



March 29, 2018

Office of Licensure and Certification
Division of Long Term Care
Attn: Wietske G. Weigel-Delano
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1485

Re: Plan of Correction – Annual Licensing Survey, Second Re-visit

Ms. Weigel-Delano:

Enclosed please find a Plan of Correction pursuant to the third, survey re-visit your office conducted at Woodmont Center on March 20, 2018. This Plan of Correction does not constitute admissions by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies, and is prepared and executed solely because it is required by the provisions of Federal and State law.

I am requesting that you consider this Plan of Correction as this facility's allegation of substantial compliance effective March 23, 2018.

If you have any questions, please do not hesitate to contact me at 540/371-9414, Ext 4122, or by e-mail: james.harris@genesishcc.com

Sincerely,

A handwritten signature in black ink, appearing to read 'James M. Harris', written over a horizontal line.

James M. Harris, MA, LNHA
Center Executive Director

Enclosure

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

PRINTED: 03/29/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/20/2018
NAME OF PROVIDER OR SUPPLIER WOODMONT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 11 DAIRY LANE FREDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{E 000}	Initial Comments	{E 000}		
{F 000}	INITIAL COMMENTS	{F 000}		
	<p>An unannounced Medicare/Medicaid third revisit to the second revisit which was conducted on 2/28/18 through 3/1/18 was conducted on 3/20/18, to the standard survey conducted on 12/8/17. 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 118 certified bed facility was 79 at the time of the survey. The survey sample consisted of 11 current resident reviews (Residents #301 through #311).</p>			
{F 812} SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and	{F 812}	<ol style="list-style-type: none"> No residents were affected. Re-education was completed on 3/20 for the staff members involved. Formal counseling was also completed on 3/20 for OSM#3 who had received infection-control education on two previous occasions. All residents have the potential to be affected. Nurse Practice Educator, in collaboration with the Registered Dietitian and Regional Dietary Manager educated the dietary 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **3-29-18**

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 812}	Continued From page 1 serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and facility document review, it was determined the facility staff failed to serve food in a sanitary manner during the 3/20/18 lunch service in the main dining room. 1. The facility staff failed to use tongs to serve the resident's pizza instead facility staff used their gloved hands. 2. The facility staff failed to wear gloves when serving the resident's meal. The findings include: 1. An observation was made on 3/20/18 at 12:30 p.m. of the lunch service in the main dining room. OSM (other staff member) #3, a cook, washed her hands then wiped her hands across her mouth and then put on a pair of gloves without re-washing her hands. OSM #3 then put a muffin and a pizza onto a resident's plate. OSM #3 then pulled two menus across the counter and placed her hand on the counter. OSM #3 then continued to serve the muffins and pizza to the residents. OSM #3 was accompanied into the kitchen. OSM #3 removed the gloves and washed her hands. OSM #3 got a plastic container from a wire rack and returned to the work area. OSM #3 put on a pair of gloves, poured some tomato sauce into the container. OSM #3 removed her gloves and got a green plastic cover for the plastic container. OSM #3 held the lid between her fingers with her fingers touching the inside of the lid. OSM #3 did not wash her hands after removing her gloves.	{F 812}	staff on 3/20 and 3/21 that included a set-up tray line with return demonstration, on the appropriate process for plating food to ensure appropriate infection- control practices are consistently followed. Nurse Practice Educator also re-educated all Therapy staff on 3/21 on infection-control practices, as well as Nursing staff by 3/23. PRN staff will not be allowed to work until completing this education. 4. Center Executive Director/designee and Center Nurse Executive/designee will monitor meal service throughout the facility 7 days/week for four weeks, to ensure compliance with infection-control practices during delivery of resident meals. Any deviations from the practice will prompt immediate corrective action, up to and including disciplinary action as warranted. Results of this monitoring will be brought before the QAPI weekly for four weeks, then monthly. Facility has engaged Health Quality Innovators (regional QIO program) for assistance with QAPI plans/development.	3/23/18

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An interview was conducted on 3/20/18 at 1:15 p.m. with ASM (administrative staff member) #1, the executive director and OSM #2, the executive chef. When asked when staff were to wash their hands, OSM #2 stated, "Between each task." When asked what staff were to do after they removed their gloves, OSM #2 stated, "Wash their hands." ASM #1 and OSM #2 were made aware of the findings at that time.

An interview was conducted on 3/20/18 at 2:20 p.m. with OSM #3. When asked what staff were to do when they take off gloves, OSM #3 stated, "Wash my hands." When asked when staff were to wash their hands, OSM #3 stated, "I wash my hands with each task." The lunch and kitchen observations were shared with OSM #3. OSM #3 stated, "I should have changed my gloves and washed my hands. I should have used the tongs to pick up the pizza." When asked what staff did after they touched their face, OSM #3 stated, "Wash my hands." When asked why staff washed their hands, OSM #3 stated, "Because of germs, bacteria."

Review of the facility's policy titled "Food and Nutrition Services Policies and Procedures" documented, "9. Disposable gloves are single use items and are changed between tasks."

No further information was provided prior to exit.
2. The facility staff failed to wear gloves when serving the resident's meal.

On 03/20/18 at approximately 12:30 p.m., the following observations of the dining room were conducted during the lunch meal:

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On 03/20/18 at approximately 12:40 p.m., a staff member [OSM (other staff member) # 1] was observed removing a round scoop dish (1) with her bare hands from the warming palate. As the staff member lifted the round scoop dish her right thumb was observed to roll over the side of the dish and onto the inside edge of the scoop dish as she placed it in front of the resident. Further observations revealed the staff member removing the plastic wrap covering a dessert plate that contained a cake-like dessert. As the staff member removed the plastic wrap, her left thumb rolled over the edge of the plate and onto the face of the plate as she placed it front of the resident.

On 03/20/18 at approximately 12:50 p.m., a staff member [CNA (certified nursing assistant) # 1] was observed placing her left thumb on the face of a dessert plate as she removed the plastic covering the dessert. The plate was then placed in front of the resident.

On 03/20/18 at approximately 1:30 p.m., an interview with OSM (other staff member) # 1, certified occupational therapy assistant. When asked if she removed a round scoop dish from the warming palate and unwrapped a dessert for a resident, OSM # 1 stated, "Yes." When informed of the observation by this surveyor in the dining room during lunch, OSM # 1 stated she was not aware she had touched the surfaces of the plate and scoop dish when setting the resident up for her meal. OSM # 1 stated, "If I had to do it again I would wear gloves."

On 03/20/18 at approximately 1:50 p.m., an interview was conducted with CNA (certified nursing assistant) # 1. When asked if bare hands should come into contact with the surface of a

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plate containing a resident's food, CNA # 1 stated, "No." When asked if she assisted a resident in the dining room during lunch by unwrapping the resident's dessert, CNA # 1 stated, "Yes." When informed of the observation by this surveyor in the dining room during lunch of her placing her thumb on the surface of the dessert plate, CNA # 1 stated she was not aware she touched the surface of the plate. CNA # 1 stated, "A better approach would be to wear gloves."

On 03/20/18 at approximately 2:15 a.m., an interview was conducted with OSM # 2, regional executive chef. When asked about staff handling the resident's food or dinnerware OSM # 2 stated, "They should not touch the surface of a plate or dish with bare hands."

On 03/20/18 at 2:15 p.m. ASM (administrative staff member) # 1, the administrator, was made aware of the above concerns.

No further information was provided prior to exit.

References:

(1) The low front and high back are ideal for persons with limited motor coordination or the use of only one hand. Assistive plates, plate guards, scoop bowls, and divided plates help solve eating problems for those who are handicapped or disabled. These devices allow people to perform eating tasks more independently and improve quality of life. This information was obtained from the website:
https://www.rehabmart.com/category/plates,_bowls_and_accessories.htm.