

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

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147
--	---

(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 000	INITIAL COMMENTS A complaint investigation was conducted from 10/27/21 through 10/29/21. One of the four complaint allegations were substantiated. A new tag was cited as a result of the complaint investigation survey that was conducted. The facility is still out of compliance. Event ID#EVGH12 and Event ID#V2ZM11.	F 000		
F 880 SS=E	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	F 880		11/22/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/23/2021
--	-------	-----------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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	<p>Continued From page 1</p> <p>possible communicable diseases or 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 record review, observations, staff and</p>	F 880	Facility failed to follow the policy for		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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	<p>Continued From page 2</p> <p>family interviews, the facility failed to screen visitors for signs and symptoms of COVID-19 before entering the facility for one of one day reviewed for screening visitors, Sunday 10/24/21. This deficient practice had the potential to impact multiple residents due the front entrance of the door having been propped open without supervision. This failure occurred during a global pandemic.</p> <p>Findings included:</p> <p>The facility receptionist calendar was reviewed and there was no receptionist scheduled for the 6:15 AM to 3:00 PM or the 3:00 PM to 11:15 PM time slots for 10/24/21.</p> <p>The COVID-19 Sign In/Sign Out Log was reviewed, and Family Member #1 was not recorded on the log.</p> <p>Review of a facility "Health Attestation Form," which was signed by Family Member #1, and dated 10/24/21 revealed it to be a document which advised those who were entering the facility to comply with precautions and practices such as: handwashing, avoiding individuals with respiratory symptoms, avoiding individuals who worked in a setting where COVID-19 cases have been confirmed, avoiding gatherings of people, to wear a mask when exposure is possible, properly wear personal protective equipment, and to report contact with any individual with suspected or confirmed infection with COVID-19. The attestation form did not contain screening questions related to signs and symptoms of COVID-19 including, but not limited to an elevated temperature, nausea, vomiting, diarrhea, cough, loss of taste, etc ... The attestation form</p>	F 880	<p>screening employees and visitor prior to facility entry. No residents were affected .</p> <p>All residents have the potential to be affected in relation to screening for COVID 19 screening. All residents have been tested for COVID 19.</p> <p>Facility Administrator/Director of Nursing has in-serviced all staff on the screening process prior to entry into the facility as of 11/22/2021. Facility Administrator/Director of Nursing has in-serviced all staff on policy of front door being locked, all visitors and staff to be screened prior to entry. Administrator ensure all new staff and agency staff are in-serviced on facility screening process upon starting any shift ongoing. Administrator/designee will monitor screening area daily for three weeks and then weekly thereafter to ensure someone is in the screening area and door is secure for three weekly then weekly thereafter.</p> <p>Administrator/designee will report all findings to the Interdisciplinary Team (IDT) for any needed changes going forward.</p>		

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

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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	<p>Continued From page 3</p> <p>was not signed as having been reviewed by a staff member of the facility.</p> <p>An attempt was made to cross reference the 18 names from the Health Attestation Forms from 10/24/21 with the 42 names documented on the COVID-19 Sign In/Sign Out from 10/24/21, however several signatures on the attestation forms were difficult to read. Of the 18 attestation forms, 10 of the names were not discovered on the Sign In/Sign Out log for 10/24/21, which included Family Member #1.</p> <p>A phone interview was conducted on 10/29/21 with Family Member #1. He stated on 10/24/21 at approximately 11:30 AM he arrived at the facility and when he arrived at the front door, the first of the two entrance doors was propped open. He said he went in and signed the paper (the attestation form) and he said he did not see anyone at the desk or in the front lobby and waited in the area between the first and second entrance door to the facility. He said after waiting a "couple of minutes" and then attempted to open the second entrance door, which was usually locked, and to his surprise, he said it was unlocked and he was able to enter the facility, and there was still no staff in the lobby to screen him. He said he proceeded from the lobby of the facility to his family member 's (resident 's) room, took the resident back out to the front area of the facility, and there was still no staff member at the front entrance screening visitors. He further stated while he was outside with the resident having lunch, he observed several visitors enter the facility, there was no staff member at the receptionist desk or in the lobby, and he did not see the visitors get screened. He stated when he was outside with the resident, the</p>	F 880			

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

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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	<p>Continued From page 4</p> <p>resident ' s nurse brought the resident ' s medications out to the resident while he was with her. Upon completing lunch, he wheeled the resident back into the facility, the first entrance door was still propped open, the second door was unlocked, and there still was not a staff member at the receptionist desk or in the lobby. He said he left the facility between 12:30 PM and 12:45 PM and there was not a staff member at the receptionist desk or in the front lobby to screen visitors. He stated no one at the facility screened him for COVID while he was at the facility, questioned him if he had been screened, and no one took his temperature. He further explained there were no directions at the front entrance with directions to go to the nurses ' station to get screened, or to wait at the entrance until the screening process was completed.</p> <p>An interview and observation were conducted with NA #1 and the floor tech on 11/27/21 at 11:27 AM at the location of the 100/200/300 hall nurses ' and she stated when someone would ring the doorbell from the front entrance, it was very loud, and would ring "all over." At the conclusion of the interview the Floor Tech was asked to go to the front of the facility and ring the doorbell. After a continuous observation and waiting until 11:30 AM, the floor tech returned, and the doorbell was not heard to have rung. The floor tech stated he had gone to the front entrance and pressed the button for the doorbell several times.</p> <p>An interview and observation were conducted on 10/28/21 at 11:31 AM with the Maintenance Director and he stated the doorbell which had rang at the 100/200/300 hall nurses ' station had been removed when the nurses ' station had been torn out as part of the ongoing construction.</p>	F 880			

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

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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	<p>Continued From page 5</p> <p>He said the nurses ' station was removed last week. He said it was his understanding there was supposed to be someone at the front desk until 11:00 PM to attend to people who come to the front door.</p> <p>An observation was conducted on 10/28/21 at 11:35 AM of the front entrance of the facility. There was a first door, an entryway, and then a second door. There was a button on what appeared to be an intercom system at the front entrance. No other buttons or doorbells buttons were observed. There was a sign which read, if you need assistance please call 704-636-5812. There was another sign which read, welcome visitors! Please wait to be screened by our staff before entering, which was followed with information regarding COVID. There were 2 additional signs about COVID with visual depictions of signs and symptoms of COVID. Between the first and second door with a small table and on top of the table was a clip board with a sheet for visitors, masks, pens, sanitizer, and a posting requesting visitors to keep their masks on while in the facility.</p> <p>During an interview with Nurse #1 conducted on 10/28/21 at 12:05 PM she stated she had worked on 10/24/21 and was at the facility in the morning and afternoon. She stated she had not received a phone call from anyone to come to the front entrance to be screened. She also stated she had not gone to the front to let anyone into the facility or screen anyone at the front on that day.</p> <p>A phone interview was conducted on 10/28/21 at 11:14 AM with the Nurse Scheduler. She stated when she arrived at the facility for Manager on Duty (MOD) shift on 10/24/21 at 2:00 PM the front</p>	F 880			

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

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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	<p>Continued From page 6</p> <p>door was propped open and the second door at the front entrance was not locked. She explained there usually was someone at the front entrance to screen in visitors and staff. She said the visitors and staff should have been going to the 100/200/300 Hall nurses ' station to be screened. She explained she called and notified the administrator to make him aware there was no at the front entrance and he asked that she stay at the front desk to screen visitors and staff. She stated she stayed at the front desk to screen visitors and employees.</p> <p>An interview was conducted on 10/28/21 at 1:24 PM with the Director of Nursing (DON). She stated there were two shifts to cover the front entrance and screen visitors and staff. The front door was covered for screening from 6:30 AM to 7:30 PM. She said the nursing department had been helping to cover the shifts to cover the front entrance. She said the Business Office Manager (BOM) managed and oversaw who covered the front desk, the person responsible for screening visitors and staff. She said she did not know who was assigned to cover the front desk and screen visitors and employees on 10/24/21. The DON stated there had been a doorbell at the front entrance which rang at the 100/200/300 hall nurses ' station, which was used when someone would come to the front door if there wasn ' t a staff member there. She further stated she nurses ' station had been removed and the doorbell was no longer operational. She said she was not aware of the doorbell from the front entrance not being operational until today. She explained if someone arrived at the front door and there was no one there to screen the person in, they were supposed to call the posted facility number so someone could come to the front, let</p>	F 880			

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

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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	<p>Continued From page 7</p> <p>them in, and conduct their screening. She said a remote doorbell system had been purchased that day and they were in the process of installing it to replace the doorbell which was at the nurses ' station.</p> <p>During an interview conducted on 10/28/21 at 1:38 PM with the BOM she stated she did schedule the person who was at the front entrance. She said she some staff turnover and employee who was unable to work due to health issues and it had been challenging to schedule someone to be at the front entrance. She said there was to be someone at the front entrance to screen visitors and employees from 6:30 Am to 11:15 PM. She said she had been working her job, and covering the front entrance, which had resulted in her working a lot of hours. She explained the Administrator and the DON had been assisting her in finding coverage, but there was no one scheduled for 10/24/21. She stated she was under the impression the doorbell from the front entrance to the nurses ' station still worked and she not aware it was not working since the nurses ' station was removed as part of the construction. She said she had witnessed the door having been propped open but was not aware it had been propped open on 10/24/21.</p> <p>The Administrator stated there was a staff member scheduled to be at the front door to screen visitors and staff from 6:15 AM to 11:15 PM, during an interview conducted on 10/28/21 at 1:46 PM. He stated the coverage for the person at the front door is handled by the BOM. He said he was unaware there was no one on the schedule or no one was at the front entrance to conduct screenings until the scheduler called him on 10/24/21 and he asked her to cover screening</p>	F 880			

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

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2021
NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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 visitors and employees at the front entrance as soon as he was made aware. He said he had been made aware of the front door being propped open in the past but was not aware it was propped open on 10/24/21. He further stated due to being aware of the door being propped open, he had a meeting on 10/21/21 and informed the staff of how the front door was not to be propped open. He explained the nursing staff had been made aware well ahead of the door being propped open it was their responsibility to come to the front entrance to screen visitors and employees if there was no one at the front entrance. The Administrator stated if someone came to the front door and there was no one at the front entrance the phone number for the facility is posted and a replacement doorbell has been put into place for the doorbell which was no longer in service which rang at the nurses ' station. He said he did not believe the front door should be propped open, all people who enter the facility should be screened, and a staff member was to let all visitors and staff into the facility to make sure they were screened.	F 880		