

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

PRINTED: 07/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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 6/25/2020. 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# QEE911.	E 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 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	F 880		

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

TITLE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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, record review and the facility policy, the facility failed to</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>maintain infection control practice by failing to screen two of two surveyors when they entered the facility. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>The Centers for Disease Control (CDC) guidelines were supplied by the facility as the policy being used. The policy addressed screening for fever and symptoms of COVID-19. Included was the Employee and Visitor Screening Log.</p> <p>On 6/30/2020 at 10:30 AM, two surveyors entered the facility wearing masks. The receptionist at the front desk had a clipboard in front of her and a hand-held thermometer was also on the desk. The surveyors announced they were from the State of North Carolina and asked to see the Administrator. At that time the Administrator came into the lobby wearing a mask and told the surveyors to follow him to the conference room. The three of them proceeded to the conference room.</p> <p>At 10:45 AM on 6/30/2020, the receptionist was interviewed and stated she followed the procedure for screening staff or visitors who were allowed in the facility. The receptionist indicated the front door was the only door anyone could enter. The receptionist stated she took the person's temperature and the person being screened filled out the form on the clipboard with the screening questions and signed the form. When asked why the two surveyors were not screened, the receptionist said the Administrator arrived and took the surveyors into the conference room before she could screen them.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>On 6/30/2020 at 11:00 AM, the Administrator was asked why the surveyors were not screened. The Administrator stated he did not know the surveyors had not been screened. At 11:01 AM, the two surveyors were screened.</p> <p>The Director of Nursing, who was the Infection Control Preventionist, was not available for interview. On 6/30/2020 at 1:00 PM, the Administrator stated he reviewed the screening sheets daily, and felt that the omission of screening the surveyors was a misunderstanding.</p>	F 880		