

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

PRINTED: 07/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT EMPORIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEAVER AVENUE EMPORIA, VA 23847</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted offsite 05/12/2020 through 05/14/2020 and onsite 06/24/2020 and continued with offsite review through 06/25/2020. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.  The census in this 120 certified bed facility was 76 at the time of the onsite survey.	E 000		
F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted offsite 05/12/2020 through 05/14/2020 and onsite 06/24/2020 and continued with offsite review through 06/25/2020. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.  The census in this 120 certified bed facility was 76 at the time of the onsite survey.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §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	F 880	F880 SS=D Infection Control & Prevention. CFR(s): 483.80(a) (1)(2)(4)(e)(f)  With regards to the alleged deficient practice, the facility has taken the following actions:  1. The four staff members observed without masks were immediately instructed to put a mask on. Staff were immediately reeducated on proper PPE while in the facility and subjected to disciplinary action as appropriate.  2. All residents of the facility have the potential t be affected by this deficient practice. 100% audit completed to ensure all remaining staff were wearing proper PPE.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*David Caserio*

TITLE

*Nursing Home Administrator*

(X6) DATE

*07/21/2020*

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.

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

PRINTED: 07/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/25/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT EMPORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEAVER AVENUE EMPORIA, VA 23847
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 880	<p>Continued From page 1 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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</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</p>	F 880	<p>3. SDC/Infection Control Preventionist re-educated all facility staff to include Nursing, Social Services, Activities, Administration, Dietary, Housekeeping, Laundry, Rehab., were re-educated on required face masks to prevent the spread of COVID-19. Staff will be re-educated by the SDC/Infection Preventionist on the facility Infection Control Policy &amp; Procedures to include handwashing, proper PPE, based on specific precaution and correct donning and doffing of PPE with return demonstration. Re-education will also include review of the Accordius COVID-19 response plan.</p>	
-------	--	-------	---	--

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

PRINTED: 07/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/25/2020
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT EMPORIA			STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEAVER AVENUE EMPORIA, VA 23847		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 2</p> <p>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 (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, staff interview, and facility documentation, the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 3 of 6 observed areas of the facility.</p> <p>The findings included:</p> <p>The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>On 6/24/2020 at 12:46 PM Surveyor A was accompanied by the Director of Nursing (DON) on a facility tour. Prior to the tour the DON was</p>	F 880	<p>4. DON to complete infection control Audit tool 5 x weekly for 8 weeks for proper PPE use and Infection Control precautions. DON to complete audit tool on common areas of facility to include nursing care areas, dietary kitchen areas/ department, environmental service/laundry service areas and the maintenance department. Any identified areas of concern will be immediately addressed and corrected in accordance with the facility Infection Control Policy and Procedures.</p> <p>5. Results of infection control audits will be turned in to the Regional Director of Clinical Services weekly and to the QAPI committee monthly for 2 months. The QAPI committee is responsible for the ongoing monitoring for compliance.</p> <p>6. Date of compliance on 7/24/20.</p>		

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

PRINTED: 07/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT EMPORIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEAVER AVENUE EMPORIA, VA 23847</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 880	<p>Continued From page 3</p> <p>asked what her expectation regarding masks was. The DON stated, "everyone is wearing masks at all times, covering their mouth and nose; except on the exposure unit, they wear an N95".</p> <p>On 6/24/2020 at approximately 12:50 PM, while accompanied by the Director of Nursing (DON) (Employee: B), observation of the kitchen revealed Employee C with her face mask resting on her top lip, exposing her nose. Employee D was observed with her face mask resting on her chin with both her mouth and nose exposed. During the kitchen observation the Dietary Manager (Employee G) joined Surveyor A and the DON. When Employee G was asked what her expectation on masks are for employees, Employee G stated, she expects them to wear masks at all times covering their nose and mouth. The DON stated, that she reminded Employee C to pull her mask up.</p> <p>On 6/24/2020 during a tour of the laundry department, Employee E, the laundry aide was observed in the clean linen room, handling linen with her face mask hanging from her left ear. The right side of the mask was not secured; therefore her mouth and nose were both exposed. When asked why Employee E didn't have her mask on, Employee E stated, "I just took it off for a second, if we are back here we don't have to have it on".</p> <p>On 6/24/2020 while walking toward the memory care unit with the DON, the Maintenance Assistant (employee F) was observed sitting in the maintenance office without any facial covering/mask on. His nose and mouth both were completely exposed.</p>	F 880		
-------	---	-------	--	--

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

PRINTED: 07/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT EMPORIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEAVER AVENUE EMPORIA, VA 23847</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 880	<p>Continued From page 4</p> <p>On 6/24/2020 during the facility tour the supply of personal protective equipment (PPE) which included face masks was observed and multiple cases of unopened face masks were observed. Staff interviews revealed that the facility supply of masks is adequate.</p> <p>On 6/24/2020 at 1:28 PM prior to leaving the facility, the DON was asked if she had observed any concerns during the tour. The DON stated, "yes, the masks in the kitchen".</p> <p>On 6/24/2020 at approximately 2:10 PM a telephone conference was held with the survey team and the facility Administrator and DON. They were made aware of the findings during facility observations. The facility Administrator stated, "we are concerned about that too".</p> <p>On 6/24/2020 the facility staff provided the survey team with evidence of staff training on PPE for Employees C, D, and F that were conducted in March 2020. Employee E's training took place on 6/22/2020.</p> <p>Review of the facility policy titled "COVID-19 Policy/plan for facilities" with a revision date of 5/6/2020 read, "all staff will be required to wear a surgical/isolation mask at all times while in the facility."</p> <p>Per the CDC's guidance stated "healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of</p>	F 880		
-------	--	-------	--	--

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

PRINTED: 07/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT EMPORIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEAVER AVENUE EMPORIA, VA 23847</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	<p>Continued From page 5</p> <p>infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required". CDC recommendations/guidelines accessed online 6/9/2020 at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html</a></p> <p>CMS's "COVID-19 Long-Term Care Facility Guidance" dated April 2, 2020, read: "For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility." accessed online 6/9/2020 at <a href="https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf">https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf</a></p> <p>The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/25/2020. No further information was provided.</p>	F 880		