

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 09/21/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON		STREET ADDRESS, CITY, STATE, ZIP 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546	
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 - Immediate jeopardy Residents Affected - Some	<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 observations, staff interviews, interview with the local public health department nurse practitioner and review of the facility's COVID-19 Pandemic Guidelines, infection control policies, and The Centers for Disease Control and Prevention (CDC) COVID-19 guidelines revealed these guidelines and policies were not implemented when the facility failed to: 1. assign dedicated staff to only work on the COVID positive isolation unit 2. supply required Personal Protective Equipment (PPE) to staff working in the designated isolated and quarantine units. 3. don required PPE before providing resident care and to remove PPE before leaving the resident's room and the COVID positive isolation unit. 4. use the correct precaution signage in the facility's New Admission and Person Under Investigation (PUI) quarantine units and on the COVID positive isolation unit. 5. Four of eight dietary workers were observed on the meal serving line with facial masks not covering the nose and mouth. These failures occurred during the COVID-19 pandemic and had the likelihood to affect all residents in the facility. A total of 10 residents tested positive for the COVID-19 virus as of September 14, 2020. Immediate Jeopardy began on 09/14/20 when observations revealed the same staff were assigned to work with residents who resided on the COVID positive unit and the adjoining quarantined Person Under investigation (PUI) unit, and staff were observed not wearing required personal protective equipment (PPE). Isolation gowns were not observed on the quarantine PUI unit and the COVID positive isolation unit for staff to use for resident care and eye wear was not available for use on the COVID positive isolation unit or the PUI and New Admission quarantine units. The staff were observed not removing PPE before leaving residents' rooms on the COVID positive isolation unit and the PUI and the New Admission quarantine units and when leaving the COVID positive isolation unit to enter the PUI quarantine unit. The facility was posting Airborne/Contact Precaution signage on the New Admission and the PUI quarantine units rather than the Enhanced Droplet and Contact Precautions. Also, four of eight dietary staff were observed not wearing face masks covering the nose and mouth. The Immediate Jeopardy was removed on 9/19/20 when the facility provided and implemented an acceptable credible allegation for Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity level of an E (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring systems put into place are effective. Findings included: The facility's Personal Protective Equipment (PPE) policy dated January 2018 revealed the facility was responsible for ensuring that appropriate PPE was readily accessible, and PPE should be removed and discarded before leaving a resident's room or cubicle. The facility's Resident Placement COVID-19 Pandemic Guidelines dated effective on March 31, 2020 and revised May 26, 2020 revealed the COVID positive isolation unit was a unit for residents who had tested positive for COVID-19, and the Person Under Investigation (PUI) unit was a unit for residents with a known exposure to COVID-19 or respiratory illness or infection symptoms were evident. The PPE requirements for the health care professionals on both of these units included disposable gowns, N95 mask, goggles or face shields and shoe coverings. Furthermore, the policy listed Special Airborne/Contact Precautions as the required signage for the units and to limit staff working between units as much as possible. The policy also revealed the New Admission unit was a unit for residents after an emergency room visit, readmission to the facility and new admissions to the facility. PPE requirements for the health care professionals in the New Admission quarantine unit included a Trio: disposable sleeves, plastic apron, cloth gown sleeves (the facility stated disposable gowns were used instead of a Trio as noted in the policy), N95 mask, goggles or face shields and shoe coverings, Special Airborne/Contact Precautions was listed as the required signage for the New Admission quarantine unit also. For health care professionals in unaffected areas, the policy revealed masks were the required PPE. The Centers for Disease Control and Prevention (CDC) Responding to Coronavirus (COVID-19) in Nursing Homes Responding to COVID-19 dated April 30, 2020 stated to place signage at the entrance to the COVID-19 care unit that instructs healthcare personnel they must wear eye protection and an N95 or higher level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Centers for Disease Control and Prevention (CDC) Preparing for COVID-19 in Nursing Homes dated June 25, 2020 stated the facility was to identify a dedicated space to care for residents confirmed with COVID-19 and identify health care personnel who will be assigned to work only on the COVID-19 care unit when in use. The CDC guidance further noted residents with known or suspected COVID-19 should be cared for using all recommended PPE, which included use of N95 or higher level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and gown, and the residents with known or suspect COVID-19 did not need to be placed into an airborne infection isolation room. CDC guidance stated for managing new admissions and readmissions whose COVID-19 status is unknown, healthcare personnel should wear an N95 or higher-level respirator, eye protection (goggles or face shield that covers the front and sides of the face), gloves and gown when caring for these residents. Further CDC guidance for PPE stated healthcare personnel should wear a facemask at all times while they were in the facility and included the facility monitoring daily PPE use to identify when supplies would run low, making necessary PPE available in area where resident care was provided and staff discarding PPE prior to exiting the room or before providing care for another resident in the same room. The CDC COVID-19 Overview and Infection Prevention and Control Priorities in non-US Healthcare settings COVID-19 & IPC Overview dated August 12, 2020 stated the current World Health Organization (WHO) guidance for healthcare workers caring for suspected or confirmed COVID-19 patients recommends the use of contact and droplet precautions in addition to standard precautions (unless an generated procedure is being performed, in which airborne precautions are needed.) The Center of Disease Control and Prevention (CDC) Sequence for Putting on Personal Protective Equipment document provided by the facility revealed the mask's flexible band fitted to the nose bridge and the mask fitted snug to the face and below the chin. 1. On 9/14/20 at 1:10pm, Special Airborne/Contact isolation precaution signage was observed on the PUI unit entrance doors located on the 200 hallway. The posted signage stated a N95 mask, gloves, gown and protective eyewear were required PPE. Underneath eyewear in parentheses a statement read: goggles for aerosol generating procedures. Gowns, gloves, face shields and shoe coverings were observed outside the PUI unit to apply before entering the unit. On 9/14/20 at 1:21pm there were 6 residents on the PUI unit, and no gowns or eyewear were observed in the hallway of the PUI unit to apply before entering the resident's rooms on the PUI unit or the adjoining COVID positive isolation unit. Special Airborne/Contact Precautions signage was observed on the resident doors. Medication Aide (MA) #1 was observed on the PUI unit wearing a gown and a N95 mask, but no eyewear. On 9/14/20 at 1:23pm, MA #1 stated she and NA #1 were assigned to work both the PUI quarantine unit and the COVID positive isolation unit. She stated she wore the same gown between the PUI quarantine unit and COVID positive isolation unit. MA #1 was observed removing the gown before entering the employee's lounge on the PUI unit and washing her hands in the bathroom. A medication cart was observed in the employee lounge. On 9/14/20 at 1:25pm, MA #1 was observed exiting the employee lounge with medications in her hand. She was wearing a gown, N95 and gloves, and she entered the resident's room [ROOM NUMBER] to administer the medications wearing no protective eyewear. On 9/14/20 at 1:27pm, MA #1 was observed exiting resident's room [ROOM NUMBER] with gowns, gloves and N95 mask on. She stated while walking toward the employee lounge, I need my face shield in the COVID unit. MA#1 was observed</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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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>entering the employee lounge without removing the gown, gloves or N95 to get a face shield. MA #1 exited momentarily the employee 's lounge wearing gown, gloves, N95 mask and a face shield holding medications in her hand and entered the COVID positive isolation unit through a plastic zip wall barrier located in the hallway. On 9/14/20 at 1:29pm, MA #1 was observed exiting the COVID positive isolation unit without removing the gown before entering the PUI quarantine unit hallway and entering the employee lounge. In an interview with MA #1 on 9/14/20 at 1:29pm, MA #1 stated residents on the PUI quarantine unit were roommates of COVID positive residents or residents that were having signs or symptoms of COVID-19 that had tested negative last week. She stated the face shield was not required on the PUI quarantine unit. MA #1 stated she had received computerized education on COVID-19 and denied receiving specific instructions on using PPE between the PUI quarantine unit and the COVID positive isolation unit. On 9/14/20 at 1:30pm, an Enhanced Droplet and Contact Precaution signage was observed on the plastic zipped barrier in the 200 hallway beyond room [ROOM NUMBER] and 210 of the Person Under Investigation (PUI) quarantine unit before entering the COVID positive isolation unit. The Enhanced Droplet and Contact Precaution signage listed use of gloves, gowns, eye protection, a surgical mask and hand hygiene before entering the COVID positive resident 's room. On 9/14/20 at 1:32pm upon entering the COVID positive isolation unit, Nurse Aide (NA) #1 was observed exiting Resident #1 's room with a meal tray. NA #1 was observed wearing an isolation gown, gloves, and a N95 mask and no protective eyewear. No isolation signage was noted on the door. On 9/14/20 at 1:33pm, NA #1 was observed wearing the same isolation gown and N95 mask, removing her gloves, performing hand hygiene, applying new gloves before entering Resident #2 's room on the COVID positive isolation unit. There was no isolation signage noted on the door. NA #1 was observed at the resident 's bedside speaking with the resident and pulling the top covers up onto the resident without wearing protective eyewear. An interview was conducted on 9/14/20 at 1:36pm with NA #1. NA #1 stated gloves, mask, shoe covers, gowns, and face shields were required PPE on the COVID positive isolation unit. NA #1 stated she was passing out the meal trays and forgot to reapply the face shield. She stated unless patient care was being provided isolation gowns were not changed between residents. NA #1 explained she was assigned to work both the COVID positive isolation unit and the PUI quarantine unit. NA #1 stated she had received COVID-19 and PPE training, and PPE except for the face mask and face shields were removed before exiting the COVID positive isolation unit into the PUI quarantine unit. NA #1 stated she had used all the gowns brought into the COVID positive isolation unit that morning and obtained new gowns from the supply outside the PUI quarantine unit. On 9/14/20 at 1:45pm when the surveyor prepared to exit the COVID positive isolation unit, there were no instructions observed on the plastic zipped wall barrier, and no new isolation gowns were available on the COVID positive isolation unit to apply before re-entering the PUI quarantine unit. An interview was conducted with the Director of Nursing (DON) on 9/14/20 at 2:18pm. The DON stated the same staff were assigned to the COVID positive isolation unit and the PUI Quarantine unit. The DON stated the PPE requirement for the COVID positive isolation unit and the PUI quarantine unit was the same: gloves, gowns, N95 mask, face shields and shoe covering, and the PPE should be on the entire time on the COVID positive unit. The DON noted to prevent the spread of COVID-19 from the COVID positive unit to the PUI quarantine unit the staff were to remove PPE prior to exiting the COVID positive unit and perform hand hygiene. The DON stated PPE should not be worn into the employee lounge, and PPE supplies were to be on the unit for staff to use between resident care. The DON stated staff had completed a computerized COVID-19 training and a donning and doffing review was place at the nurse 's station and the front desk over the weekend. The DON further stated there were no issues with the availability of PPE supplies for the staff. On 9/14/20 at 3:00pm, MA #1 was observed inside the COVID positive isolation unit with no gown or face shield on. MA #1 exited the COVID positive isolation unit without donning new PPE when entering the PUI quarantine unit. On 9/14/20 at 3:30pm, the Administrator of the facility deferred the interview to the Administrator- in- training while the Administrator remained present in the interview. The Administrator-in-training stated designated staff were assigned to work both the COVID positive isolation unit and the PUI quarantine unit, and the facility had a sufficient supply of PPE for staff to provide resident care. The Administrator- in- training stated when caring for residents on the PUI quarantine unit and the COVID positive isolation unit full PPE was required before entering the resident 's room, and listed gowns, gloves, N95 mask and shoe coverings for full PPE. He stated gowns and face shields were not required in the hallways of the COVID positive isolation unit, and protective eyewear was not required for patient care except with aerosol nebulizer treatments. The Administrator-in-training further stated PPE should be changed before leaving the COVID positive isolation unit before entering the PUI quarantine unit. On 9/15/20 at 10:05am, MA #2 was observed through the fully unzipped plastic barrier wall walking throughout the COVID positive isolation unit wearing a N95 mask and not wearing a gown or face shield. MA #2 had a thermometer in her hand when she exited the COVID positive isolation unit into the PUI quarantine unit. On 9/15/20 at 10:13am, no gowns were observed on the PUI quarantine unit outside the resident 's rooms for staff to use in between resident care. In an interview on 9/15/20 at 10:25am, MA #2 stated when she was on the COVID positive unit she was signing the Isolation Room Entry log sheets on the resident 's doors and was not wearing PPE because she did not enter the resident 's rooms. She stated she had received COVID-19 training but denied receiving any educational instructions related to working between the COVID positive isolation unit and the PUI quarantine unit. MA #2 stated there was not enough PPE on the two units, and she borrowed another staff member 's face shield to work on the unit that day and had requested more gowns for the units. MA #2 stated the staff were saving gowns to use between resident care. On 9/15/20 at 2:46pm an interview with a Nurse Practitioner of the Harnett County Health Department, was conducted. She stated on 9/7/20 a resident on [MEDICAL TREATMENT] tested positive for COVID-19. The positive COVID-19 resident and the resident 's roommate were quarantine. She stated the facility conducted a facility wide COVID-19 testing on all residents and staff on 9/8/20, and seven residents and one staff member tested positive for COVID-19. She stated the Harnett County Health Department declared a new outbreak for the facility on 9/10/20. She stated the facility created the PUI quarantine unit per the facility 's former policy, and the Harnett County Health Department did not conduct on-site visits. She stated the Harnett County Health Department recommendation to facilities was to not share staff between the PUI quarantine and COVID-19 positive isolation unit. On 9/16/20 at 2:28pm, the Administrator stated the facility was working toward having separate staff for the PUI quarantine unit and the COVID-19 isolation unit and deferred the availability of staff to work the units to the Director of Nursing. On 9/16/20 at 4:16pm in an interview, the Director of Nursing stated staffing needs of the facility were met by using agency staff and staff volunteering to work extra shifts. When asked why the COVID positive unit and the PUI quarantine unit did not have separate staff, the DON stated she understood the same staff could work the COVID positive unit and the PUI quarantine unit. On 9/21/20 at 11:20am in an interview with the Director of Nursing, the DON stated a resident, who previously tested negative on 9/8/20 on the PUI quarantine unit, tested positive for COVID-19 on 9/16/20. 2. On 9/14/20 at 9:55am, the Administrator-in-training stated the required PPE throughout the facility was a N95 mask and the New Admission and PUI quarantine units and the COVID positive isolation units required specific PPE per the Airborne/Contact Isolation precautions. On 9/14/20 at 10:45am, an Airborne/Contact Isolation precautions signage was observed on some of the doors on the New Admission unit located on the 700-600 hallway. The Airborne/Contact Isolation precautions signage listed gowns, gloves, N95 mask and eyewear as required PPE before entering the room. Gowns, gloves and shoe covers were observed in over-the-door PPE [MEDICATION NAME] but not protective eyewear. Staff were observed on the hallway without protective eyewear to use for resident care. An interview with Nurse #1 was conducted on 9/14/20 at 10:48am. Nurse #1 stated she gathered the required PPE: gown, gloves, and shoe covers to enter a resident 's room on Airborne/Contact Isolation from an over-the-door PPE [MEDICATION NAME]. When Nurse #1 was asked where she obtained protective eyewear as noted required on the Airborne/Contract Isolation precaution signage, Nurse #1 stated she was not aware that eyewear was required, or protective eyewear was available to the staff. In an interview with the Director of Nursing (DON) on 9/14/20 at 2:18pm, the DON stated new admissions or re-admissions were on the New Admissions unit and were quarantined for 14 days. She stated gowns, gloves and N95 mask were required before entering the resident 's rooms but eye wear was not required on the New Admission unit. On 9/15/20 at 9:02am, NA #2 was observed exiting a resident 's room with an Airborne/Contact isolation precautions signage posted on the door wearing the isolation gown in the hallway. NA #2 was observed placing the resident 's meal tray on the meal cart and re-entering the resident 's room, removing the PPE and sanitizing her hands. Nurse #2 stated during an interview on 9/15/20 at 9:06am that protective eyewear was necessary for residents per the Airborne/Contact Isolation precautions signage that were receiving aerosol nebulizer treatments. On 9/15/20 at 9:18am, NA #2 was observed on the New Admission unit wearing a N95 mask and only applying a gown in the hallway before entering a resident 's room with Airborne/Contact Isolation precautions signage on the door. NA #2 was observed removing the meal tray from the resident 's room wearing no gloves or eyewear as indicated on the Airborne/Contact Isolation signage posted on the door. The NA #2 placed the meal tray on the meal cart located in the hallway. NA #2 was observed removing the isolation gown outside the resident 's room in the New Admission unit hallway</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 2)</p> <p>and walking down the hallway with the isolation gown in her hand to discard in the soiled utility room. In an interview on 9/15/20 at 9:23am, NA #2 stated residents on the New Admission unit were on isolation for 14 days, and gown, gloves, mask, shoe covers, and eyewear were required before entering the resident 's rooms. NA #2 stated she did not have any eyewear. NA #2 stated she had received COVID training, and PPE was to be removed inside the resident 's room prior to leaving the room. NA #2 stated she did not put on gloves before entering the resident 's room because the resident was not in the room and removing the gown outside the resident 's room was a habit. On 9/15/20 at 10:27am, NA #1 was observed entering a resident 's room on the PUI quarantine unit with a pack of adult briefs in her hand wearing a face shield, gown, gloves, shoe coverings and N95 mask. On 9/15/20 at 10:35am, NA #1 was observed exiting the resident 's room on the PUI quarantine unit into the hallway wearing the isolation gown, face shield, shoe coverings and N95 mask. NA #1 removed the isolation gown in the PUI quarantine unit hallway and discarded the gown in the big trash bin. In an interview with NA#1 at 10:35am on 9/15/20, NA #1 stated PPE was to be applied before entering the resident 's room and removed and discarded into the trash before leaving the room. NA #1 stated having the big trash bin in the hallway caused her to exit the resident 's room to remove the gown in the hallway. NA #1 stated she had received PPE donning and doffing education and noted there were no gowns on the PUI quarantine unit. On 9/15/20 at 10:42am, an interview was conducted with Central Supply Coordinator. The Central Supply Coordinator stated she stocked the PPE [MEDICATION NAME] outside the PUI quarantine unit with gowns, shoe coverings, and face shields. She denied stocking gowns inside the COVID positive isolation unit or the PUI quarantine unit. She stated staff were to change gowns and gloves between resident care, and the facility 's supply of isolation gowns, gloves, N95 mask and protective eyewear were plentiful. She stated she had over 200 protective eyewear between goggles and face shields, and protective eyewear had not been issued to the staff. She stated the staff of the COVID positive isolation unit and the PUI quarantine unit needed to notify her, the unit manager or the supervisor on weekends when PPE was not available on the units. . On 9/15/20 at 10:42pm during an interview with the Director of Nursing (DON), she stated PPE should be on the COVID positive isolation unit and the PUI quarantine unit for staff to change between resident care, and PPE was removed before exiting the resident 's room. The DON denied any shortage of PPE in the facility and stated she would contact the Central Supply Coordinator about protective eyewear availability for the staff.</p> <p>3. On 9/14/20 at 10:45am, Airborne/Contact Isolation precautions signage was observed on the resident 's doors on the New Admission quarantine unit rather than Droplet and Contact precautions as recommended by the CDC. The admissions were dispersed throughout the 700 and 600 hallways. On 9/14/20 at 1:10pm, Airborne/Contact Isolation precautions signage was observed on the entrance of the PUI quarantine unit and on the resident 's doors instead of the Droplet and Contact precautions recommended by the CDC. On 9/14/20 at 1:30pm, the entrance of the COVID positive isolation unit was observed with an Enhanced Droplet and Contact Precautions signage, and the Enhanced Droplet and Contact Precautions signage listed a surgical mask as the mask required on the COVID positive isolation unit. On 9/14/20 at 1:45pm when the surveyor prepared to exit the COVID positive isolation unit, there was no precaution signage identifying the PUI quarantine unit on the other side of the barrier or signage to stop and remove PPE observed on the plastic zipped wall barrier before re- entering the PUI quarantine unit. On 9/16/20 at 2:28pm, the Administrator stated in an interview she was unsure why the Enhanced Droplet and Contact isolation precaution signage was posted on the entrance of the COVID positive or why there was no signage posted on the plastic zipped barrier wall exiting from the COVID positive isolation unit to the PUI quarantine unit. The Administrator stated all of the designated units, which included the COVID positive isolation unit, required Airborne and Contact isolation based on the facility 's policy. She further stated the plastic zipped barrier wall reminded staff of the PPE requirements when exiting the COVID positive isolation unit into the PUI quarantine unit. 4. On 9/14/20 at 12:22pm, four dietary aides of the eight dietary staff in the kitchen area were observed not wearing a face mask covering the nose and mouth. The four dietary aides were observed working on the serving line with the face mask positioned under the dietary aide 's chin. Three of the four dietary aides immediately reapplied the face mask to cover the nose and mouth. A continuous observation was conducted on 9/14/20 from 12:22pm to 12:28pm. Dietary Aide #4 was serving food items from the serving line onto resident 's plates with the face mask positioned under the chin and not covering the nose and mouth. On 9/14/20 at 12:28pm, the dietary manager was informed of the four dietary aides not wearing the face mask to cover the nose and mouth upon entering the kitchen area. The Dietary Manager instructed Dietary Aide #4 to cover the nose and mouth with the face mask, and Dietary Aide #4 reapplied the face mask to cover the nose and mouth as instructed. In an interview with the dietary manager on 9/14/20 at 12:28pm, she stated the dietary staff had received PPE training on wearing mask and mask were to be worn covering the nose and mouth at all times. The Dietary Manager further stated staff were allowed to take breaks outside where masks could be removed for fresh air. On 9/14/20 at 12:29pm, an interview was conducted with dietary aide #1. She stated the mask was to be worn at all times and had received PPE training. She stated the mask was pulled under the chin to fix it. An interview with dietary aide #2 was conducted on 9/14/20 at 12:31pm. She stated she was to keep the mask on, and the mask was to cover the nose and mouth. She stated she had received PPE training for handwashing and wearing a mask. She stated she had asthma, [MEDICAL CONDITION] and [MEDICAL CONDITION], and she couldn 't breathe with the mask on. Dietary aide #3 stated in an interview on 9/14/20 at 12:33pm that she had received training on wearing a mask, and the mask was to be worn all day covering the nose and mouth. She stated she was not wearing her mask because she had [MEDICAL CONDITION] and hot flashes, and the mask caused her glasses to fog up. In an interview with dietary aide #4 on 9/14/20 at 12:36pm, she stated the mask was under her chin because it was hot. She stated she had received training for wearing a mask, and the mask was to be worn all day covering the nose and the mouth. An interview was conducted with Director of Nursing (DON) on 9/14/20 at 2:18pm. The DON stated everyone in the facility was to wear a mask at all times, and the dietary staff should have received training. On 9/17/20 at 5:05pm, the administrator and the administrator-in-training were notified of the immediate jeopardy by phone. On 9/18/20 at 6:39pm the facility submitted a credible allegation for removal of immediate jeopardy. The facility 's credible allegation of immediate jeopardy removal for F-880 INFECTION PREVENTION AND CONTROL included the following: 1) Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance All residents are at risk of COVID 19 when infection control breaches occur. Alert and oriented residents will continue to be re-directed in importance of wearing mask while out of their room. Confused residents will be re-directed by staff. Staff will reapply/reposition masks as required to ensure residents are wearing mask while out of their rooms. 2) Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete A 100 % audit was completed on 9/15/2020 by Director of Nursing, Regional Clinical Consultant and Senior Corporate Clinical Consultant on the COVID Unit, PUI area, and the New admission area to ensure all rooms have correct signs posted. Precautions signs have been updated to reflect use of Enhanced Droplet/Contact precautions in all of these areas which would include gown, gloves, surgical mask (N-95 or KN-95 (if optimizing supply) and eye protection. Effective 9/18/2020, the facility policy was updated to reflect the use of Enhanced Droplet/Contact Precautions in the COVID Unit, PUI area, and the New Admission. On 9/15/2020, the facility Director of Nursing and Administrator were educated on COVID-19 Pandemic Guidelines by the Regional Clinical Consultant and Senior Corporate Clinical Consultant. This education included specific criteria/ proper function, PPE requirements and precaution signage of the COVID isolation unit and quarantined units (PUI unit and Admission unit). The following policy and procedures were also reviewed: Resident Placement, Infection Control, Handwashing, PPE, and Isolation practice inside isolation and quarantined units. Additionally, emphasis was placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building. Lastly, education was provided to ensure dedicated staff on the COVID Unit with no cross-over to other quarantined areas and ensuring residents are wearing a mask while out of their room with re-direction and re-application, as necessary. On 9/15/2020, on All PPE stations were audited on all units to ensure equipment was available by Central Supply Clerk. On 9/18/2020, facility change staffing protocol to ensure dedicated staff on the COVID Unit. The facility staffing scheduler was educated by the Director of Nursing on expectation for dedicated staff on the COVID unit. On 9/15/2020, 100% of staff in facility were provided education by the Director of Nursing. This education included specific criteria/ proper function, PPE requirements and precaution signage of each isolation unit and/or quarantined areas and use of dedicated staff on the COVID unit with no cross-over to other quarantined areas. The following policy and procedures were also reviewed: Resident Placement, Infection Control, precaution signage, handwashing, PPE, and isolation practice inside quarantined areas and isolation units. Additionally, emphasis was placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building and ensuring residents are wearing masks while out of their room with re-direction and re-application, as necessary. Lastly, all nursing staff in facility were educated on process to notify Central Supply/ DON when PPE needs restocking by Director of Nursing. Central Supply or Manager on Duty will check PPE availability at least daily. On</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 3)</p> <p>9/15/2020, 100% of Staff in facility completed the Hand Hygiene Competency with the Director of Nursing. On 9/15/2020, 100% of Staff in facility completed the PPE Competency with the Director of Nursing. Effective 9/17/2020, no staff will be allowed to work until education/competency is completed. Until a Staff Development Coordinator (SDC) is hired for the facility, the Director of Nursing (DON) will provide COVID-19 education updates to facility staff to ensure facility staff are abreast of any new guidance related to controlling the spread of COVID-19 and ensure all new hire staff (including agency staff) receives training on infection control and prevention prior to resident contact. This education will include specific criteria/ proper function, PPE requirements and precaution signage of each isolation unit and/or quarantined areas and use of dedicated staff on the COVID unit with no cross-over to other quarantined areas. The following policy and procedures will be reviewed: Resident Placement, Infection Control, precaution signage, handwashing, PPE, and isolation practice inside quarantined areas and isolation units. Additionally, emphasis will be placed on ensuring proper wear of PPE (mask covering nose and mouth) at all times while in the building and ensuring residents are wearing masks while out of their room with re-direction and re-application, as necessary. Effect</p>		