

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, staff interviews, and review of the Guideline on Mask Usage, the facility failed to place a mask on a [MEDICAL TREATMENT] resident while being transported to the lobby area for a [MEDICAL TREATMENT] appointment for 1 of 3 residents (Resident #1) reviewed for infection control. Additionally, the facility failed to implement measures specified in the All Staff Update related to mask usage when 2 of 4 dietary staff members failed to wear facemasks while they worked in the kitchen. These failures occurred during a Covid-19 pandemic. Findings included: A facility policy titled Guideline on Mask Usage, last updated April 2020 was reviewed. The policy read in part: We are recommending the use of surgical masks, if available, when a patient is going to the emergency room, to [MEDICAL TREATMENT], or is being readmitted into our facility. A facility communication titled All Staff Update, dated 4/9/2020 was reviewed. The communication read in part: Residents going out to an appointment must wear a mask. All staff must wear a mask. 1. Resident #1 readmitted to the facility on [DATE]. His [DIAGNOSES REDACTED]. Resident #1's quarterly Minimum Data Set ((MDS) dated [DATE] revealed he had moderate cognitive impairment. He required extensive assistance and received [MEDICAL TREATMENT] services. No behaviors indicated. Resident #1 had a [MEDICAL TREATMENT] plan of care reviewed on 8/26/2020 which included interventions for [MEDICAL TREATMENT] services on Monday, Wednesday and Friday. Resident #1's nursing progress notes were reviewed from 8/3/2020 through 8/26/2020 which revealed no documentation of Resident #1 refusing to wear his mask. An observation was completed on 8/26/2020 at 10:10 AM of Resident #1 being transported in his geri-chair to the lobby area by Nurse Aide (NA) #1. Resident #1 had his [MEDICAL TREATMENT] bag resting on his lap. Resident #1 had no mask in place. NA #1 was observed with face-shield, mask and gloves in place while transporting Resident #1. Continued observation and interview was completed with NA #1. She stated she was aware Resident #1 was a [MEDICAL TREATMENT] recipient and needed to be in the lobby area by 10:15 AM for transport. She verbalized she had received training on infection control and Covid-19. NA #1 communicated Resident #1 should have a mask on. She stated she was rushed and going back to his room to get his mask. NA #1 explained Resident #1 should have had a mask on prior to leaving his room. Review of NA #1's education record revealed she received training on 8/10/2020 related to mask usage and Covid-19. An interview was completed with Nurse #1 on 8/26/2020 at 10:13 AM. She explained Resident #1 should have had a mask in place. She voiced NA #1 should have placed the mask on Resident #1 prior to exiting his room and being transported to the lobby area. An observation was completed of the Receptionist on 8/26/2020 at 10:15 AM in the lobby area. She was observed placing a mask on Resident #1 while he waited for [MEDICAL TREATMENT] transport. A telephone interview was completed with the Assistant Director of Nursing (ADON), who also served as the Infection Preventionist, on 8/26/2020 at 11:01 AM. She explained all residents should have a mask in place when leaving their rooms. She communicated all staff had received education on infection control practices and Covid-19. An interview was completed with the Social Worker on 8/26/2020 at 11:40 AM. She explained Resident #1 exhibited behaviors of refusal of care but was not aware of Resident #1 refusing to wear his mask. She communicated she had not developed a plan of care for Resident #1 refusing to wear his mask. An interview was completed with the Administrator on 8/26/2020 at 12:09 AM. She explained Resident #1 had periods of refusal to wear his mask. She explained agency staff asked Resident #1 if he would wear his mask and he stated no. The Administrator verbalized staff was agreeable with Resident #1's refusal and proceeded to transport him to the lobby area. The Administrator communicated if masks were readily available Resident #1 should have had a mask in place unless he refused. An interview was completed with the Receptionist on 8/26/2020 at 12:26 pm. She stated she was familiar with Resident #1. She expressed Resident #1, on his [MEDICAL TREATMENT] days, wore a mask when he entered the lobby area and waited for his [MEDICAL TREATMENT] transport. The receptionist could not recall Resident #1 not wearing a mask. 2. An observation of the Dietary Department was completed on 8/26/2020 at 9:50 AM. The observation revealed Dietary Aide #1 not wearing a mask while she prepared to plate food for the Covid unit. Further observation of the kitchen revealed Dietary Aide #2 not wearing a mask while he washed dishes. An interview was completed on 8/26/2020 at 9:55 AM with Dietary aide #1. She revealed she had received in-service training on infection control and Covid-19 inclusive of wearing a mask at all times. Dietary aide #1 stated her mask was hanging off her ear and had just came off. She was observed with her mask now covering her nose and mouth. Review of Dietary Aide #1's education record revealed she received training on 4/09/2020 related to mask usage and Covid-19. An interview was completed on 8/26/2020 at 9:57 AM with Dietary aide #2. He was observed exiting the dietary department with his mask in place. Dietary aide #2 stated he received training on infection control and Covid-19 inclusive of wearing mask at all times. He communicated he should have had his mask on but it was hot and difficult to breath. Review of Dietary Aide #2's education record revealed he received training on 4/09/2020 related to mask usage and Covid-19. An interview was completed on 8/26/2020 at 10:00 AM with the Assistant Dietary Manager (ADM). She explained all staff had received training on infection control and Covid-19 inclusive of wearing masks. The ADM verbalized staff were aware that masks should be in place at all times. An interview was completed with the Administrator on 8/26/2020 at 12:15 PM. She communicated dietary staff should wear their masks the way they had been in-serviced. A telephone interview was completed on 8/27/2020 at 11:15 AM with the Dietary Manager (DM). He stated staff had been instructed when they needed to remove their masks and get some fresh air to go outside or to a designated employee area. He verbalized staff had been educated on infection control and Covid-19 inclusive of wearing masks. The DM communicated employees should have had their masks in place.</p>		

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

TITLE

(X6) DATE

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.