine unit. NA #1 stated she had used all the gowns brought into the COVID positive isolation unit that morning and obtained new gowns from the supply outside the PUI quarantine unit. On 9/14/20 at 1:45pm when the surveyor prepared to exit the COVID positive isolation unit, there were no instructions observed on the plastic zipped wall barrier, and no new isolation gowns were available on the COVID positive isolation unit to apply before re-entering the PUI quarantine unit. An interview was conducted with the Director of Nursing (DON) on 9/14/20 at 2:18pm. The DON stated the same staff were assigned to the	F 880	Effective 10/12/2020, the Administrator and Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance. The facility alleged full compliance with this plan of correction and the directed plan of correction effective date 10/21/2020	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 10	F 880		

COVID positive isolation unit and the PUI Quarantine unit. The DON stated the PPE requirement for the COVID positive isolation unit and the PUI quarantine unit was the same: gloves, gowns, N95 mask, face shields and shoe covering, and the PPE should be on the entire time on the COVID positive unit. The DON noted to prevent the spread of COVID-19 from the COVID positive unit to the PUI quarantine unit the staff were to remove PPE prior to exiting the COVID positive unit and perform hand hygiene. The DON stated PPE should not be worn into the employee lounge, and PPE supplies were to be on the unit for staff to use between resident care. The DON stated staff had completed a computerized COVID-19 training and a donning and doffing review was place at the nurse ' s station and the front desk over the weekend. The DON further stated there were no issues with the availability of PPE supplies for the staff.

On 9/14/20 at 3:00pm, MA #1 was observed inside the COVID positive isolation unit with no gown or face shield on. MA #1 exited the COVID positive isolation unit without donning new PPE when entering the PUI quarantine unit.

On 9/14/20 at 3:30pm, the Administrator of the facility deferred the interview to the Administrator-in- training while the Administrator remained present in the interview. The Administrator-in-training stated designated staff were assigned to work both the COVID positive isolation unit and the PUI quarantine unit, and the facility had a sufficient supply of PPE for staff to provide resident care. The Administrator- in-training stated when caring for residents on the PUI quarantine unit and the COVID positive isolation unit full PPE was required before

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 11	F 880		

entering the resident ' s room, and listed gowns, gloves, N95 mask and shoe coverings for full PPE. He stated gowns and face shields were not required in the hallways of the COVID positive isolation unit, and protective eyewear was not required for patient care except with aerosol nebulizer treatments. The Administrator-in-training further stated PPE should be changed before leaving the COVID positive isolation unit before entering the PUI quarantine unit.

On 9/15/20 at 10:05am, MA #2 was observed through the fully unzipped plastic barrier wall walking throughout the COVID positive isolation unit wearing a N95 mask and not wearing a gown or face shield. MA #2 had a thermometer in her hand when she exited the COVID positive isolation unit into the PUI quarantine unit.

On 9/15/20 at 10:13am, no gowns were observed on the PUI quarantine unit outside the resident ' s rooms for staff to use in between resident care.

In an interview on 9/15/20 at 10:25am, MA #2 stated when she was on the COVID positive unit she was signing the "Isolation Room Entry log sheets" on the resident ' s doors and was not wearing PPE because she did not enter the resident ' s rooms. She stated she had received COVID-19 training but denied receiving any educational instructions related to working between the COVID positive isolation unit and the PUI quarantine unit. MA #2 stated there was not enough PPE on the two units, and she borrowed another staff member ' s face shield to work on the unit that day and had requested more gowns for the units. MA #2 stated the staff were saving gowns to use between resident care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 12	F 880		

On 9/15/20 at 2:46pm an interview with a Nurse Practitioner of the Harnett County Health Department, was conducted. She stated on 9/7/20 a resident on dialysis tested positive for COVID-19. The positive COVID-19 resident and the resident ' s roommate were quarantine. She stated the facility conducted a facility wide COVID-19 testing on all residents and staff on 9/8/20, and seven residents and one staff member tested positive for COVID-19. She stated the Harnett County Health Department declared a new outbreak for the facility on 9/10/20. She stated the facility created the PUI quarantine unit per the facility ' s former policy, and the Harnett County Health Department did not conduct on-site visits. She stated the Harnett County Health Department recommendation to facilities was to not share staff between the PUI quarantine and COVID-19 positive isolation unit.

On 9/16/20 at 2:28pm, the Administrator stated the facility was working toward having separate staff for the PUI quarantine unit and the COVID-19 isolation unit and deferred the availability of staff to work the units to the Director of Nursing.

On 9/16/20 at 4:16pm in an interview, the Director of Nursing stated staffing needs of the facility were met by using agency staff and staff volunteering to work extra shifts. When asked why the COVID positive unit and the PUI quarantine unit did not have separate staff, the DON stated she understood the same staff could work the COVID positive unit and the PUI quarantine unit.

On 9/21/20 at 11:20am in an interview with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 13	F 880		

Director of Nursing, the DON stated a resident, who previously tested negative on 9/8/20 on the PUI quarantine unit, tested positive for COVID-19 on 9/16/20.

2. On 9/14/20 at 9:55am, the Administrator-in-training stated the required PPE throughout the facility was a N95 mask and the New Admission and PUI quarantine units and the COVID positive isolation units required specific PPE per the "Airborne/Contact Isolation" precautions.

On 9/14/20 at 10:45am, an "Airborne/Contact Isolation" precautions signage was observed on some of the doors on the New Admission unit located on the 700-600 hallway. The "Airborne/Contact Isolation" precautions signage listed gowns, gloves, N95 mask and eyewear as required PPE before entering the room. Gowns, gloves and shoe covers were observed in over-the-door PPE organizers but not protective eyewear. Staff were observed on the hallway without protective eyewear to use for resident care.

An interview with Nurse #1 was conducted on 9/14/20 at 10:48am. Nurse #1 stated she gathered the required PPE: gown, gloves, and shoe covers to enter a resident ' s room on "Airborne/Contact Isolation" from an over-the-door PPE organizer. When Nurse #1 was asked where she obtained protective eyewear as noted required on the "Airborne/Contract Isolation" precaution signage, Nurse #1 stated she was not aware that eyewear was required, or protective eyewear was available to the staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 14	F 880		

In an interview with the Director of Nursing (DON) on 9/14/20 at 2:18pm, the DON stated new admissions or re-admissions were on the New Admissions unit and were quarantined for 14 days. She stated gowns, gloves and N95 mask were required before entering the resident ' s rooms but eye wear was not required on the New Admission unit.

On 9/15/20 at 9:02am, NA #2 was observed exiting a resident ' s room with an "Airborne/Contact isolation" precautions signage posted on the door wearing the isolation gown in the hallway. NA #2 was observed placing the resident ' s meal tray on the meal cart and re-entering the resident ' s room, removing the PPE and sanitizing her hands.

Nurse #2 stated during an interview on 9/15/20 at 9:06am that protective eyewear was necessary for residents per the "Airborne/Contact Isolation" precautions signage that were receiving aerosol nebulizer treatments.

On 9/15/20 at 9:18am, NA #2 was observed on the New Admission unit wearing a N95 mask and only applying a gown in the hallway before entering a resident ' s room with "Airborne/Contact Isolation" precautions signage on the door. NA #2 was observed removing the meal tray from the resident ' s room wearing no gloves or eyewear as indicated on the "Airborne/Contact Isolation" signage posted on the door. The NA #2 placed the meal tray on the meal cart located in the hallway. NA #2 was observed removing the isolation gown outside the resident ' s room in the New Admission unit hallway and walking down the hallway with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 15	F 880		

isolation gown in her hand to discard in the soiled utility room.

In an interview on 9/15/20 at 9:23am, NA #2 stated residents on the New Admission unit were on isolation for 14 days, and gown, gloves, mask, shoe covers, and eyewear were required before entering the resident ' s rooms. NA #2 stated she did not have any eyewear. NA #2 stated she had received COVID training, and PPE was to be removed inside the resident ' s room prior to leaving the room. NA #2 stated she did not put on gloves before entering the resident ' s room because the resident was not in the room and removing the gown outside the resident ' s room was a habit.

On 9/15/20 at 10:27am, NA #1 was observed entering a resident ' s room on the PUI quarantine unit with a pack of adult briefs in her hand wearing a face shield, gown, gloves, shoe coverings and N95 mask.

On 9/15/20 at 10:35am, NA #1 was observed exiting the resident ' s room on the PUI quarantine unit into the hallway wearing the isolation gown, face shield, shoe coverings and N95 mask. NA #1 removed the isolation gown in the PUI quarantine unit hallway and discarded the gown in the big trash bin.

In an interview with NA#1 at 10:35am on 9/15/20, NA #1 stated PPE was to be applied before entering the resident ' s room and removed and discarded into the trash before leaving the room. NA #1 stated having the big trash bin in the hallway caused her to exit the resident ' s room to remove the gown in the hallway. NA #1 stated she had received PPE donning and doffing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 16	F 880		

education and noted there were no gowns on the PUI quarantine unit.

On 9/15/20 at 10:42am, an interview was conducted with Central Supply Coordinator. The Central Supply Coordinator stated she stocked the PPE organizer outside the PUI quarantine unit with gowns, shoe coverings, and face shields. She denied stocking gowns inside the COVID positive isolation unit or the PUI quarantine unit. She stated staff were to change gowns and gloves between resident care, and the facility ' s supply of isolation gowns, gloves, N95 mask and protective eyewear were plentiful. She stated she had over 200 protective eyewear between goggles and face shields, and protective eyewear had not been issued to the staff. She stated the staff of the COVID positive isolation unit and the PUI quarantine unit needed to notify her, the unit manager or the supervisor on weekends when PPE was not available on the units.

.

On 9/15/20 at 10:42pm during an interview with the Director of Nursing (DON), she stated PPE should be on the COVID positive isolation unit and the PUI quarantine unit for staff to change between resident care, and PPE was removed before exiting the resident ' s room. The DON denied any shortage of PPE in the facility and stated she would contact the Central Supply Coordinator about protective eyewear availability for the staff.

3. On 9/14/20 at 10:45am, "Airborne/Contact Isolation" precautions signage was observed on the resident ' s doors on the New Admission quarantine unit rather than Droplet and Contact precautions as recommended by the CDC. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 17	F 880		

admissions were dispersed throughout the 700 and 600 hallways.

On 9/14/20 at 1:10pm, "Airborne/Contact Isolation" precautions signage was observed on the entrance of the PUI quarantine unit and on the resident ' s doors instead of the Droplet and Contact precautions recommended by the CDC.

On 9/14/20 at 1:30pm, the entrance of the COVID positive isolation unit was observed with an "Enhanced Droplet and Contact" Precautions signage, and the "Enhanced Droplet and Contact" Precautions signage listed a surgical mask as the mask required on the COVID positive isolation unit.

On 9/14/20 at 1:45pm when the surveyor prepared to exit the COVID positive isolation unit, there was no precaution signage identifying the PUI quarantine unit on the other side of the barrier or signage to stop and remove PPE observed on the plastic zipped wall barrier before re- entering the PUI quarantine unit.

On 9/16/20 at 2:28pm, the Administrator stated in an interview she was unsure why the "Enhanced Droplet and Contact" isolation precaution signage was posted on the entrance of the COVID positive or why there was no signage posted on the plastic zipped barrier wall exiting from the COVID positive isolation unit to the PUI quarantine unit. The Administrator stated all of the designated units, which included the COVID positive isolation unit, required "Airborne and Contact" isolation based on the facility ' s policy. She further stated the plastic zipped barrier wall reminded staff of the PPE requirements when exiting the COVID positive isolation unit into the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 18 PUI quarantine unit. 4. On 9/14/20 at 12:22pm, four dietary aides of the eight dietary staff in the kitchen area were observed not wearing a face mask covering the nose and mouth. The four dietary aides were observed working on the serving line with the face mask positioned under the dietary aide ' s chin. Three of the four dietary aides immediately reapplied the face mask to cover the nose and mouth. A continuous observation was conducted on 9/14/20 from 12:22pm to 12:28pm. Dietary Aide #4 was serving food items from the serving line onto resident ' s plates with the face mask positioned under the chin and not covering the nose and mouth. On 9/14/20 at 12:28pm, the dietary manager was informed of the four dietary aides not wearing the face mask to cover the nose and mouth upon entering the kitchen area. The Dietary Manager instructed Dietary Aide #4 to cover the nose and mouth with the face mask, and Dietary Aide #4 reapplied the face mask to cover the nose and mouth as instructed. In an interview with the dietary manager on 9/14/20 at 12:28pm, she stated the dietary staff had received PPE training on wearing mask and mask were to be worn covering the nose and mouth at all times. The Dietary Manager further stated staff were allowed to take breaks outside where masks could be removed for fresh air. On 9/14/20 at 12:29pm, an interview was	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 19	F 880		

conducted with dietary aide #1. She stated the mask was to be worn at all times and had received PPE training. She stated the mask was pulled under the chin to fix it.

An interview with dietary aide #2 was conducted on 9/14/20 at 12:31pm. She stated she was to keep the mask on, and the mask was to cover the nose and mouth. She stated she had received PPE training for handwashing and wearing a mask. She stated she had asthma, bronchitis and chronic obstructive pulmonary disease, and she couldn ' t breathe with the mask on.

Dietary aide #3 stated in an interview on 9/14/20 at 12:33pm that she had received training on wearing a mask, and the mask was to be worn all day covering the nose and mouth. She stated she was not wearing her mask because she had atrial fibrillation and hot flashes, and the mask caused her glasses to fog up.

In an interview with dietary aide #4 on 9/14/20 at 12:36pm, she stated the mask was under her chin because it was hot. She stated she had received training for wearing a mask, and the mask was to be worn all day covering the nose and the mouth.

An interview was conducted with Director of Nursing (DON) on 9/14/20 at 2:18pm. The DON stated everyone in the facility was to wear a mask at all times, and the dietary staff should have received training.

On 9/17/20 at 5:05pm, the administrator and the administrator-in-training were notified of the immediate jeopardy by phone.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 20 On 9/18/20 at 6:39pm the facility submitted a credible allegation for removal of immediate jeopardy. The facility ' s credible allegation of immediate jeopardy removal for F-880 INFECTION PREVENTION AND CONTROL included the following: 1) Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance All residents are at risk of COVID 19 when infection control breaches occur. Alert and oriented residents will continue to be re-directed in importance of wearing mask while out of their room. Confused residents will be re-directed by staff. Staff will reapply/reposition masks as required to ensure residents are wearing mask while out of their rooms. 2) Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete A 100 % audit was completed on 9/15/2020 by Director of Nursing, Regional Clinical Consultant and Senior Corporate Clinical Consultant on the COVID Unit, PUI area, and the New admission area to ensure all rooms have correct signs posted. Precautions signs have been updated to reflect use of Enhanced Droplet/Contact precautions in all of these areas which would include gown, gloves, surgical mask (N-95 or KN-95 (if optimizing supply) and eye protection. Effective 9/18/2020, the facility policy was updated to reflect the use of Enhanced Droplet/Contact Precautions in the COVID Unit, PUI area, and the New Admission. On 9/15/2020, the facility Director of Nursing and Administrator were educated on COVID-19	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 21	F 880		

Pandemic Guidelines by the Regional Clinical Consultant and Senior Corporate Clinical Consultant. This education included specific criteria/ proper function, PPE requirements and precaution signage of the COVID isolation unit and quarantined units (PUI unit and Admission unit). The following policy and procedures were also reviewed: Resident Placement, Infection Control, Handwashing, PPE, and Isolation practice inside isolation and quarantined units. Additionally, emphasis was placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building. Lastly, education was provided to ensure dedicated staff on the COVID Unit with no cross-over to other quarantined areas and ensuring residents are wearing a mask while out of their room with re-direction and re-application, as necessary. On 9/15/2020, on All PPE stations were audited on all units to ensure equipment was available by Central Supply Clerk.

On 9/18/2020, facility change staffing protocol to ensure dedicated staff on the COVID Unit. The facility staffing scheduler was educated by the Director of Nursing on expectation for dedicated staff on the COVID unit.

On 9/15/2020, 100% of staff in facility were provided education by the Director of Nursing. This education included specific criteria/ proper function, PPE requirements and precaution signage of each isolation unit and/or quarantined areas and use of dedicated staff on the COVID unit with no "cross-over" to other quarantined areas. The following policy and procedures were also reviewed: Resident Placement, Infection Control, precaution signage, handwashing, PPE, and isolation practice inside quarantined areas and isolation units. Additionally, emphasis was placed on ensuring proper wear of PPE (mask

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 22	F 880		

covering nose and mouth) at all times while in the building and ensuring residents are wearing masks while out of their room with re-direction and re-application, as necessary. Lastly, all nursing staff in facility were educated on process to notify Central Supply/ DON when PPE needs restocking by Director of Nursing. Central Supply or Manager on Duty will check PPE availability at least daily. On 9/15/2020, 100% of Staff in facility completed the Hand Hygiene Competency with the Director of Nursing. On 9/15/2020, 100% of Staff in facility completed the PPE Competency with the Director of Nursing. Effective 9/17/2020, no staff will be allowed to work until education/competency is completed.
Until a Staff Development Coordinator (SDC) is hired for the facility, the Director of Nursing (DON) will provide COVID-19 education updates to facility staff to ensure facility staff are abreast of any new guidance related to controlling the spread of COVID-19 and ensure all new hire staff (including agency staff) receives training on infection control and prevention prior to resident contact. This education will include specific criteria/ proper function, PPE requirements and precaution signage of each isolation unit and/or quarantined areas and use of dedicated staff on the COVID unit with no "cross-over" to other quarantined areas. The following policy and procedures will be reviewed: Resident Placement, Infection Control, precaution signage, handwashing, PPE, and isolation practice inside quarantined areas and isolation units.
Additionally, emphasis will be placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building and ensuring residents are wearing masks while out of their room with re-direction and re-application, as necessary.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 23	F 880		

Effective 9/18/2020, to support efforts in reducing the spread of COVID-19 in the facility, the facility will implement increased infection control surveillance rounding including hand hygiene and personal protective equipment. These surveillance rounds will be conducted by the Director of Nursing, Administrator, and/or Unit Manager. The facility will follow our policy related to Resident Placement to ensure any residents who have signs and symptoms of COVID-19 are properly isolated and isolation precautions are maintained. The Administrator and/or Director of Nursing will continue to maintain and review any resident symptoms utilizing a respiratory log and line listing. Routine tracking and trending will be conducted by the Director of Nursing to identify any patterns. The facility DON will continue to monitor the employee illness log and refer to the Return to Work policy for facility staff.
Central Supply Clerk will perform audits Monday-Friday of PPE supply on nursing units to ensure appropriate supply level. Weekend Manager on Duty will audit PPE supply on nursing units (Saturday and Sunday) to ensure appropriate supply level.

Effective 09/18/2020, the Administrator and Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance.
3) The facility alleged full compliance with this plan of correction effective date 9/18/2020.

On 9/19/20 at 9:45am, the facility ' s credible allegation for removal of immediate jeopardy was reviewed and accepted with an immediate jeopardy removal date of 9/19/20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 24	F 880		

The credible allegation was validated on 9/21/20 at 2:45pm as evidenced by educational in-service record reviews, observations on the New Admission and Person Under Investigation (PUI) quarantine units and the COVID positive isolation unit and licensed and non-licensed staff interviews. The educational in-services included Corporate Consultants educating the Director of Nursing and the Administrator on the updated "Resident Placement COVID-19 Pandemic Guidelines" policy, new guidelines of the COVID positive isolation unit, "Enhanced Droplet and Contact" Precautions, eye protection, designated staff for the positive isolation unit and monitoring compliance with PPE guidelines and resident ' s compliance with face masks.
Educational in-services were also conducted by the Director of Nursing to all staff and included redirecting alert and oriented residents back into the rooms on the quarantine units and the isolation COVID unit, reminding residents to wear mask while out of the room and assisting residents to reapply or reposition resident ' s mask to cover the nose and mouth while out of the room. The staff in-services further included using the purple precaution signage titled "Enhanced droplet and contact" precautions on the New Admission and Person Under Investigation (PUI) units and the COVID positive isolation unit, requiring staff to wear a N95 mask covering the mouth and nose and eye protection while working in all areas of the facility, scheduling dedicated staff each shift on the COVID positive isolation unit that entered and exited the COVID positive isolation unit through the 200 hallway door and were not to cross the COVID positive isolation unit barrier to other units and notifying central supply, the Director of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 25	F 880		

Nursing or the nurse in charge to restock personal protective equipment on the quarantine and isolation units when needed. The "Resident Placement COVID-19 Pandemic Guidelines" policy was updated and reflected in unaffected areas of the facility googles or face shields must always be worn by the healthcare professional within the facility, and a N95 mask and eyewear was required for nebulizer treatments in the unaffected areas. The New Admission and Persons Under Investigation quarantine units and the COVID positive isolation unit in the updated policy required "Enhanced Droplet and Contact Precautions and PPE Sequence signage and listed gloves, disposable gowns or reusable gowns, N95 mask and goggles or face shields as PPE for the health professional.
"Enhanced Droplet and Contact Precautions" and PPE sequence signage were noted throughout the facility on resident ' s doors on the New Admission and the Persons Under Investigation quarantine units and the COVID positive isolation unit. The "Enhanced Droplet and Contact Precautions" signage noted the staff needed to perform hand hygiene, N95 mask when entering the room, eye protection, gown when entering room, gloves when entering the room, use of patient-dedicated, single use or disinfect shared equipment and dietary may not enter the resident ' s room. The Central Supplies Coordinator was identified as the person to contact to replenish PPE on the "Enhanced Droplet-Contact Precautions" signage also. The nursing staff and the dietary staff were observed wearing eye protective wear and a N95 mask throughout the facility. PPE including gowns and gloves were observed accessible for use, and the staff were observed donning and doffing the correct PPE before entering and exiting the resident ' s room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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
F 880	Continued From page 26 on the New Admission and PUI quarantine units and the COVID positive isolation unit. Dedicated staff were assigned to work the COVID positive isolation unit only, and "Stop" and "PPE sequence" signage was posted on the plastic zipped wall barrier of the COVID positive isolation unit that exited to the PUI quarantine unit. Residents were not observed in the hallway and resident ' s door were closed on the New Admission and PUI quarantine unit and the COVID positive isolation unit. Licensed and non-licensed staff interviews revealed the nursing staff and dietary staff received protective eye wear and in-services on wearing N95 mask to cover the nose and mouth and eye protective wear while in the facility, sequence of donning and doffing PPE before entering and exiting the resident ' s room, dedicated staff for the COVID positive isolation unit and process for obtain PPE when supplies on the designated units were low. Infection Control Audits were also provided that revealed the facility was monitoring availability of PPE, staff wearing required PPE in designated areas, donning and doffing PPE, correct signage on resident doors, and resident ' s doors closed on the COVID positive isolation unit and residents wearing masks when out of the room.	F 880		