

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 09/17/2020
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on staff interviews, review of facility records, and review of Centers for Disease Control and Prevention (CDC) recommendations, the facility failed to follow CDC recommendations to stay at home when sick when one of three sampled staff (Housekeeping Staff #1) was allowed to continue to work his shift on 8/21/20 after reporting to his supervisor that he did not feel well. This failure occurred during a COVID-19 pandemic. The findings included: CDC recommendations regarding What to do if you are sick, updated on 5/13/20, revealed recommendations to stay home and self-quarantine if you are sick or may have been exposed to someone with COVID-19. CDC recommendations listed common symptoms of COVID-19, but also cautioned that the common symptoms were not all the possible symptoms of COVID-19. Facility training dated 03/04/20 and 03/18/20 recorded in part, Stop the Spread of Germs, Stay home when you are sick, except for medical care. Housekeeping staff #1 (HS #1) attended these trainings. An interview with HS #1 was conducted on 9/16/20 at 1:40 PM. During the interview, HS #1 stated that for the prior 5 months, he worked in the facility as a housekeeper and a floor tech on all units, except the COVID 19 designated unit. He stated that on Friday, 8/21/20 he told the Assistant Environmental Services (AEVS) Manager around lunch time that I did not feel well because I forgot to take my medicine. He then stated that he also told the AEVS Manager that I was ok to keep working. HS #1 further stated that by the end of his shift on Friday, 08/21/20, around 3:00 pm, he still did not feel well, but by the time he got home, he felt worse. HS #1 also stated that he called the Environmental Services (EVS) Manager on Saturday, 08/22/20 and told her how he was feeling. He then stated that he received a call from her on Sunday, 08/23/20 advising him that his COVID 19 test was positive. HS #1 continued to say that he always screened upon entry/exit to/from work using the screening questions that were posted on the wall. He stated that his temperature stayed under 100 degrees F each day that week, and that he did not have any of the symptoms posted on the wall. He confirmed he had been trained to notify his supervisor if he became ill during work and to go home. HS #1 also provided a written/signed statement dated 9/18/20 which recorded in part that he worked on Friday, 08/21/20 and that he felt okay that morning before coming to work. His written statement also documented that his blood sugars were high on Friday, 08/21/20, a reading of 305 which he obtained when he checked his blood sugars during his lunch break. He documented that this high blood sugar reading usually resulted when he did not take his medication for a couple of days. His written statement also recorded that he worked his entire shift on Friday, 08/21/20 with no symptoms, he denied having chills and that he did not report to his supervisor on Friday that he did not feel well. The AEVS Manager was interviewed on 9/16/20 at 2:46 PM. He stated that on Friday, 08/21/20 after lunch around 12:30 PM, he noticed HS #1 had not returned to work from his lunch break, which was unusual for him. AEVS Manager stated that he went to look for HS #1, found him in the breakroom and noticed that HS #1 did not look like himself. The AEVS Manager said he asked HS #1 if he was okay and he responded that he was not feeling good. HS #1 reported to the AEVS Manager that he forgot to take his blood sugar medicine. The AEVS Manager stated he advised HS #1 to go home, but HS #1 responded that he still wanted to work. The AEVS Manager then stated, I thought he had about an hour or so to go and that he could muster it up and finish up his assignment before he left. AEVS Manager also stated that he called the EVS Manager on the phone on 08/21/20, sometime between 2:00 PM or 3:00 PM, to let her know that HS #1 did not feel well, but that he was not certain of the exact time. AEVS Manager stated that if the time was closer to 3:00 PM, HS #1 would have already left his shift. AEVS Manager reported that he found out later that HS #1's COVID 19 test result was positive. AEVS Manager stated that he did not question HS #1 further regarding how he felt or ask him if he had any COVID 19 symptoms at the time, but further stated I just trusted him when he said he forgot to take his medicine. AEVS Manager stated that it was not uncommon for HS #1 to say he did not feel well because of his blood sugars, but Now I realize I should have sent him home. The EVS Manager was interviewed on 9/16/20 at 1:00 PM. She stated that all staff were screened for signs/symptoms of illness, which included COVID 19 symptoms upon entrance/exit of the facility. The screening included temperature monitoring and questions regarding signs/symptoms of illness. If staff answered yes to any of the screening questions they were expected to return home. The EVS Manager explained that she was working on the COVID 19 unit on Friday, 08/21/20 when she received a phone call sometime after lunch from the AEVS Manager advising her that HS #1 reported to him that he did not feel well, she stated HS #1 should go home. The AEVS Manager told her that he also advised HS #1 to go home, but HS #1 responded that he was okay to work and finish his shift. The EVS Manager further stated that after she was notified that HS #1 tested positive for COVID 19, she realized that he should have been sent home when he reported that he did not feel well, rather than remaining in the facility to complete his shift. The EVS Manager also stated that staff in the housekeeping department used the employee breakroom which was shared with staff of other departments. Staff were expected to wear PPE during their breaks but that social distancing was difficult in the employee breakroom due to the small size of the room. The EVS Manager stated that HS #1 worked on all units as a housekeeper and a floor technician, except the COVID 19 unit, worked with staff who had previously tested positive for COVID 19 and that part of his job responsibilities included entering resident rooms to provide housekeeping services. During an interview with the Assistant Director of Nursing/Infection Control Preventionist (ADON/ICP) on 9/17/20 at 12:30 PM she stated that if staff become ill during their shift, the employee was expected to notify their supervisor and the supervisor should send the employee home. She stated that all the symptoms listed on the Coronavirus Guidance sign that was posted at the screening log should be recognized as possible symptoms for COVID 19 and reported. The ADON/ICP reviewed surveillance records and stated that HS #1 was tested on [DATE] for COVID 19 with positive results. The Director of Nursing was interviewed on 9/17/20 at 1:40 PM. She stated that staff were trained and expected not to come to work if they did not feel well and to go home if they became ill during work. The Medical Director (MD) was interviewed via phone on 9/17/20 at 4:25 PM. During the interview, the MD stated he was not aware of any staff identified as actively working with symptoms that could be consistent with COVID 19. He stated that he had witnessed administrative staff diligently informing staff to report to their supervisor any positive symptoms with the screening questions which were posted on signs in the facility. The MD further stated that if staff worked while they were ill or were symptomatic for COVID 19, even though the symptoms could be false positive as it related to COVID 19, it was important that staff did not report to work while they were sick. He stated staff should self-quarantine until they were tested and received their results, otherwise the employee could potentially expose residents and other staff to COVID 19. An interview with the Administrator occurred on 9/16/20 at 1:30 PM. During the interview, the Administrator stated that HS #1 received a COVID 19 test on Friday, 08/21/20 with a positive result. The Administrator also stated that she contacted the EVS Manager via phone on Sunday, 08/23/20 to inform her that HS #1 test results from 8/21/20 were positive. The Administrator stated that during the phone conversation, the EVS Manager informed her that HS #1 reported to the AEVS Manager on Friday, 08/21/20 that he did not feel well, and went to the emergency department on Saturday because he thought his blood sugars were elevated. The Administrator further stated that she reviewed the employee screening logs and found no evidence that HS #1 worked with COVID 19 symptoms. The Administrator stated that staff were expected/trained to advise their supervisor if they became sick while at work and to go home until they could be tested and receive their results.</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	(continued... from page 1)		