STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345008	A. BUILDING _____ B. WING _____	12/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CITADEL AT MYERS PARK, LLC	300 PROVIDENCE ROAD CHARLOTTE, NC 28207

(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 Infection Control Survey was conducted on 12/10/2020 with exit from the facility on 12/10/20. Additional interviews and record review were conducted on 12/11/2020. Therefore, the exit date was changed to 12/10/20. 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# C9YT11.	E 000		
F 000	INITIAL COMMENTS An unannounced onsite revisit and COVID-19 Focused Infection Control Survey was conducted on 12/10/2020 with exit from the facility on 12/10/20. Additional interviews and record review were conducted on 12/11/2020. Therefore, the exit date was changed to 12/11/20. The facility was not in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# C9YT11.	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	F 880		1/15/21

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

Electronically Signed | 01/08/2021

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F 880	Continued From page 1	F 880		

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 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

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F 880	Continued From page 2 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 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 observation, staff interviews and record review, the facility failed to perform hand hygiene prior to donning of gloves to obtain a finger stick blood sugar value from a resident who required enhanced droplet precautions for 1 of 3 sampled residents who required finger stick blood sugar measurements (Resident #2). This failure occurred during the COVID 19 pandemic. The findings included: The facility's procedure for use of personal protective equipment (PPE) provided by the Centers for Disease Control and Prevention (CDC) dated 03/20/2020 directed performance of hand hygiene before putting on gloves. The facility's glucometer process guideline dated 06/2018 directed washing of hands and donning of gloves prior to obtaining a finger stick blood sample. Resident #2 was readmitted to the facility on	F 880	Nurse #3 did not sanitize her hands prior to putting on gloves when obtaining a blood glucose finger stick. No adverse effects were incurred by resident #2 as a result of Nurse #3 □s practice. Nurse #3 is a contracted nurse through Accurate HealthCare Staffing. Nurse #3 will be in serviced on hand sanitizing prior to donning gloves by the facility Director of Nursing Services or designee before the start of her next assigned shift. The in service will also include Nurse #3 explaining and demonstrating the procedure back to the educator. All residents have the potential to be affected by this deficient Practice To help ensure the deficient practice does not reoccur, all current staff, new hires and contract staff will be reeducated on sanitizing hands, hand washing or using hand sanitizer, when donning and doffing	

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F 880	Continued From page 3 11/28/2020 on enhanced droplet precautions. Admission orders included direction to obtain finger stick blood sugar measurements at meals and at bedtime. Observation at 11:25 AM on 12/10/2020 revealed an Enhanced Droplet Precaution sign posted on Resident #2's closed room door. Steps for enhanced droplet precautions included use of a N95 mask or surgical mask, eye protection, perform hand hygiene and wear gowns and gloves when entering the room. Observation at 11:30 AM on 12/10/2020 revealed Nurse #3 entered documentation on the electronic Medication Administration Record on top of the medication cart. Nurse #3 walked approximately 9 feet to the outside of Resident #2's room. On top of a 3-drawer chest was a bottle of hand sanitizer. Nurse #3 wore a N95 mask and face shield. Nurse #3 put on a disposable gown and donned gloves. Nurse #3 did not sanitize her hands prior to putting on the gloves. Continued observation revealed Nurse #3 entered the room and took Resident #2's finger stick blood sample from his right index finger. Nurse #3 removed and discarded the gown and gloves. Nurse #3 sanitized her hands after the glove disposal. Interview with Nurse #3 at 11:50 AM on 12/10/2020 revealed she should have used the hand sanitizer before putting on the gloves. Nurse #3 reported she usually sanitizes her hands before putting on gloves and after taking gloves but must have forgotten.	F 880	gloves by the Director of Nursing Services or designee by 01/15/2021. Competency will be determined by a return demonstration or staff being able to explain the procedure back to the Director of Nursing Services or designee. Staff who are not present will be educated prior to the beginning of their next shift. Beginning on 01/15/2021, audits will be conducted 3 times weekly for 4 weeks on staff sanitizing hands, hand washing or using hand sanitizer, when donning or doffing gloves by the Director of Nursing or designee. Thereafter, audits will be conducted twice weekly for four weeks, and then weekly for four weeks Results will be reviewed by the administrator weekly and shared with facility Quality Assurance Committee monthly. Date of Completion will be January 15, 2021.	

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F 880	Continued From page 4 Interview with the Unit Manager at 1:40 PM on 12/10/2020 revealed staff should either wash hands or use hand sanitizer before donning gloves. Gloves were required for performance of blood sugar testing and care of a resident who required enhanced droplet precautions. An interview was conducted with the Regional Nurse Consultant at 1:48 AM on 12/10/2020. The Regional Nurse Consultant reported staff should wash hands or use hand sanitizer prior to donning gloves. Telephone interview with the Director of Nursing (DON) at 11:04 AM on 12/11/2020 revealed Resident #2 required enhanced droplet precautions since he was newly admitted from the hospital. As the facility's Infection Preventionist, the DON trained and monitored staff for correct hand hygiene. The DON reported Nurse #3 should have sanitized her hands before donning gloves.	F 880		