

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>07/03/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY MEMORIAL HOSPITAL HUNDLEY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 BUENA VISTA CIRCLE</b> <b>SOUTH HILL, VA 23970</b>		
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{E 000}	Initial Comments	{E 000}			
{F 000}	INITIAL COMMENTS	{F 000}			
	<p>An unannounced Medicare/Medicaid revisit to the standard survey conducted 5/8/18 through 5/10/18 was conducted 7/2/18 through 7/3/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B.</p> <p>The census in this 140 certified bed facility was 92 at the time of the survey. The survey sample consisted of fifteen current resident reviews (Residents 101 through 115).</p>		<p><b>This Plan of Correction for the item cited during the Medicare and Medicaid state survey conducted on 7/2 and 7/3/2018 is respectfully submitted as evidence of compliance. The submission is not an admission that the deficiency existed or that we are in agreement with them. It is an affirmation that corrections to the area cited have been made and that the facility is in compliance.</b></p>		
F 880 SS=D	<p>Infection Prevention &amp; Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals</p>	F 880			

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 880	<p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880	<p><b>F 880</b></p> <p><b>Corrective Measure for Residents Affected</b></p> <p>Resident # 113's physician was contacted on 7/3/18 to notify of contact precautions. Resident #113's physician gave a verbal/telephone order for contact isolation precaution at that time.</p> <p><b>Identification of Other Residents with Potential To Be Affected</b></p> <p>The DON and the Infection Control Nurse conducted observation rounds of the entire facility to identify any residents on transmission based precautions. Each identified resident had their physician's orders reviewed to ensure appropriate physician's order was in place for the transmission based precaution.</p>		

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F 880	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to follow infection control policies regarding contact precautions for one of 15 residents in the survey sample. Resident #113 was placed on contact precautions for over a week without a physician's order or notification to the physician of the precautions.</p> <p>The findings include:</p> <p>Resident #113 was admitted to the facility on 6/23/18 with diagnoses that included bacteremia, chronic kidney disease, MRSA (methicillin-resistant staphylococcus aureus) and deconditioning. An admission nursing assessment dated 6/23/18 assessed Resident #113 as alert and able to make his needs known.</p> <p>On 7/2/18 at 3:25 p.m., Resident #113 was in bed in his room. A sign was posted on the resident's door to "STOP" before entering room. Isolation supplies (gowns, gloves, masks) were positioned on the door to the room under the "STOP" sign.</p> <p>Resident #113's clinical record documented a history and physical from the physician dated 6/23/18 stating the resident was admitted to the facility following hospitalization with positive MRSA blood cultures. This physician's note</p>	F 880	<p><b>Measures to Prevent Recurrence</b></p> <p>The DON, Infection Control Nurse and the SDC, educated the license nurses to notify the attending physician and obtain a physician's order for transmission based precautions as needed. The DON or designee will educate the attending physicians on the center's "Transmission Based Precautions" policy. The education will include when Transmission Based Precautions are indicated and that a physician's</p> <p><b>Monitoring:</b></p> <p>During the daily clinical meeting (Mon-Fri) x8 weeks the Care Coordinators will report on any resident on isolation precautions. The Director of Nursing or designee will audit the medical records review to validate physician's order for transmission Based Precautions. The results of the audits will be presented by the DON to the QAPI committee. The QAPI Committee will review the audits monthly for three months and make recommendations as needed to assure compliance is sustained ongoing.</p> <p><b>Correction Date: 7/8/2018</b></p>		

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F 880	<p>Continued From page 3</p> <p>stated the resident was treated with intravenous antibiotics in the hospital and was admitted to the nursing facility for skilled care and additional intravenous antibiotic therapy. This note documented, "MRSA, Blood - No isolation required..." Resident #113's active physician orders dated 6/23/18 documented, "...Isolation Status: None, No isolation..."</p> <p>On 7/3/18 at 8:05 a.m., the licensed practical nurse (LPN #1) caring for Resident #113 was interviewed about the resident's infection precautions. LPN #1 stated the resident was on contact precautions due to MRSA in his blood. LPN #1 stated the resident received antibiotics through a PICC (peripherally inserted central catheter) for the infection. LPN #1 stated she put on a gown and gloves when providing care for Resident #113 due to the contact precautions. When asked about a physician's order for the precautions, LPN #1 reviewed the clinical record and stated she did not see a physician's order for contact precautions. LPN #1 stated there was documentation of "no isolation" but she was not sure why that was in the record.</p> <p>On 7/3/18 at 8:25 a.m., the registered nurse unit manager (RN #1) was interviewed about the contact precautions for Resident #113. RN #1 stated the resident was on precautions at the hospital for MRSA. RN #1 reviewed Resident #113's physician orders and stated she did not see an active order for contact precautions. RN #1 stated a physician's order was not required for contact precautions. On 7/3/18 at 9:00 a.m., RN #1 stated the resident was placed on precautions "per protocol" from recommendations of the infection control manager and again stated the precautions did not require a physician's order.</p>	F 880			

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	<p>On 7/3/18 at 8:35 a.m., the director of nursing (DON) was interviewed about the contact precautions in place with Resident #113. The DON stated infection control precautions required a physician's order. On 7/3/18 at 9:20 a.m., the DON presented a copy of the physician's history and physical note dated 6/23/18 stating no isolation was required for Resident #113. The DON stated the resident was not supposed to be on precautions when admitted to the facility.</p> <p>The facility's infection control policy titled Isolation - Transmission Based Precautions (revised 11/17) documented, "...The attending physician is expected to promptly order appropriate precautions. If the primary physician is unavailable, a consulting physician, charge nurse, or Infection Control professional may institute appropriate precautions. The primary physician must be notified of such measures at the earliest opportunity...A physician's order is required for precautions..."</p> <p>These findings were reviewed with the administrator and director of nursing on 7/3/18 at 11:00 a.m.</p>				

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