

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER THE CITADEL AT MYERS PARK, LLC		STREET ADDRESS, CITY, STATE, ZIP 300 PROVIDENCE ROAD CHARLOTTE, NC 28207	
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.</p> <p>Based on observations, staff interview, and review of an All Staff Education, the facility failed to implement measures specified in the All Staff Education related to facial protection when the Maintenance Director failed to wear a face mask while talking in the hallway, and 2 of 4 dietary staff (dietary aide #1 and dietary aide #2) failed to wear facial protection while they worked in the kitchen. These failures occurred during a Covid-19 pandemic. Findings included: A facility education titled Proper Use, Storage, and Cleaning of PPE (personal protective equipment) and Proper Donning and Doffing of PPE, dated 4/09/2020 and 9/22/2020 were reviewed. The communication read in part: Facial protection to be worn while in facility. 1. An observation was completed on 9/22/2020 at 10:30 AM of the Maintenance Director speaking with a housekeeping staff member on the 200 hallway. The Maintenance Director did not have his face mask in place. His face mask was observed in his right hand. An interview was completed with the Maintenance Director at the time of the observation. He explained he was talking in the hallway and that was the reason for not having his face mask in place. The Maintenance Director donned his face mask. He revealed he had been trained on infection control and Covid-19 inclusive of wearing a mask at all times. Review of the Maintenance Director's education record revealed he received training on 4/09/2020 related to mask usage. An interview was completed on 9/22/2020 at 12:38 PM with the Director of Nursing (DON), who also served as the Infection Preventionist. She stated face masks should be in place for all staff. When a staff person was on a break or lunch, then masks could be off in non-residential areas or while staff was outside of the building. An interview was completed on 9/22/2020 at 2:00 PM with the Administrator. He verbalized staff should have masks in place while in the facility. 2. An observation of the Dietary Department was completed on 9/22/2020 at 10:42 AM which revealed two (2) dietary staff not wearing face masks while working in the kitchen. An interview was completed with Dietary Aide #1 who stated she had received training on infection control and Covid-19 inclusive of wearing a mask at all times. She explained she had a medical condition and at times needed to get some fresh air. She verbalized when she left the kitchen her face mask was in place. Throughout the interview her mouth and nose remained uncovered. Review of Dietary Aide #1's education record revealed she received training on 4/09/2020 related to mask usage. An interview was completed on 9/22/2020 at 10:45 AM with Dietary Aide #2 who stated she had received training on infection control and Covid-19 inclusive of wearing a mask at all times. She voiced the temperature in the kitchen was very hot. She verbalized when she left the kitchen her face mask was in place. Throughout the interview her mouth and nose remained uncovered. Review of Dietary Aide #2's education record revealed she received training on 9/22/2020 related to mask usage. An interview was completed on 9/22/2020 at 10:49 AM with the Dietary Manager (DM) who revealed staff have been trained on infection control and Covid-19 inclusive of wearing a mask at all times. The DM stated one staff person had a medical condition and the air conditioning in the kitchen was just fixed on 9/21/2020. Prior to the air conditioning being fixed, the temperature in the kitchen was extremely hot. The DM communicated staff knew to wear their masks at all times. An interview was completed on 9/22/2020 at 12:38 PM with the Director of Nursing (DON). She stated face masks should be in place for all staff. When a staff person was on a break or lunch, then masks could be off in non-residential areas or while staff was out of the building. An interview was completed on 9/22/2020 at 2:00 PM with the Administrator. He verbalized staff should have masks in place while in the facility.</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.