

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

PRINTED: 03/11/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GALLOWAY PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6831 WAY LUCY CORR DRIVE CHESTERFIELD, VA 23832</b>
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 2/26/19 through 2/28/19. The facility was in compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	E 000		
W 000	INITIAL COMMENTS  An unannounced annual 55 Fundamental Medicaid Certification survey was conducted 2/26/19 through 2/28/19. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	W 000		
W 341	NURSING SERVICES CFR(s): 483.460(c)(5)(ii)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.  This STANDARD is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed, for 1 Individual (Individual	W 341	1. Resident #3 was affected by the deficient practice. The nurse supervisor will ensure that all nursing staff are retrained on proper hand hygiene for administering medication to resident #3.	4/10/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Walter J. Mills* TITLE: *Facility Administrator* (X6) DATE: *3/20/19*

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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**W 341** Continued From page 1  
#3) in the survey sample of 4 residents, to administer medications in a manner to prevent the spread of infection.

For Individual #3, the facility staff failed to adequately perform handwashing during the observation of medication administration.

The Findings included:

Individual #3 was a 69 year old who was admitted to the facility on 2/23/15. Individual #3's diagnoses included Moderate Intellectual Development Disability, Dementia, Asthma, and Osteopenia.

On 2/26/19 at 4:15 P.M., an observation was conducted of Individual #3's medication administration. Licensed Practical Nurse A (LPN A) was observed washing her hands just prior to pouring and administering the following medications: Omeprazole 20 MG 1x daily, and Keppra 50 MG 2 x daily.

LPN A wet, then washed her hands with liquid soap for 10 seconds, then rinsed off the soap. After administering the medications, LPN A wet her hands, then washed them with soap for 8 seconds, then rinsed off the soap.

LPN A was asked to describe the procedure she was supposed to use for handwashing. She stated, "I should have used the birthday song. I just counted too fast in my head. I should have washed my hands for 30 seconds." When asked about the importance of appropriate handwashing, LPN A stated that it was important not to spread germs to the individuals.

**W 341.2.** There are 11 other residents that could be affected by this deficient practice due them also receiving assistance with medication administration. The nurse supervisor will ensure nurses are retrained to in proper hand hygiene.

3. All facility staff will be retrained on the infection control policy and proper hand hygiene to ensure compliance with policy.
4. Facility staff will be observed by supervisory staff to ensure good hand hygiene at least monthly during supervision and documented in supervision notes. Additionally, the nursing supervisor will perform quarterly medication administration observations to ensure proper hand hygiene is carried out and document on designated form.
5. 4/10/19

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W 454	<p>Continued From page 3</p> <p>The Findings included:</p> <p>Individual #2 was a 35 year old who was admitted to the facility on 3/30/15. Individual #2's diagnoses included Severe Intellectual Development Disability, and Epilepsy.</p> <p>On 2/27/19, an observation was conducted of Individual #2 at his day program. Individual #2's lunch was packed in a foil-lined zippered food container. The container was heavily soiled inside with a dark red dried substance. The staff stated that his container had been "sent in like that for a few days". They stated that the staff at his home were responsible for cleaning the food service equipment. The Day Support Supervisor (Employee H) was interviewed. She stated that her staff "probably should have washed it to keep away the germs." The pureed lunch, which was inside the container, an antique white color, consistent with the menu which was chicken and dumplings.</p> <p>On 2/27/19, a review was conducted of Individual #2's clinical record. His signed physician's diet order read: "pureed diet".</p> <p>On 2/27/19, a review was conducted of facility documentation, revealing the menu. According to the menu, the last time a dark red food was served for lunch was chili, which was served on 2/25/19. The facility Supervisor (Employee A) confirmed that the chili was pureed and sent to the day program on Monday, 2/25/19, and that it had been left over from dinner on Sunday, 2/24/19. Employee A stated that either the facility staff or the day program staff should have</p>	W 454	<p>inspected, cleaned and disinfected all remaining lunch boxes.</p> <p>3. All direct care staff and cooks will be retrained on the infection control plan and the importance of proper food handling and sanitation guidelines. The infection control plan and proper food handling guidelines will be reviewed with staff upon hire and annually thereafter.</p> <p>4. Supervisory staff will monitor meal preparation, packaging of lunches, and sanitation practices to ensure compliance at least quarterly of cooks and document in supervision notes.</p> <p>5. 4/10/19</p>		

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W 341	Continued From page 2  On 2/26/19 a review was conducted of Individual #3's clinical record, revealing a signed physician order that read: "Omeprazole 20 MG 1x daily. Kepra 50 MG 2 x daily."  On 2/26/19, a review was conducted of facility documentation, revealing a handwashing policy dated September, 2018. It read, "Hand washing is the primary infection control measure that is protective of both staff and residents. Proper handwashing includes applying bacteriostatic soap; rubbing hands together, using gentle friction for about 15 seconds, making sure to wash the back of the hands and in between the fingers."  On 2/28/19 the facility Services Supervisor (Employee A) was notified of the findings. No further information was received.	W 341		
W 454	<b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to ensure that food was prepared and served in a sanitary manner.  For Individual #2, the facility staff failed to ensure that the food service equipment was free of dried on food stains for three consecutive lunches from Monday, February 25 thru Wednesday, February 27.	W 454	1. Individual #2 had their lunch box cleaned by the day program staff during the review. The lunch box was cleaned again at Galloway upon returning home. 2. There are 8 other individuals who have packed lunches during the week. Galloway staff have	4/10/19

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W 454	Continued From page 4 ensured that the food service equipment was sanitized. When asked about the importance of washing the items, Employee A stated that it was important to control the spread of bacteria.  The facility documentation included a Food Preparation policy, dated September, 2018. It read: "While preparing or serving meals to residents, staff, and or guests need to be continually alert to the potential of food contamination including spoilage. The possibility of bacterial infection with heightened medical problems is increasing with the emergence of more virulent strains of several types of bacteria."  On 2/27/19 Employee A was informed of the findings. No further information was received.	W 454			