PRINTED: 08/16/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
49G017			B. WNG			08/	/14/2019
NAME OF PI	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802		
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E 000	survey was conducted 08/14/2019. Correctic compliance with 42 Conditions of Particip Facilities for Individual Disabilities. Establishment of the CFR(s): 483.475  The [facility, except for comply with all applice emergency prepared [facility] must establist comprehensive emergency prepared [facility] must establist comprehensive emergency and that meets the section.* The emergency but not elements:  *[For hospitals at §48 comply with all applical local emergency prephospital must develop comprehensive emergency prephospital must develop comprehensive emergency prepared to CAH must develop are comprehensive emergency prepared CAH must develop are comprehensive emergency prepared to CAH must develop are comprehensive emergency	ons are required for FR Part 483.73, 483.75, ation for Intermediate Care als with Intellectual  Emergency Program (EP)  or Transplant Center] must able Federal, State and local ness requirements. The sh and maintain a gency preparedness program be limited to, the following  2.15:] The hospital must able Federal, State, and baredness requirements. The shand maintain a gency preparedness program be limited to, the following  2.15:] The hospital must able Federal, State, and baredness requirements. The shand maintain a gency preparedness the requirements of this all-hazards approach.  3.25:] The CAH must comply deral, State, and local ness requirements. The not maintain a gency preparedness all-hazards approach.  not met as evidenced by: review and staff interview, neure emergency	E	000	The person respondent for the complete of all parts of POC is  Cline M. Sellers, Director, ICF-11000 QDDP Harrison ICF-110 Pleasant View, 1631 VA Avenue Harrisonburg, View Alarrisonburg,	servic O Lnc. e A ZZ	25, 802
.ABORATORYI	DIRECTOR'S OR PROVIDER/S	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.

Director, ICF MR

8-26-19

#### E 001 Establishment of the Emergency Program (EP) CFR(s): 483:475

Harrison ICF-IID will develop and maintain policies and procedures outlining the facility's Emergency Preparedness Plan. Copies of these policies will be kept within the facility, and will be available to the residence staff at all times.

The policies will address each of the Emergency regulations in detail, and shall be reviewed and updated annually or as necessary.

Completion Date: September 15, 2019

#### E 004 Develop EP Plan, Review and Update Annually CFR(s):438.475(a)

In order to be in compliance with all applicable Federal, State, and local emergency preparedness requirements, the Harrison ICF-IID will develop and maintain a Comprehensive Preparedness Plan. The plan will include the development of an Emergency Team, including the Program Director, the Program Coordinator, the Administrative Assistant, and one to two members of the direct service staff. This plan will be reviewed annually, or as needed by the Emergency Team, and will be revised as necessary.

This Plan will be maintained within the Program Coordinator's office, with a copy available to direct support staff at all times.

Completion Date: September 15, 2019

#### E 006 Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2)

Harrison ICF-IID will develop an Emergency Preparedness Plan (EPP) that will be maintained, reviewed, and updated annually or as may become necessary.

The EPP will be developed by the Emergency Team and will be based on the local community-based Risk Assessment and a facility risk assessment. The facility assessment will be formulated using an all-risk approach, including the risk of missing clients. Within the Plan will be included specific strategies for addressing each emergency that has been identified in the facility risk assessment.

This information will maintained in the Program Coordinator's office, with a copy available to direct support staff at all times. Additionally, a current copy of the Harrisonburg/Rockingham County Risk Assessment will be kept on site.



#### E 007 EP Program Patient Population CFR(s):483.475(a)(3)

Harrison ICF-IID will develop a specific plan to address the specific needs of the current population of the residence. This plan will include, but not be limited to, identifying specific individuals at risk and their individual needs and the type of services that Harrison can provide during the emergency. Each area will be addressed in full detail to ensure that each individual will have the specific services that he/she needs throughout the emergency period. The plan will also include steps for the continuity of operations, delegation of authority, and succession plans for Harrison ICF-IID and Pleasant View, Inc., as well as a complete communication plan with administration, direct support staff, families, and State and local emergency personnel.

This plan will be reviewed and updated annually or as necessary, and will be maintained in the Program Coordinator office; additionally, a copy will be available for all direct support staff.

Completion date: September 15, 2019

#### E 009 Local, State, Tribal Collaboration Process CFR(s): 483.475(a)(4)

Harrison ICF-IID will maintain an Emergency Preparedness Plan(EPP) that sets out a process for working in close cooperation with the local and regional emergency agencies. The plan will include as well cooperation with State and Federal emergency preparedness officials' plans to maintain integrated responses during disasters or emergency situations.

The plan shall also include documentation of the facility's participation in collaborative and cooperative planning, as well as documentation of all efforts made to contact these agencies/individuals.

The EPP will reviewed and updated as needed on an annual basis. A copy of this plan will be maintained in the Program Coordinator office, and will be available for review by the facility direct support staff.

Completion Date: September 20, 2019

#### E 013 Development of EP Policies and Procedures CFR(s): 483.475(b)

Harrison IC-IID will maintain copies of all policies/procedures and the Emergency Preparedness Plan (EPP) within the facility at all times. This information is maintained in the Program Coordinator's office, and is available for examination or review by any interested individual(s), including direct support staff, at all times.

The facility's emergency policies and procedures and the EPP will be reviewed and updated annually or as necessary.



E 020 Policies for Evacuation and Primary/Alt. Communication CFR(s)483.475(b)(3)

Harrison ICF-IID will develop and thorough implement policies and procedures that address specific areas of need in the case of an emergency. These policies and procedures will include, but not be limited

to the following:

~ Safe evacuation of all the individuals, including consideration of the continuity of treatment needs and

services specific to each individual evacuated; tracking of the location of each individual, transportation

needs, identification of evacuation locations, external sources of assistance, and all means of

communication with those the external sources of assistance.

These policies and procedures will be maintained within the facility, and will be available to all direct service personnel. Each policy and procedure will be reviewed annually or as necessary, and revised as

appropriate.

Completion Date: September 20, 2019

E 022 Policies and Procedures for Sheltering in Place CFR(s) 483.475(b)(4)

Harrison ICF-IID will develop and maintain emergency policies and procedures for maintaining an

Emergency Preparedness Plan (EPP), including a risk assessment and a communication plan to address

any emergencies that might arise. Included in the EPP will be a plan and means for each individual,

including the direct support staff and any volunteers who may be present to shelter in place. These policies will also detail how the individuals will be supported and their needs meet during this time, as

well as how communication will be maintained.

This information will be reviewed annually, or as the need may arise. The policies will be maintained

within the facility, with copies accessible to each of the direct care staff.

Completion Date: September 20, 2019

E 023 Policies and Procedures for Medical Documentation CFR(s): 483.475(b)(5)

Harrison ICF-IID will develop policies and procedures within the Emergency Preparedness Plan (EPP) to

address the maintenance and protection of each resident's medical information, and ensures that the

information is secure while remaining available as needed.

These policies and procedures will be maintained onsite, and reviewed annually or as necessary. A copy

of these will also be available for direct support personnel at all times.

#### E 024 Policies and Procedures -Volunteers and Staffing CFR(s): 483,475(b)(6)

The facility will develop and implement policies and procedures for the use of community volunteers in an emergency situation as part of the Emergency Preparedness Plan (EPP), including strategies for communicating with State and/or Federal emergency and health care professionals, and what the roles of these individuals should be.

This information will be maintained within the facility, and will be accessible to all direct support personnel.

Completion date: September 20, 2019

#### E 025 Arrangement with Other Facilities CFR(s): 483.475(b)(7)

Harrison ICF-IID will develop a policy as part of the facility's Emergency Preparedness Plan (EPP) regarding networking and planning with other facilities and/or hotels, evacuation centers, etc., for housing for the individuals and all support personnel during a period of evacuation from Harrison Residence. This policy/plan will document the steps needed and identify all involved personnel needed to ensure that agreements with alternate locations are made and are adequate enough to meet the needs of each individual and their support staff.

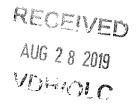
The EPP will maintain signed agreements, along with the specifics of each evacuation location available. This information will be maintained within the residence's administrative office and available to all support staff; additionally, this information shall be reviewed annually, or as needed, and updated as necessary.

Completion Date: September 20, 2019

#### E 026 Roles Under a Waiver Declared by Secretary CFR(s): 483.475(b)(8)

The facility will develop a policy and procedure as part of the Emergency Preparedness Plan (EPP) to address a Waiver declared in accordance with Section 1135 of the State's Emergency Response plan. This policy will address the provision of care and treatment at an alternate care site identified by emergency management officials.

This policy will be maintained with the facility's Administrative office, and a copy will be available to direct support personnel at all times. The policy and any supporting information will me reviewed annually and as needed, and updated or revised as necessary.



#### E 031 Emergency Officials Contact Information Plan CFR(s): 483.475(c)(2)

Harrison ICF-IID will develop and maintain an emergency preparedness communication plan that will be maintained, reviewed, and updated annually or as necessary in compliance with Federal, State, and local laws. The communication plan will include a list of outside emergency personnel numbers, as well as company and facility employee's contact information.

This information will be maintained in the Program Coordinator's office, with a copy available to direct support staff at all times.

Completion Date: September 20, 2019

#### E 033 Methods for Sharing Information CFR(s): 483.475(c)(4)-(6)

In order to be in compliance with all applicable Federal, State, and local emergency preparedness requirements, the Harrison ICF-IID will develop and maintain policies concerning the release of Individual information which will include general condition and location of the Individuals.

This Plan will be maintained within the Program Coordinator's office, with a copy available to direct support staff at all times.

Completion Date: September 20, 2019

#### E 034 Information on Occupancy/Needs CFR(s): 483.475(c)(7)

Harrison ICF-IID will develop and maintain information about the facility's needs, the ability to provide assistance, as well as information regarding current occupancy.

This information will be reviewed and updated annually or as necessary and will be located within the Program Coordinator's office, with a copy available to all direct support staff.

Completion Date: September 20, 2019

#### E 036 EP Training and Testing CFR(s): 483.475(d)

Harrison ICF-IID will maintain copies of all policies and procedures for the Emergency Preparedness Plan (EPP) training and testing program. These policies and procedures for this plan will be updated annually, or as necessary. It will be located within the Program Coordinator's office, with a copy available to direct staff at all times.



#### E 037 EP Training Program CFR(s): 483.475(d)(1)

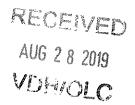
In order to be in compliance with all applicable Federal, State, and local emergency preparedness requirements, the Harrison ICF-IID will maintain an Emergency Preparedness Plan (EPP) that will provide written training of emergency preparedness with staff. This plan and documentation of trainings will be maintained in the Program Coordinator's office, with a copy available to all direct support staff.

Completion Date: September 20, 2019

#### E 039 EP Testing Requirements CFR(s): 483.475(d)(2)

Harrison ICF-IID will maintain an Emergency Preparedness Plan (EPP) that provides documentation of exercises performed by staff to test the emergency plan annually, or as necessary. This plan shall include the facility's participation in collaborative and cooperative planning, as well as documentation of all efforts made to contact these agencies/individuals.

A copy of this plan will be maintained in the Program Coordinator's office, and will be available for review by the facility direct support staff.



#### W 000 Fundamental Survey

#### W341 Nursing Services CFR(s): 483.460(c0(5)(ii)

As it is essential to maintain a healthy and safe environment for each individual residing within Harrison ICF-IID, and to protect each from exposure to any infectious disease that has been indentified within the facility, all staff will be aware of and follow all facility and agency policies regarding infection control. In addition, the individual who has been identified as having an infectious disease will be handled following the same protocols in order to ensure good healing or recovery, and to prevent reinfection.

The facility staff shall be retrained in the appropriate responses for dealing with individuals with either a diagnosed infectious disease or infectious process, or an individual who is awaiting test results for diagnosis. Harrison ICF-IID's policy is to isolate the individual frim the other residents in his or her own private space, and to utilize all established infection control procedures, including, but not limited to the use of Personal Protection Equipment (PPE), the management of potential infectious waste and laundry, and the disinfection of all hard surfaces.

All Harrison ICF-IID will be retrained in an inservice on basic infection control procedures, and documentation of this training will be maintained in each employee's HR file.

Further, each employee of the facility is recertified in infection control procedures yearly as part of Pleasant View, Inc's annual recertification process, and this is also documented within his/her personnel file.

**Completion Date: September 20, 2019** 

#### W455 Infection Control CFR(s): 483.470(I)(1)

In order to prevent the the spread of infectious diseases, such as viral pneumonia, influenza, and strep, as well as bacteria-borne infections such as C-Diff and MRSA, it is necessary for Harrison ICF-IID to develop a clear and concise system for preventing the spread of this. This is particularly essential for Harrison, as many of the individuals have fragile health issues that make them more prone to contracting illnesses. With some of these individuals, an infectious disease such as viral pneumonia or influenza could result in death.

Harrison ICF-IID will develop and maintain a program to address communicable diseases occurring within the facility. This program will provide a tracking system for any communicable disease(s) that occur, including names, dates of illness, and treatments. Any infections will be tracked as well, with the cause/source of the infection, treatments, and outcomes recorded. Direct support personnel will be reminded on an ongoing basis to use Personal Protective Equipment (PPE) during any encounter that could result in the spread of germs, and to follow the usual protocols for handwashing and disinfecting surfaces.

In the event of an infectious disease or process occurring with one of the individuals, the program staff will initiate all the appropriate actions, including isolation if necessary.

Completion Date: September 20, 2019

#### W 457 Infection Control CFR(s): 483.470(I)(1)

Harrison ICF-IID will develop a tracking and surveillance program for the investigation of infections and the control and management of communicable diseases. This tracking system will include information including, but not limited to, treatment notes, duration of illness or infection, plus and additional information available regarding that specific incident.

An additional tracking form will be established to provide information regarding any emergency visit by any individual to a hospital Emergency Room, an urgent care facility, or an emergency visit to his/her PCP.

Both of these tracking forms shall be used to discern patterns of disease or injuries occurring to an individual.

It is critical to maintain good infection control practices for the facility, as the many of the residents have health issues that make them more susceptible to infectious diseases, and have fragile health concerns that could result in death. Maintaining a tracking system can identify the sources of infection or disease, and help prevent exposure to the individuals.

Completion Date: September 20, 2019

#### W 458 Infection Control CFR(s): 438.470(i)(3)

As the residents of Harrison ICF-IID have health concerns that make the exposure to and, prevention of infectious diseases particularly critical, it is essential that there are guidelines in place for all Pleasant View staff and DSPs regarding sickness and exposing others to infectious diseases or other conditions that can cause infections in others.

Accordingly, Pleasant View, Inc.'s Human Resources Department will develop a policy specific to work restrictions for all employees who are ill or may be carrying a communicable disease that could be easily spread to the individuals in each program, including Harrison ICF-IID. This policy will not be limited to Harrison Residence's direct support personnel, as there is frequently contact with direct support personnel from other parts of the agency.

This policy will be implemented by the Program Coordinator for each program; additionally, the Human Resources will maintain information on possible communicable diseases currently occurring within the

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agency. This policy will be reviewed annually and updated as necessary. A copy will be maintained in the Human Resources manual available at the residence.

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		49G017	B. WING		08/14/2019	
	PROVIDER OR SUPPLIER  ON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CODE 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 009	participation in colla planning efforts. The local emergence least annually to color of the dialysis facilities emergency. This STANDARD is Based on document the facility failed to preparedness plan contact Emergency collaborative and collaborati	aborative and cooperative e dialysis facility must contact y preparedness agency at nfirm that the agency is aware y's needs in the event of an s not met as evidenced by: nt review and staff interview, ensure the emergency included the facility's efforts to officials for participation in a coperative planning effort.	ΕO			
E 013	on 08/14/2019.	on was provided prior to exit  Policies and Procedures	ΕO	13		
	develop and impler policies and proced	cedures. [Facilities] must nent emergency preparedness lures, based on the emergency agraph (a) of this section, risk				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		49G017	B. WING			08/	14/2019
	PROVIDER OR SUPPLIER ON ICF-MR			STREET ADDRESS, CITY, STATE, ZI 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD I HE APPROPR	BE .	(X5) COMPLETION DATE
E 013	assessment at para and the communica this section. The po reviewed and updat	ge 7 Igraph (a)(1) of this section, Ition plan at paragraph (c) of Ilicies and procedures must be ed at least annually. ments for PACE and ESRD	ΕC	013			
	*[For PACE at §460 procedures. The PA develop and implem policies and proced plan set forth in para and the communicathis section. The poaddress manageme emergencies, include equipment, power, emergencies; and rithreaten the health staff, or the public. The dialimplement emerger procedures. The dialimplement emerger procedures, based forth in paragraph (a assessment at para and the communicathis section. The poreviewed and update emergencies include equipment or power emergencies, water natural disasters like geographic area.	.84(b):] Policies and aCE organization must nent emergency preparedness ures, based on the emergency agraph (a) of this section, risk graph (a)(1) of this section, ation plan at paragraph (c) of licies and procedures must ent of medical and nonmedical ding, but not limited to: Fire; for water failure; care-related latural disasters likely to for safety of the participants, The policies and procedures and updated at least annually.  The set is \$494.62(b):] Policies and alysis facility must develop and any preparedness policies and on the emergency plan set a) of this section, risk graph (a)(1) of this section, ation plan at paragraph (c) of licies and procedures must be ed at least annually. These e, but are not limited to, fire, failures, care-related supply interruption, and ely to occur in the facility's					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		49G017	B. WING	~~~		08/	14/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY 1631 VIRGINIA AVENU HARRISONBURG, V	JE	1	14/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTIO ECTIVE ACTION SHOULE INCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
E 013	the facility failed to preparedness polici was located in the f	nt review and staff interview, ensure the specific emergency ies or facility risk assessment acility.	ΕO	13			
	During the unannounced survey conducted 08/13/2019 through 08/14/2019 the facility Emergency Preparedness process was reviewed with the Program Director (PD). During this review no specific emergency preparedness policies or facility risk assessment was located in the facility. The PD stated, "We had the policies and information, but our former director of nursing either took them or destroyed them. I have searched everywhere and cannot find them."						
E 020	on 08/14/2019.	on was provided prior to exit nd Primary/Alt. Comm. (3)	ΕO	20			
	develop and implen policies and proced plan set forth in parassessment at para and the communicathis section. The poreviewed and update	ncedures. The [facilities] must ment emergency preparedness ures, based on the emergency agraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of licies and procedures must be and be at least annually. At a les and procedures must ag:]					
	consideration of car evacuees; staff resp	m the [facility], which includes to and treatment needs of consibilities; transportation; cuation location(s); and		VIDEO CONTRACTOR OF THE CONTRACTOR OF T			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 10/10/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		49G017	B. WING	i		08/	14/2019	
	PROVIDER OR SUPPLIER ON ICF-MR			16	TREET ADDRESS, CITY, STATE, ZIP CODE 631 VIRGINIA AVENUE ARRISONBURG, VA 22802			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
E 020	*[For RNHCs at §4! §416.54(b)(2):] Safe evacuation from includes the followi (i) Consideration of (ii) Staff responsibil (iii) Transportation. (iv) Identification of (v) Primary and alter communication with assistance.  *[For CORFs at §4 Rehabilitation Agent §485.727(b)(1), and §494.62(b)(2):] Safe evacuation from Rehabilitation Agent Agencies as Provided Therapy and Speed Services; and ESR staff responsibilities.  *[For RHCs/FQHC evacuation from the appropriate placem responsibilities and This STANDARD in Based on docume the facility failed to preparedness policition located in the facility The findings included.	the means of communication es of assistance.  03.748(b)(3) and ASCs at om the [RNHCI or ASC] which ong: care needs of evacuees. ities.  evacuation location(s). ernate means of external sources of external sources of the ESRD Facilities at om the [CORF; Clinics, acies, OPT/Speech at destance of ESRD Facilities at on the [CORF; Clinics, and Public Health ders of Outpatient Physical ch-Language Pathology Describing, which includes and needs of the patients.  Is at §491.12(b)(1):] Safe are RHC/FQHC, which includes the extension of exit signs; staff needs of the patients. It is not met as evidenced by: and review and staff interview, ensure specific emergency ites for safe evacuation were ye.	E	J20				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G017	B. WING _		08	/14/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	Emergency Prepare with the Program D review no specific e policies for safe eva facility. However, the monthly evacuation stated, "We had the cannot find them. I	ge 10 1 08/14/2019 the facility edness process was reviewed irector (PD). During this emergency preparedness acuation were located in the ne facility did have evidence of drills on each shift. The PD e policies and information, but I have looked everywhere."	E 02	0		
E 022	on 08/14/2019. Policies/Procedures CFR(s): 483.475(b) [(b) Policies and procedures develop and implent policies and procedures and the communication of the	s for Sheltering in Place (4)  cedures. The [facilities] must nent emergency preparedness ures, based on the emergency agraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of dicies and procedures must be ted at least annually. At a es and procedures must	E 02	2		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		49G017	B. WING _	***************************************	08/	14/2019
	PROVIDER OR SUPPLIER  DN ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CODE  1631 VIRGINIA AVENUE  HARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
E 022	(i) A means to shospice employees This STANDARD in Based on docume the facility failed to preparedness policilocated in the facility. The findings including the unannounce of the findings in the findings for sheltering facility. The PD stapolicies for sheltering facility. The PD stapolicies persay, but equipment, generate for an emergency, store everything in said supplies with estated, "We rotate stated, "We rotate stated attesting the first policies of the first policies with estated, "We rotate stated, "We rotate stated, "We rotate stated, "We rotate stated, "Respectively in the first policies of th	relter in place for patients, who remain in the hospice. In the review and staff interview, ensure specific emergency ies for sheltering in place were by.  ed:  unced survey conducted to 08/14/2019 the facility edness process was reviewed birector (PD). During this emergency preparedness and in place were located in the sted, "We do not have written to we have the required tor, food, water and supplies we bought an out building to "The PD presented a list of expiration dates listed. She supplies out as the expiration	E 02			
E 023	on 08/14/2019. Policies/Procedure: CFR(s): 483.475(b)  [(b) Policies and procedure: policies and procedure: plan set forth in para and the communication of the policies.  The policies and procedure: plan set forth in para and the communication.	ion was provided prior to exit s for Medical Documentation (5) ceedures. The [facilities] must ment emergency preparedness lures, based on the emergency ragraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of clicies and procedures must be ted at least annually. At a	E 02	23		

AND PLAN OF CORRECTION (X1) PROVIDEN SUPPLIENCES  (X1) PROVIDEN SUPPLIENCES  (X1) PROVIDEN SUPPLIENCES  (X1) PROVIDEN SUPPLIENCES		A. BUILE		COMPLETED			
		49G017	B. WING			08/	14/2019
	PROVIDER OR SUPPLIER  ON ICF-MR		•	16	TREET ADDRESS, CITY, STATE, ZIP CODE 531 VIRGINIA AVENUE ARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
E 023	(5) A system of mer preserves patient in confidentiality of pa and maintains avail (3),(4),(6)] A system that preserves paties confidentiality of pa and maintains avail *[For RNHCls at §4 procedures. (5) A s that does the follow (i) Preserves patier (ii) Protects confide (iii) Secures and marecords.  *[For OPOs at §486 procedures. (2) A s documentation that donor information, potential and actual secures and maintains STANDARD is Based on document the facility failed to preparedness polic information, confidence records was located.  The findings include During the unannot 08/13/2019 through Emergency Preparedness Prepare	les and procedures must ang:]  dical documentation that aformation, protects tient information, and secures ability of records. [(5) or an of medical documentation ent information, protects tient information, and secures ability of records.  03.748(b):] Policies and system of care documentation ing: at information. Intiality of patient information. Intiality of patient information. Intiality of patient information. In a preserves potential and actual preserves potential and actual protects confidentiality of a donor information, and a sins the availability of records. In the review and staff interview, ensure specific emergency ites for preserving patient and in the facility.	E	023			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
	49G017		B. WING			08/14/2019			
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR			:	10	TREET ADDRESS, CITY, STATE, ZIP CODE 631 VIRGINIA AVENUE IARRISONBURG, VA 22802				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	LD BE COMPLETION			
E 023	review no specific e policies for preserv confidentiality or av located in the facilit emergency charts f kept in the medicat	emergency preparedness ing patient information, ailability of patient records was y. The PD stated, "We have or each Individual that are	Ε¢	023					
E 024	Policies/Procedures CFR(s): 483.475(b) [(b) Policies and pro- develop and implent policies and procedures plan set forth in part assessment at part and the communication this section. The port reviewed and updated minimum, the policity	ocedures. The [facilities] must ment emergency preparedness dures, based on the emergency agraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of blicies and procedures must be ted at least annually. At a es and procedures must	EC	024					
	volunteers in an em staffing strategies, for integration of St health care profess during an emergend* [For RNHCIs at §4 procedures. (6) The emergency and oth strategies to address emergency.  *[For Hospice at §4]	nergency or other emergency including the process and role ate and Federally designated ionals to address surge needs							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G017	B. WING		08/	14/2019
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CODE  1631 VIRGINIA AVENUE  HARRISONBURG, VA 22802			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
an emestrategrate health needs This S's Based the factor preparation of the first During 08/13/2 Emerg with the review policies located have the second of the factor of the first During 08/13/2 Emerg with the review policies located have the factor of the first During 08/13/2 Emerg with the review policies plans assess and the this second for the factor of the fac	pies, includination of State care profes during an er TANDARD if on docume ility failed to edness police ers were locations included the unanno 2019 through ency Prepare Program Ency Prepare Program Ency Prepare in the facilities."  Ther informations."  The pand implete and proceed forth in passes and proceed and update and	other emergency staffing g the process and role for and Federally designated sionals to address surge mergency. It is not met as evidenced by: Interview and staff interview, ensure specific emergency cles for staffing or use of cated in the facility.  Indeed:  Ind	E 024			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G017	B. WING	·		08/	14/2019	
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR				STREET ADDRESS, CITY, STATE, ZIP CODE  1631 VIRGINIA AVENUE  HARRISONBURG, VA 22802				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
E 025	§441.184,(b) Hosp Facilities at §483.7 (7) [or (5)] The devother [facilities] [ar patients in the every operations to main to facility patients.  *[For PACE at §46 §483.475(b), CAH §485.920(b) and E Policies and procedevelopment of ar [facilities] [or] other in the event of limit operations to main to facility patients.  *[For RNHCIs at § procedures. (7) The arrangements with providers to receive limitations or cesses the continuity of no patients.  This STANDARD Based on document the facility failed to preparedness policy with other facilities an emergency.  The findings included the properties of the continuity of the gradients of the preparedness policy with other facilities an emergency.  The findings included the preparedness policy with other facilities and emergency.	§418.113(b), PRFTs at bitals at §482.15(b), and LTC (73(b):] Policies and procedures. Welopment of arrangements with and other providers to receive at of limitations or cessation of atain the continuity of services (70.84(b), ICF/IIDs at set §486.625(b), CMHCs at ESRD Facilities at §494.62(b):] adures. (7) [or (6), (8)] The rangements with other reproviders to receive patients attain the continuity of services (403.748(b):] Policies and the development of a other RNHCls and other repatients in the event of attain of operations to maintain on-medical services to RNHCl is not met as evidenced by: ent review and staff interview, of ensure specific emergency cies regarding arrangements of or care of Individuals during	EO	25				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION		TE SURVEY MPLETED
		49G017	B. WING			08	/14/2019
	PROVIDER OR SUPPLIER			163	EET ADDRESS, CITY, STATE, ZIP CODE 1 VIRGINIA AVENUE RRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
E 025	review no specific of policies were locate with other facilities an emergency. The ever move our Indisite. We have do nanyone else."	emergency preparedness ed regarding arrangements for care of Individuals during e PD stated, "We would only viduals to the day program not have arrangements with	E	)25			
E 026	on 08/14/2019.	ion was provided prior to exit ver Declared by Secretary )(8)	Ε(	)26			
	develop and impler policies and proceed plan set forth in para assessment at para and the communicathis section. The poreviewed and upda	ocedures. The [facilities] must ment emergency preparedness lures, based on the emergency ragraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of blicies and procedures must be ted at least annually. At a lies and procedures must ng:]					
	[facility] under a wa in accordance with provision of care ar	7), or (9)] The role of the iver declared by the Secretary, section 1135 of the Act, in the nd treatment at an alternate by emergency management		THE			
	procedures. (8) The waiver declared by with section 1135 o at an alternative ca management official	103.748(b):] Policies and e role of the RNHCI under a the Secretary, in accordance f Act, in the provision of care re site identified by emergency als.		THE REPORT OF THE PARTY OF THE			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		49G017	B. WING _		08/	14/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETION DATE
E 026	the facility failed to preparedness polici regarding care of Inwaiver.  The findings include During the unannou 08/13/2019 through Emergency Prepare with the Program Dreview no specific epolicy was located in the program of the program of the program of the policy was located in the program of the program	nt review and staff interview, ensure an emergency y dividuals under the 1135	E 02	6		
E 031	exactly."  No further information 08/14/2019. Emergency Officials CFR(s): 483.475(c)  [(c) The [facility] multiple emergency prepare that complies with Fand must be review annually.] The compall of the following:  (2) Contact information for the following:  (ii) Federal, State emergency prepare (iii) Other sources  *[For LTC Facilities information for the following:	ast develop and maintain an idness communication plan Federal, State and local laws red and updated at least munication plan must include tion for the following:  at §483.73(c):] (2) Contact	E 03			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE A. BUILDING		TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		49G017	B. WING	**************************************	08	/14/2019
,,	PROVIDER OR SUPPLIER  ON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP C 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 031	(iii) The Office of th Ombudsman. (iv) Other sources of *[For ICF/IIDs at §4 information for the (i) Federal, State, to emergency prepare (ii) Other sources of (iii) The State Licent (iv) The State Prote This STANDARD is Based on document	edness staff. sing and Certification Agency. e State Long-Term Care of assistance.  183.475(c):] (2) Contact following: ribal, regional, and local edness staff. f assistance. sing and Certification Agency. ection and Advocacy Agency. s not met as evidenced by: nt review and staff interview, ensure a list of emergency d in the emergency	E 031			
E 033	During the unannoum o8/13/2019 through Emergency Prepare with the Program Direview no list of emin the Emergency From the Emergency From the PD stated, "I concent on o8/14/2019.  Methods for Sharin CFR(s): 483.475(c)	unced survey conducted a 08/14/2019 the facility edness process was reviewed irector (PD). During this ergency officials was located preparedness plan. A list of y employees was included, rgency personnel numbers. an see where all these included."	E 033			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G017	B. WING		oa	/14/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
E 033	emergency prepare that complies with and must be review annually.] The conall of the following:  (4) A method for standocumentation for care, as necessary maintain the continuation of the following:  (5) A means, in the release patient information of the following:  (5) A means, in the release patient information of the following:  (6) A means, in the release patient information of the following:  (6) [(4) or (5)]A meabout the general of patients under the under 45 CFR 164  *[For RNHCls at §4 sharing information patients under the with care providers care, based on the made by the patient representative.  *[For RHCs/FQHC of providing information and located facility's care as per 164.510(b)(4).  This STANDARD is Based on docume	edness communication plan Federal, State and local laws wed and updated at least numerication plan must include naring information and medical patients under the [facility's] with other health providers to unity of care.  I event of an evacuation, to bright and providers and event of an evacuation and under 45 (ii). [This provision is not under §484.102(c), CORFs and RHCs/FQHCs under	ΕO	33		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G017	B. WING			08/	14/2019
	PROVIDER OR SUPPLIER  ON ICF-MR			16	TREET ADDRESS, CITY, STATE, ZIP CODE 631 VIRGINIA AVENUE ARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 034	preparedness plan release of Individual general condition and The findings included During the unannou 08/13/2019 through Emergency Prepare with the Program Doureview no policies work of Individual information and locating PD stated, "We do in No further information 08/14/2019. Information on Occident CFR(s): 483.475(c) [(c) The [facility] multiple emergency prepare that complies with Figure 1.00 and 1.00	included policies regarding I information to include and location of said Individuals.  ed: Inced survey conducted 08/14/2019 the facility edness process was reviewed irector (PD). During this vere located regarding release ation to include general on of said Individuals. The not have this."  on was provided prior to exit upancy/Needs	EC	033			
	all of the following:  (7) [(5) or (6)] A mean about the [facility's] ability to provide as having jurisdiction, to Center, or designed *[For ASCs at 416.5] providing information its ability to provide	64(c)]: (7) A means of n about the ASC's needs, and assistance, to the authority the Incident Command					

	OF DEFICIENCIES F CORRECTION	X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G017	B. WING		08	/14/2019
	PROVIDER OR SUPPLIER  DN ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CODE 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 034	of providing informal inpatient occupancy provide assistance, jurisdiction, the Incidesignee.  This STANDARD is Based on docume the facility failed to preparedness policiproviding information ability to provide as information about the findings included the provide information about the findings included the provide as information about the findings included the provide the provide as information about the program of the provide information p	pice at §418.113:] (7) A means ation about the hospice's y, needs, and its ability to to the authority having dent Command Center, or a not met as evidenced by: Intreview and staff interview, ensure emergency ies regarding a means of on about the facility's needs, its sistance, or means to provide heir occupancy.  Inced survey conducted to 08/14/2019 the facility edness process was reviewed irector (PD). During this were located regarding means ation about their occupancy. The	ΕO			
E 036	on 08/14/2019. EP Training and Te CFR(s): 483.475(d) (d) Training and tes develop and mainta preparedness train based on the emer paragraph (a) of this	sting sting. The [facility] must	ΕO	36		

	OF CORRECTION	(X1) PHOVIDER/SUPPLIEH/CLIA IDENTIFICATION NUMBER:	A. BUILDING		[1	(X3) DATE SURVEY COMPLETED	
:		49G017	B. WING			08/1	14/2019
	PROVIDER OR SUPPLIER  ON ICF-MR			STREET ADDRESS, CITY, STATE, ZIF 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802	, CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD E HE APPROPRI	BE	(X5) COMPLETION DATE
E 036	procedures at paragithe communication section. The training be reviewed and up *[For ICF/IIDs at §4 testing. The ICF/IID an emergency preparament that is baseforth in paragraph (assessment at paragolicies and proced section, and the comparagraph (c) of this testing program muleast annually. The requirements for ev §483.470(h).  *[For ESRD Facilities testing, and orientation programemergency plan set section, risk assess this section, policies (b) of this section, aparagraph (c) of this and orientation programent orientation programemergency plan set section, aparagraph (c) of this section, aparagraph (d) of this section, aparagraph (e) of this section, aparagraph (f) of this section, aparagraph (g) of this section, aparagrap	graph (b) of this section, and plan at paragraph (c) of this ag and testing program must odated at least annually.  83.475(d):] Training and must develop and maintain aredness training and testing ed on the emergency plan set a) of this section, risk agraph (a)(1) of this section, ures at paragraph (b) of this munication plan at a section. The training and st be reviewed and updated at ICF/IID must meet the racuation drills and training at that is based on the at forth in paragraph (a) of this ment at paragraph (b) of this ment at paragraph (c) of this ment at paragraph (c) of this ment at paragraph (c) of this ment at paragraph (d) of this ment at paragraph	EO	036			

AUD DI AN DE CODRECTION DE PRESENTATION MEMBER.				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G017	B. WING			08/	14/2019
	PROVIDER OR SUPPLIER  ON ICF-MR			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	STEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	08/13/2019 through Emergency Prepare with the Program D review no written to located for the facil recently complete a Documentation of the No further information 08/14/2019.  EP Training Program Training Program Emergency Prepared to 18/14/2019.	unced survey conducted n 08/14/2019 the facility edness process was reviewed virector (PD). During this aining or testing program was ity. The PD stated, "We did a table top exercise." his exercise was presented. iton was provided prior to exit		)36 )37			
	ASCs, PACE organ and dialysis facilities (i) Initial training in policies and procedures and procedures arrangement, and vexpected role. (ii) Provide emerge least annually. (iii) Maintain docum (iv) Demonstrate st procedures.  *[For Hospitals at § at §491.12:] (1) Training in policies and procedures and procedures arrangement, and vexpected roles.	m. The [facility, except CAHs, izations, PRTFs, Hospices, is] must do all of the following: emergency preparedness dures to all new and existing oviding services under volunteers, consistent with their incy preparedness training at mentation of the training. aff knowledge of emergency 482.15(d) and RHCs/FQHCs dining program. The [Hospital ist do all of the following: emergency preparedness dures to all new and existing oviding on-site services under volunteers, consistent with their incy preparedness training at					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		49G017	B. WING		08	/14/2019		
	PROVIDER OR SUPPLIER  ON ICF-MR		,	STREET ADDRESS, CITY, STATE, ZIF 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
E 037	(iii) Maintain docum (iv) Demonstrate st procedures.  *[For Hospices at § hospice must do all (i) Initial training in opolicies and proced hospice employees services under arra expected roles. (ii) Demonstrate sta procedures. (iii) Provide emerge least annually. (iv) Periodically reviemergency prepare employees (includir special emphasis p procedures necess others.  *[For PRTFs at §44 program. The PRTI (i) Initial training in opolicies and proced staff, individuals pro arrangement, and v expected roles. (ii) After initial traini preparedness traini (iii) Demonstrate sta procedures. (iv) Maintain docum preparedness traini *[For PACE at §460	dentation of the training. aff knowledge of emergency  418.113(d):] (1) Training. The of the following: emergency preparedness lures to all new and existing, and individuals providing angement, consistent with their aff knowledge of emergency ency preparedness training at each and rehearse its edness plan with hospice and nonemployee staff), with laced on carrying out the ary to protect patients and  1.184(d):] (1) Training must do all of the following: emergency preparedness lures to all new and existing oviding services under volunteers, consistent with their and, provide emergency at least annually. The aff knowledge of emergency mentation of all emergency	ΕO	37				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G017	B. WING _		08	/14/2019
	PROVIDER OR SUPPLIER  ON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CO 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 037	(i) Initial training in a policies and proced staff, individuals pro arrangement, controllers, consiste (ii) Provide emergeleast annually. (iii) Demonstrate staprocedures, including what to do, where to case of an emerger (iv) Maintain docum "[For CORFs at §48 CORF must do all controllers of the c	emergency preparedness ures to all new and existing oviding on-site services under actors, participants, and ent with their expected roles. Incy preparedness training at aff knowledge of emergencying informing participants of o go, and whom to contact in ney.  I sentation of all training.  I sentation of all training. The of the following: and procedures to all new adviduals providing services, and volunteers, consistent roles.  I sentation of the training at entation of the training at entation of the training at entation of the training.  I sentation of the training at entation of the training.  I sent the location and use of signals and firefighting	E 03	7		

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE (X7) MUL		(X3) DATE SURVEY COMPLETED				
		49G017	B. WING			08/	14/2019
	PROVIDER OR SUPPLIER  DN ICF-MR			16	REET ADDRESS, CITY, STATE, ZIP CODE 331 VIRGINIA AVENUE ARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 037	cooperation with fire authorities, to all ne individuals providing and volunteers, con roles.  (ii) Provide emerger least annually.  (iii) Maintain docum (iv) Demonstrate structures.  *[For CMHCs at §44 CMHC must provide preparedness polici and existing staff, ir under arrangement with their expected documentation of the demonstrate staff k procedures. There a emergency prepare annually.	efighting and disaster w and existing staff, g services under arrangement, is istent with their expected ancy preparedness training at entation of the training. aff knowledge of emergency es and procedures to all new adividuals providing services, and volunteers, consistent roles, and maintain the training. The CMHC must nowledge of emergency effer, the CMHC must provide dness training at least	E	037			
	Based on documer			SANA Mandra fra delimente commencia de de mora en elemedo este medica de des			
	The findings include	ed:		SPECIAL SPECIA			
	08/13/2019 through Emergency Prepare with the Program D review no written tra preparedness was I	inced survey conducted  08/14/2019 the facility edness process was reviewed irector (PD). During this aining of the initial emergency ocated. There was evidence aredness training with staff		16715 VASATIONASVIIVASSAIVSVÄSSÄNNÄÄ AUTUA AUTUA			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

•	OF DEFICIENCIES OF CORRECTION	(X1) PHOVIDEH/SUPPLIEH/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		49G017	B. WING				8/14/2019
	PROVIDER OR SUPPLIER			1631 VIRGINIA	SS, CITY, STATE, ZIP ( AVENUE URG, VA 22802	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH	OVIDER'S PLAN OF CO I CORRECTIVE ACTION REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
E 037	conducted in June a cannot find the orig training documenta complete a table to this exercise was p	2019. The PD stated, "I inal emergency preparedness tion. We did recently p exercise." Documentation of resented.	EΟ	37			
E 039	on 08/14/2019. EP Testing Require CFR(s): 483.475(d)		ΕO	39			AND A STATE OF THE
	RNHCIs and OPOs test the emergency	cility, except for LTC facilities, i] must conduct exercises to plan at least annually. The RNHCIs and OPOs] must do					
	The LTC facility mu the emergency plar unannounced staff	at §483.73(d):] (2) Testing. st conduct exercises to test at least annually, including drills using the emergency C facility must do all of the					
	community-based of exercise is not acceptacility-based. If the actual natural or marequires activation of [facility] is exempt frommunity-based of full-scale exercise of the actual event.  (ii) Conduct an addinclude, but is not lined to the actual full-scale include.	ull-scale exercise that is or when a community-based essible, an individual, a [facility] experiences an an-made emergency that of the emergency plan, the rom engaging in a or individual, facility-based for 1 year following the onset of a titional exercise that may mited to the following: -scale exercise that is or individual, facility-based.					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. E	P) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED		
49G017 B. V	WING	08/14/2019		
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR	STREET ADDRESS, CITY, STATE, ZIP CODE 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION		
Continued From page 28  (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.  (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.  *[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following:  (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.  (ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.  This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure documentation regarding the facility's efforts to contact emergency officials for participation in a collaborative and cooperative planning effort.  The findings included:  During the unannounced survey conducted 08/13/2019 through 08/14/2019 the facility	E 039			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G017	B. WING			08/	14/2019
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR			STREET ADDRESS, CITY, STATE, Z 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TON SHOULD THE APPROPI	BE	(X5) COMPLETION DATE
E 039	with the Program I review no docume the facility's efforts for participation in planning effort. The to the area fire deport their training was chool said they we scheduled that wo documentation."  No further information 08/14/2019.	redness process was reviewed Director (PD). During this ntation was located regarding to contact emergency officials a collaborative and cooperative ne PD stated, "We have talked partment and schools, but none is pertinent to our facility. The ould notify me if a training was uld benefit us. I have no	EC				
W 000	Medicaid Certificat 08/13/2019 throug not in compliance Requirements for Individuals with Int The Life Safety Co	annual 55 Fundamental tion survey was conducted h 08/14/2019. The facility was with 42 CFR Part 483 Intermediate Care Facilities for rellectual Disabilities (ICF/IID). ode survey/report will follow.  15 certified bed facility was 14 survey. The survey sample	WC	000			
W 341	consisted of four ( (Individuals #1 thro NURSING SERVIC CFR(s): 483.460(c Nursing services r other members of appropriate protec measures that indi- control of communications	04) Individual reviews ough #4). CES c)(5)(ii) must include implementing with the interdisciplinary team, tive and preventive health lude, but are not limited to nicable diseases and infections, uction of other personnel	W 3	341			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		49G017	B. WING		0	B/14/2019	
	HARRISON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CO 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ( {EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 341	Continued From pa	ge 30	W 3	41		Average of the second of the s	
	Based on medicati staff interview, and facility staff failed to control practices wh through a feeding to	s not met as evidenced by: on pass and pour observation, facility document review, o demonstrate proper infection nile administering medication ube, and failed to adhere to actices for one of two al #4.					
	Findings included:						
	noon, the Program Individual #4 had ju Emergency Room (	cility on 08/13/2019 at 12:00 Director (PD) stated that st returned from the ER) with a diagnosis of viral would be placed on isolation.				A CONTRACTOR OF THE CONTRACTOR	
	01/20/1993 with dia limited to: Intellectu Behavior Disorder,	dmitted to the facility on gnoses including, but not ual Disability, Agitated Organic Hallucinations, G (percutaneous endoscopic					
	area of the facility we the ER until approxi (personal protective	bserved sitting in the dining vith staff upon his return from imately 2:30 p.m. No PPE e equipment) ie: masks, e in place for the Individual or					
	room and sitting wit	ual #4 was observed out of his h other Individuals and staff in n, no PPE was in use.					
		:10 a.m., Individual #4 was selchair, in the dining area of					

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		49G017	B. WING			08/	14/2019
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR				1	TREET ADDRESS, CITY, STATE, ZIP CODE 631 VIRGINIA AVENUE IARRISONBURG, VA 22802		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 341	the facility. There is Individuals and fou dining area. No PF Director (PD) was individual #4's isola "Yes, he is on isola place Individual #4  At 7:20 a.m. Individual #4  At 7:20 a.m. Individual #4's room. A large card was observed sittin Individual #4's room PPE or his isolation around his room. It was interviewed regisolation. DSP #1 son isolation. They to his room, so I did something on the digloves, masks and DSP #2 was intervilled Individual #4's isola did not know he was normally a cart or some and another DS morning and got his dining room as usu During the medicate conducted 08/13/20 (registered nurse) is medication through	were approximately five other r staff members present in the PE in place. The Program nterviewed regarding ation status. The PD stated, tion." She instructed staff to back in his room.  Itual #4 was observed in his board box with a red trash bag g in front of the closet in m. There was no evidence of a status evident anywhere DSP #1 (direct staff person) garding Individual #4's stated, "I didn't know he was just told me to take him back d. Normally, there is foor or outside the room with stuff."  ewed at 8:30 a.m. regarding ation status. DSP #2 stated, "I as on isolation. There is omething outside of the room. SP cleaned him up this m up. We took him to the	W	341			
	gloves when giving PEG [percutaneous because it has a cli	ne stated, "I usually don't wear meds [medications] through a s endoscopic gastrostomy] amp and the likelihood of m messing with the stoma or	ANNA TANANA T				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G017	B. WING		08/	14/2019		
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CODE  1631 VIRGINIA AVENUE  HARRISONBURG, VA 22802					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICAL DEFICIENCY)	D BE	(X5) COMPLETION DATE		
W 341	using a tube without gloves."  The PD was asked administration of mube. The PD state persay. Everyone a feeding tube are inconsultant. The ori hours long and their in six months. After staff three times to A copy of the "Staff Gastrostomy Tube and Tube Feedings received.  The Nurse Consultably telephone on 08 stated "I use the 'D' Manual' infection or initial training is six every six months for three times after ear wash hands before equipment, gloves, of the observation of the medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medication pass stated, "Shut the dowitnessed that, but is impossible for medicati	for a policy regarding edications through a feeding edications through a feeding ed, "We don't have a policy who gives medications through inserviced by our nurse ginal training is about six in she does a follow-up training in each training she observes check off their competency." Competency Evaluation, and Medication Study Guide in preparation worksheet were sent (RN #2) was interviewed with training. It is should be a ferred from the first of the first	W 341					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		49G017	B. WING			08/14/2019	
NAME OF PROVIDER OR SUPPLIER  HARRISON ICF-MR			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 341	Continued From pa	ge 33	W 3	341			
	mentioned policy. For competencies, the I nurse and should ke	e to locate the above Regarding contract staff PD stated, "She is a registered now proper procedure and en working with a feeding					
W 455	exit conference on (	ROL	W 4	455			
		active program for the and investigation of infection diseases.					
	Based on staff inte review, the facility fa	s not met as evidenced by: rview, and facility document ailed to maintain an ongoing m of communicable disease ation of infections.					
	Findings included:						
	approximately 12:00 infections and treated Program Director (Figure 12:00 infections and treated Program Director (Figure 13:00 infections and treated Program Directors and treated Program P	nference on 08/13/2019 at 0 noon, a list of Individual ments was requested from the PD). The PD stated, "We do nis. It is recorded in the but is not tracked anywhere omething we need to start An infection manual was uded standards of care for but did not include any Individual infections.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G017	B. WING		08	/14/2019
	PROVIDER OR SUPPLIER  ON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP CO 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 455 W 457	No further informat exit conference on INFECTION CONT	ion was received prior to the 08/14/2019. ROL	W 4	THE STATE OF THE S		
	This STANDARD i Based on staff inte	aintain a record of incidents ons related to infections.  s not met as evidenced by: erview, and facility document failed to maintain a record of active actions related to				
	approximately 12:0 infections and treat Program Director (I not formerly track to Individual's record, else. I see that is so doing right away." presented that incluspecific infections,	enference on 08/13/2019 at 0 noon, a list of Individual aments was requested from the PD). The PD stated, "We do his. It is recorded in the but is not tracked anywhere comething we need to start An infection manual was uded standards of care for but did not include any Individual infections.				
<b>W</b> 458	exit conference on INFECTION CONT CFR(s): 483.470(I) The facility must pr symptoms or signs	ROL	W 4	58		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G017	B. WING		08	/14/2019	
	PROVIDER OR SUPPLIER ON ICF-MR			STREET ADDRESS, CITY, STATE, ZIP ( 1631 VIRGINIA AVENUE HARRISONBURG, VA 22802			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 458	This STANDARD Based on staff intereview, the facility an infection control signs and sympton allowed to work.  Findings included:  During the survey o8/14/2019 an emportated from the control of the con	is not met as evidenced by: erview, and facility document failed to have and implement I policy that clearly delineated as for which staff would not be conducted 08/13/2019 through ployee infection control policy approximately 11:55 a.m., the not definitely have an infection e would not allow staff to work if womiting, had diarrhea or had a d degrees or greater."	W 4	58			