

August 8, 2019

Nicole Keeney, LTC Supervisor
Division of Long Term Care
Department of Health
Commonwealth of Virginia
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233

Dear Ms. Keeney,

Enclosed please find the Plan of Correction for the unannounced abbreviated standard complaint survey conducted at Greenspring Village on July 24, 2019. Greenspring Village is creating the Plan of Correction for the purpose of regulatory compliance, and is submitting this Plan of Correction to comply with applicable law and not as an admission or statement of agreement with respect to the alleged deficiencies.

As indicated on the 2567, the completion date for the Plan of Correction is August 28, 2019.

Please contact me with any questions at 703-923-4605.

Sincerely,



Donna L. Epps
Administrator

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

PRINTED: 07/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2019
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NAME OF PROVIDER OR SUPPLIER GREENSPRING VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7470 SPRING VILLAGE DR SPRINGFIELD, VA 22150
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted on 07/24/2019. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey. The census in this 136 certified bed facility was 82 at the time of the survey. The survey sample consisted of six (6) open record reviews, Resident #1 through Resident #5 and Resident #8, and two (2) closed record reviews, Resident #6 and Resident #7.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, facility staff failed to follow physician orders for isolation precautions for one (1) of eight (8) residents in the survey sample, Resident #2. Findings included:	F 684	<ol style="list-style-type: none"> 1. Resident #2 was returned to isolation precautions on 7/24/19 per physician orders. 2. An audit was conducted of residents with physician orders for isolation precautions to validate compliance. No additional issues were identified. 3. Licensed nurses will be re-educated by the Staff Development Coordinator or designee on following physician orders for isolation precautions. 4. The Director of Nursing or designee will audit admission charts and new orders to validate compliance weekly X4 weeks, then monthly X2 months. The audit findings will be reported to the Quality Assurance and Performance (QAPI) Committee for review and further action as may be required. 5. The date of completion is August 28, 2019 	08/28/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donna L. Evans</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8-8-19</i>
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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 684	<p>Continued From page 1</p> <p>Resident #2 was originally admitted to the facility on 06/15/2018 and readmitted on 07/21/2019 with diagnoses including, but not limited to: CVA (cerebrovascular attack), Hypertension, Aortic Stenosis, LLL (left lower lobe) pneumonia, and MRSA (methicillin resistant Staphylococcus aureus) colonization of nares.</p> <p>The most recent MDS (minimum data set) was an annual assessment with an ARD (assessment reference date) of 06/03/2019. Resident #2 was assessed as moderately impaired in her cognitive status with a total cognitive score of nine (9) out of 15.</p> <p>During the entrance conference on 07/24/2019 at approximately 8:30 a.m., the Assistant Administrator and DON (director of nursing) stated, "No one is currently on isolation on the skilled unit. The last reported symptoms were on July 15th. We have been following the guidelines from the local health department. We speak with them daily." The skilled unit was verified as the Long Term Care (LTC) unit/beds.</p> <p>During the review of Resident #2's clinical record on 07/24/2019 at 11:10 a.m., a physician order dated 07/21/19 included, "Primary Diagnosis: PNA (pneumonia), MRSA nares...Isolation: Contact, Droplet..." were both checked.</p> <p>The Admission H&P (history and physical), dated 07/22/2019 included, "...96 years old female seen today for admission to SNF [skilled nursing facility] after hospital discharge. Pt [patient] was hospitalized from 7/15/19 till 7/21/19...Pt...was transferred to hospitalized (sic) with cough on 7/15/19. initial (sic) CXR [chest x-ray] was negative. CT [computed tomography] chest</p>	F 684		

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F 684	<p>Continued From page 2</p> <p>showed LLL pneumonia and left bronchus intermedius wall thickening, Evaluated by ID [infectious disease] (sic), Pt was initially treated with Zithromax and ceftin with no significant clinical improvement. (sic) Her abx [antibiotics] were switched to Zosyn with clinical improvement...She also received topical Bactroban for nasal MRSA colonization...Pt clinically improved and transferred back to [Facility Name] with advise to continue levaquin for 7 more days. Pt was seen in her room...No acute distress, Still has lingering cough, On droplet and MRSA isolation (sic)...no SOB [shortness of breath]...Assessment: 1. Pneumonia of left lower lobe due to infectious organism...10. MRSA (methicillin resistant Staphylococcus aureus) colonization. Plan: 1. Pneumonia...Continue Levaquin Tablet, 500 MG [milligrams], 1 tablet, Orally, Once a day; Continue Zyvox Tablet, 600 MG, 1 tablet, Orally, every 12 hours. Notes: See HPI 2 lit [liter] NC [nasal cannula], saturating well...10. MRSA...Continue Mupirocin Calcium Cream, 2%, 1 application to affected area, Externally, Three times a day. Notes: DC [discontinue] isolation on 7/26/19..."</p> <p>On 07/24/2019 at 1:50 p.m. Resident #2 was observed lying in bed. She was alert and oriented and denied shortness of breath. Oxygen (O2) was in place at 2L/min (2 liters per minute) via nasal cannula. Resident #2 did not exhibit any cough or wheezing during the interview and was not on isolation. Resident #2 stated, "I am feeling much better. My cough and wheezing is much improved."</p> <p>LPN #1 (licensed practical nurse) was interviewed on 07/24/2019 at 1:55 p.m. LPN #1</p>	F 684			

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F 684	Continued From page 3 stated, "She [Resident #2] was on isolation before she went into the hospital. Since she is back, she is on intermittent precautions if she coughs. I would wear a mask and gloves." Regarding MRSA in Resident #2's nares, LPN #1 stated, "Isolation until the 26th. I am not aware." During a phone interview conducted 07/24/2019 at approximately 4:40 p.m., with the local health department, Other #1 and Other #2 both stated they were unaware of Resident #2's physician orders for continued isolation upon her readmission to the facility. Other #2 stated, "Our recommendation when she [Resident #2] returned from the hospital would have been for her to continue on droplet and contact precautions. Thank you for letting us know about her order. We will certainly follow-up with the facility." The DON was interviewed on 07/24/2019 at 5:50 p.m., during a meeting with the survey team. The DON stated regarding why Resident #2 had not been put on isolation precautions after readmission, "We don't have an answer. It wasn't transcribed. I went up there today and placed her on isolation." An isolation cart was observed outside of Resident #2's room at approximately 6:00 p.m. on 07/24/2019. No further information was received by the survey team prior to the exit conference on 07/24/2019.	F 684			
F 880 SS=D	This is a complaint deficiency. Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880			

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F 880	<p>Continued From page 4</p> <p>§483.80 Infection Control 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. 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 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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to:</p>	F 880	<ol style="list-style-type: none"> 1. Resident #2 was returned to isolation precaution on 7/24/19 per physician orders. 2. An audit was conducted of residents with physician orders for isolation precautions to validate compliance. No additional issues were identified. 3. Licensed nurses will be re-educated by the Staff Development Coordinator or designee on following physician orders for isolation precautions including contact and droplet isolation protocols per policy. 4. The Director of Nursing or designee will audit residents with physician orders for isolation precautions to validate compliance weekly X4 weeks, then monthly X2 months. The audit findings will be reported to the Quality Assurance and Performance (QAPI) Committee for review and further action as may be required. 5. The date of completion is August 28, 2019 	08/28/19

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F 880	<p>Continued From page 5</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <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. 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, resident interview, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, facility staff failed to follow infection control practices for contact and droplet isolation for one (1) of eight (8) residents in the survey sample, Resident #2.</p> <p>Findings included: Resident #2 was originally admitted to the facility</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>on 06/15/2018 and readmitted on 07/21/2019 with diagnoses including, but not limited to: CVA (cerebrovascular attack), Hypertension, Aortic Stenosis, LLL (left lower lobe) pneumonia, and MRSA (methicillin resistant Staphylococcus aureus) colonization of nares.</p> <p>The most recent MDS (minimum data set) was an annual assessment with an ARD (assessment reference date) of 06/03/2019. Resident #2 was assessed as moderately impaired in her cognitive status with a total cognitive score of nine (9) out of 15.</p> <p>During the review of Resident #2's clinical record on 07/24/2019 at 11:10 a.m., a physician order dated 07/21/19 included, "Primary Diagnosis: PNA (pneumonia), MRSA nares...Isolation: Contact, Droplet..." were both checked.</p> <p>The Admission H&P (history and physical), dated 07/22/2019 included, "...96 years old female seen today for admission to SNF [skilled nursing facility] after hospital discharge. Pt [patient] was hospitalized from 7/15/19 till 7/21/19...Pt...was transferred to hospitalized (sic) with cough on 7/15/19. initial (sic) CXR [chest x-ray] was negative. CT [computed tomography] chest showed LLL pneumonia and left bronchus intermedius wall thickening, Evaluated by ID [infectious disease] (sic), Pt was initially treated with Zithromax and ceftin with no significant clinical improvement. (sic) Her abx [antibiotics] were switched to Zosyn with clinical improvement...She also received topical Bactroban for nasal MRSA colonization...Pt clinically improved and transferred back to [Facility Name] with advise to continue levaquin for 7 more days. Pt was seen in her room...No acute</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>distress, Still has lingering cough, On droplet and MRSA isolation (sic)...no SOB [shortness of breath]...Assessment: 1. Pneumonia of left lower lobe due to infectious organism...10. MRSA (methicillin resistant Staphylococcus aureus) colonization. Plan: 1. Pneumonia...Continue Levaquin Tablet, 500 MG [milligrams], 1 tablet, Orally, Once a day; Continue Zyvox Tablet, 600 MG, 1 tablet, Orally, every 12 hours. Notes: See HPI 2 lit [liter] NC [nasal cannula], saturating well...10. MRSA...Continue Mupirocin Calcium Cream, 2%, 1 application to affected area, Externally, Three times a day. Notes: DC [discontinue] isolation on 7/26/19..."</p> <p>Resident #2 was observed lying in bed on 07/24/2019 at 1:50 p.m. CNA (certified nursing assistant) #15 exited the room with a mask in place. CNA #15 was asked if Resident #2 was on isolation. CNA #15 stated, "No, I wear this for myself." Resident #2 was alert and oriented and denied shortness of breath. Oxygen (O2) was in place at 2L/min (2 liters per minute) via nasal cannula. Resident #2 did not exhibit any cough or wheezing during the interview and was not on isolation. Resident #2 stated, "No, I am not on isolation. I am feeling much better. My cough and wheezing is much improved."</p> <p>LPN #1 (licensed practical nurse) was interviewed on 07/24/2019 at 1:55 p.m. LPN #1 stated, "She [Resident #2] was on isolation before she went into the hospital. Since she is back, she is on intermittent precautions if she coughs. I would wear a mask and gloves." Regarding MRSA in Resident #2's nares, LPN #1 stated, "Isolation until the 26th. I am not aware."</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>During a phone interview conducted 07/24/2019 at approximately 4:40 p.m., with the local health department, Other #1 and Other #2 both stated they were unaware of Resident #2's physician orders for continued isolation upon her readmission to the facility. Other #2 stated, "Our recommendation when she [Resident #2] returned from the hospital would have been for her to continue on droplet and contact precautions. Thank you for letting us know about her order. We will certainly follow-up with the facility."</p> <p>The DON was interviewed on 07/24/2019 at 5:50 p.m., during a meeting with the survey team. The DON stated regarding why Resident #2 had not been put on isolation precautions after readmission, "We don't have an answer. It wasn't transcribed. I went up there today and placed her on isolation."</p> <p>An isolation cart was observed outside of Resident #2's room at approximately 6:00 p.m. on 07/24/2019. CNA #16 was interviewed regarding isolation practices and was able to explain correct isolation technique.</p> <p>The facility policy, "Infection Prevention and Control Preventing Transmission of Infectious Agents," dated 6/2019, included: "Purpose / Scope: establish practices that are designed to both protect and prevent residents and healthcare staff from spreading infections through the: Use of standard and transmission based precautions. Timely recognition and response and management of potential outbreaks...Policy: Preventing Transmission of Infectious Agents; There are two tiers of CDC (center for disease control) precautions to prevent transmission of infectious agents: Standard Precautions are the</p>	F 880		

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F 880	<p>Continued From page 9</p> <p>minimum infection prevention practices that apply to all resident/patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These Standard Precautions include: A. Hand Hygiene. B. Use of personal protective equipment (e.g., gloves, masks, eyewear). C. Respiratory hygiene / cough etiquette...Transmission-Based Precautions are for residents / patients who are known or suspected to be infected or colonized with infectious agents...Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission...2. Transmission Based precautions include: Contact Precautions: Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission. Droplet Precautions: Use Droplet Precautions for patient known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking...(see also, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings for details not covered in this policy)..."</p> <p>No further information was received by the survey team prior to the exit conference on 07/24/2019.</p> <p>This is a complaint deficiency.</p>	F 880			