

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 07/06/2020
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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interviews, record review and the facility policy, the facility failed to maintain infection control practice by failing to screen two of two surveyors when they entered the facility. This failure occurred during a COVID-19 pandemic. Findings included: The Centers for Disease Control (CDC) guidelines were supplied by the facility as the policy being used. The policy addressed screening for fever and symptoms of COVID-19. Included was the Employee and Visitor Screening Log. On 6/30/2020 at 10:30 AM, two surveyors entered the facility wearing masks. The receptionist at the front desk had a clipboard in front of her and a hand-held thermometer was also on the desk. The surveyors announced they were from the State of North Carolina and asked to see the Administrator. At that time the Administrator came into the lobby wearing a mask and told the surveyors to follow him to the conference room. The three of them proceeded to the conference room. At 10:45 AM on 6/30/2020, the receptionist was interviewed and stated she followed the procedure for screening staff or visitors who were allowed in the facility. The receptionist indicated the front door was the only door anyone could enter. The receptionist stated she took the person's temperature and the person being screened filled out the form on the clipboard with the screening questions and signed the form. When asked why the two surveyors were not screened, the receptionist said the Administrator arrived and took the surveyors into the conference room before she could screen them. On 6/30/2020 at 11:00 AM, the Administrator was asked why the surveyors were not screened. The Administrator stated he did not know the surveyors had not been screened. At 11:01 AM, the two surveyors were screened. The Director of Nursing, who was the Infection Control Preventionist, was not available for interview. On 6/30/2020 at 1:00 PM, the Administrator stated he reviewed the screening sheets daily, and felt that the omission of screening the surveyors was a misunderstanding.		
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.