

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

PRINTED: 07/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OR SUPPLIER DOGWOOD VILLAGE OF ORANGE COUNTY HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 120 DOGWOOD LANE ORANGE, VA 22960	

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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 880 SS=E	<p>An unannounced abbreviated COVID-19 Focused Survey was conducted remotely and onsite on 6/16/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).</p> <p>The census in this 164 certified bed facility was 128. Of the 128 current residents, zero residents were currently positive for the COVID-19 virus. The survey sample consisted of five current resident reviews (Residents #1 through #5).</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying,</p>	F 880		7/28/20

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

TITLE

(X6) DATE

Electronically Signed

07/08/2020

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.

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F 880	<p>Continued From page 1</p> <p>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 must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>	F 880		

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F 880	<p>Continued From page 2</p> <p>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, facility document review, and clinical record review, it was determined that the facility failed to implement infection control procedures to prevent the spread of infection and communicable disease during a COVID 19 outbreak for five out of five residents in the survey sample, Residents #1, #2, #3, #4, and #5. The facility staff failed to sanitize vital sign equipment between use on Resident #1, #3, and #4 and failed to properly wash their hands between resident contact. The facility staff member failed to wear an isolation gown when in contact with Resident #5, who was on droplet precautions to prevent the spread of COVID-19. (1) The facility staff failed to maintain social distance between Residents #1 and #2 when they were in a common area per CDC [Center for Disease Control] guidance for COVID 19.</p> <p>The findings include:</p> <p>On 6/16/2020 at 10:32 a.m., CNA (certified nursing assistant) #3 was observed taking Resident #1's vital signs using an automated blood pressure cuff and device which measures the oxygen level in the blood (pulse oximeter).</p>	F 880	<ol style="list-style-type: none"> The residents that were identified in the 2567 have been seen by MD/NP since the state visit on 6/16/20. Residents #1, #2, #3, and #4 have had no s/s of COVID-19; resident #5 discharged on 6/17/20. The other residents of the facility have the potential to be affected. The facility Administrative Nursing team in collaboration with the Infection Preventionist, the QAPI Committee, and the Governing Body will develop a comprehensive Root Cause Analysis and Directed Plan of Correction per OLC guidance by 7/13/20. The Directed Plan of Correction will reference reasons for the deficient practice and will include systemic changes and on-going monitoring for compliance. To ensure compliance, audits will be conducted by the Director of Nursing/Designee every week x 4 weeks; then, weekly x 4 weeks; then, monthly x 4 months related to: Standard vs. Transmission-based Precautions with PPE specifically when caring for residents with suspected or confirmed COVID-19 	

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F 880	<p>Continued From page 3</p> <p>The resident was seated in the common area, and Resident #2 was less than three feet away from Resident #1. Both residents were seated in wheelchairs. Neither resident wore a mask. CNA #3 completed the vital sign assessment on Resident #1. Without sanitizing the blood pressure cuff or the pulse oximeter, she took the equipment into Resident #3's room. CNA #3 did not wash or sanitize her hands when she entered Resident #3's room. She placed the blood pressure cuff on Resident #3's left arm and the pulse oximeter on a finger on Resident #3's right hand. Once the assessment was complete, CNA #3 washed her hands for 20 seconds at the sink. She did not sanitize the vital sign equipment. She took the equipment to Resident #4's room, and placed the blood pressure cuff on Resident #4's left arm and the pulse oximeter on a finger on Resident #4's right hand.</p> <p>Resident #1 was admitted to the facility on 6/7/19; diagnoses include but are not limited to heart disease, insomnia, anxiety, depression, and osteoarthritis. The quarterly MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 3/5/20 coded the resident as moderately impaired in ability to make daily life decisions. Resident #1's comprehensive care plan dated 3/24/20 for "Risk of exposure to and/or transmission of COVID-19" included the following interventions: "Educate and assist with frequent proper hand hygiene (dated 3/24/20). Educate and assist with respiratory hygiene and cough etiquette (dated 3/24/20). Educate on social distancing with no handshakes, hugging, communal dining and group activities (dated 3/24/20). Encourage to remain in their room if fever or respiratory symptoms occur (dated 3/24/20). Implement standard, contact and</p>	F 880	<p>diagnosis; proper hand-hygiene between direct resident contacts; disinfection of equipment between resident usage; and staff and residents cohorting, social distancing, and wearing a facemask. This information will be reviewed by the QAPI team for compliance and completion.</p>		

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F 880	<p>Continued From page 4</p> <p>droplet precautions for symptoms/undiagnosed respiratory infections; follow facility policy (dated 3/24/20). Monitor for signs and symptoms of respiratory infections (e.g. new or change in cough, fever, sore throat, shortness of breath) on admission and every shift (dated 3/24/20). Monitor vital signs per orders, see eTAR (electronic treatment administration record) (dated 3/24/20). Provide resident/RP (responsible party) with updated information from CMS (Centers for Medicare and Medicaid Services) and VDH (Virginia Department of Health) on COVID-19 as appropriate and in a manner they can understand (dated 3/24/20). COVID-19 testing per orders (dated 6/3/20)."</p> <p>Resident # 2 was admitted to the facility on 2/12/18 with the diagnoses of but not limited to chronic respiratory failure, COPD (chronic obstructive pulmonary disease) (3), dementia, and high blood pressure. The quarterly MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 5/13/20 coded the resident as being severely impaired in ability to make daily life decisions. Resident #2's comprehensive care plan dated 3/24/20 for "Risk of exposure to and/or transmission of COVID-19" included the following interventions: "Educate and assist with frequent proper hand hygiene (dated 3/24/20). Educate and assist with respiratory hygiene and cough etiquette (dated 3/24/20). Educate on social distancing with no handshakes, hugging, communal dining and group activities (dated 3/24/20). Encourage to remain in their room if fever or respiratory symptoms occur (dated 3/24/20). Implement standard, contact and droplet precautions for symptoms/undiagnosed Respiratory infections; follow facility policy (dated 3/24/20). Monitor for signs and symptoms of</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>respiratory infections (e.g. new or change in cough, fever, sore throat, shortness of breath) on admission and every shift (dated 3/24/20). Monitor vital signs per orders, see eTAR (electronic treatment administration record) (dated 3/24/20). Provide resident/RP (responsible party) with updated information from CMS (Centers for Medicare and Medicaid Services) and VDH (Virginia Department of Health) on COVID-19 as appropriate and in a manner they can understand (dated 3/24/20). COVID-19 testing per orders (dated 6/3/20)."</p> <p>Resident #3 was admitted to the facility on 3/2/20; diagnoses include but are not limited to stroke, high blood pressure, and heart disease. The admission MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 3/10/20 coded the resident as severely cognitively impaired in ability to make daily life decisions. Resident #3's comprehensive care plan dated 5/28/20 for "Risk of exposure to and/or transmission of COVID-19" included the following interventions: "Educate and assist with frequent proper hand hygiene (dated 5/28/20). Educate and assist with respiratory hygiene and cough etiquette (dated 5/28/20). Educate on social distancing with no handshakes, hugging, communal dining and group activities (dated 5/28/20). Encourage to remain in their room if fever or respiratory symptoms occur (dated 5/28/20). Implement standard, contact and droplet precautions for symptoms/undiagnosed respiratory infections; follow facility policy (dated 5/28/20). Monitor for signs and symptoms of respiratory infections (e.g. new or change in cough, fever, sore throat, shortness of breath) on admission and every shift (dated 5/28/20). Monitor vital signs per orders, see eTAR</p>	F 880		

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F 880	<p>Continued From page 6 (electronic treatment administration record) (dated 5/28/20). Provide resident/RP (responsible party) with updated information from CMS (Centers for Medicare and Medicaid Services) and VDH (Virginia Department of Health) on COVID-19 as appropriate and in a manner they can understand (dated 5/28/20). COVID-19 testing per orders (dated 6/3/20)."</p> <p>Resident #4 was admitted to the facility on 3/28/16; diagnoses include but are not limited to high blood pressure, diabetes, depression, anxiety, and obesity. The annual MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 3/10/20 coded the resident as cognitively intact in ability to make daily life decisions. Resident #4's comprehensive care plan dated 3/24/20 for "Risk of exposure to and/or transmission of COVID-19" included the following interventions: "Educate and assist with frequent proper hand hygiene (dated 3/24/20). Educate and assist with respiratory hygiene and cough etiquette (dated 3/24/20). Educate on social distancing with no handshakes, hugging, communal dining and group activities (dated 3/24/20). Encourage to remain in their room if fever or respiratory symptoms occur (dated 3/24/20). Implement standard, contact and droplet precautions for symptoms/undiagnosed respiratory infections; follow facility policy (dated 3/24/20). Monitor for signs and symptoms of respiratory infections (e.g. new or change in cough, fever, sore throat, shortness of breath) on admission and every shift (dated 3/24/20). Monitor vital signs per orders, see eTAR (electronic treatment administration record) (dated 3/24/20). Provide resident/RP (responsible party) with updated information from CMS (Centers for Medicare and Medicaid Services)</p>	F 880		

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F 880	<p>Continued From page 7 and VDH (Virginia Department of Health) on COVID-19 as appropriate and in a manner they can understand (dated 3/24/20). COVID-19 testing per orders (dated 6/3/20)."</p> <p>On 6/16/2020 at 10:59 a.m., OSM (other staff member) #1, a physical therapist, was observed kneeling on the floor in front of Resident #5, who was seated in a wheelchair in her room. OSM #1 was wearing a mask; he was not wearing gloves or an isolation gown. A sign on the resident's door read: "Please see nurse before entering." Observation revealed an isolation cart outside Resident #5's room. OSM #1 assisted Resident #5 to stand and to sit multiple times, touching her clothing on her legs and on her arms. OSM #1 assisted Resident #5 with ambulating in her room, and with maneuvering her walker around her bed. Observation revealed, OSM #1 brushed up against Resident #5's unmade bed with his clothing several times.</p> <p>Resident #5 was admitted to the facility on 6/6/20; diagnoses include but are not limited to vertebra fracture, sternal fracture, high blood pressure, and mass in the lung. The admission nursing assessment dated 6/6/20 documented that the resident was able to understand others and make herself understood. The assessment documented that the resident required the use of some assistive devices. Resident #5's baseline care plan dated 6/6/2020 included the following interventions: "Isolation for Prevention, Type: Contact with mask. Contact isolation (gown, gloves, mask, face shields for prevention X 14 days)."</p> <p>On 6/16/2020 at 11:09 a.m., RN (registered</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>nurse) #2, the unit manager, was interviewed. When asked what the sign on Resident #5's door meant, RN #2 stated the sign is to indicate that the resident is still in 14-day isolation. When asked the purpose of the isolation, RN #2 stated that Resident #5 was a relatively new admission (within the past 14 days), and she was being isolated to prevent the possible spread of COVID-19. When asked what kind of PPE (2) should be worn in Resident #5's room, RN #2 stated, "Gowns, gloves, and a mask, as a prevention."</p> <p>On 6/16/2020 at 11:10 a.m., OSM #1 was interviewed. When asked what the sign on Resident #5's door meant, OSM #1 stated, "We have them [residents] on isolation when they come into the building." OSM #1 stated the proper PPE [personal protective equipment] to be worn for residents in isolation includes gown, masks, and gloves, and "the nurse always wear those. We just wear our masks."</p> <p>On 6/16/2020 at 11:22 a.m., CNA [certified nursing assistant] #3 was interviewed. When asked if she was aware of anything she would have done differently after taking Resident #1's vital signs earlier, she stated she could not think of anything. When asked if she sanitized the pulse oximeter or the blood pressure cuff after taking Resident #1's and #3's vital signs, CNA #1 stated, "No. I did not know if I was supposed to." She stated she knew she should have sanitized her hands after working with each resident.</p> <p>On 6/16/2020, ASM (administrative staff member) #1, the executive director, ASM #2, the director of nursing, and RN (registered nurse) #1, the assistant director of nursing and infection</p>	F 880		

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F 880	<p>Continued From page 9</p> <p>preventionist, were informed of these concerns. ASM #2 stated the facility staff is "doing" social distancing with the residents. ASM #2 stated, "We do the best we can. We encourage masks. We attempt to keep them six feet apart." She stated some facility residents insist on going to the same spot each day, and that it is hard to manage cognitively impaired residents. ASM #2 stated the staff encourages residents to stay in their rooms. She stated vital sign equipment should be cleaned after use with each resident and that the staff has been provided with and educated on the use of disinfecting wipes. ASM #2 stated Resident #5 was a new admission, and had been admitted to the facility's "yellow zone." ASM #2 stated these residents have been tested at the hospital for COVID-19, and the only isolation required is for the staff to wear a mask. When asked what kind of isolation Resident #5 was on, ASM #2 stated the resident [Resident #5] could have been exposed to COVID-19 between the time she was tested at the hospital and when she arrived at the facility. ASM #2 stated Resident #5 was on droplet isolation precautions, and that the staff should be wearing gown, gloves, and masks when entering the resident's room. She stated this practice should be followed in the case of a resident suspected of having COVID-19 and in the case of a resident who has had an opportunity of exposure prior to admission into the facility.</p> <p>A review of the facility policy, "Hand Hygiene Using Alcohol Hand Rubs for Residents and Employees," revealed, in part: "It is the policy of this facility to guide proper hygiene techniques to help prevent transmission of infections... Staff may use Alcohol Hand Rub in the following situations: Before direct contact with patients."</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>Review of the facility policy, "Policy and Procedure for Coronavirus Disease - COVID-19 - Admission of Resident with Suspected and/or Diagnosis of COVID-19," revealed, in part: "The facility will screen all potential new admissions for exposure to COVID-19...Before arrival of a resident suspected of having COVID-19 - Where possible the resident will be assigned a private room and be placed in 'quarantine' for 14 days and/or until cleared after consultation with the local health department. Implement and carry out transmission-based precautions as recommended by CDC (Centers for Disease Control), CMS (Centers for Medicare/Medicaid Services), and/or the local health department...The facility will make all reasonable efforts to minimize exposure to other residents."</p> <p>No further information was provided prior to exit.</p> <p>REFERENCES</p> <p>(1) "Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named SARSCoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by SARS-CoV-2 has been named COVID-19." This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments</p> <p>(2) "PPE: Personal protective equipment is special equipment you wear to create a barrier</p>	F 880		

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NAME OF PROVIDER OR SUPPLIER DOGWOOD VILLAGE OF ORANGE COUNTY HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 120 DOGWOOD LANE ORANGE, VA 22960		
(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 11</p> <p>between you and germs. This barrier reduces the chance of touching, being exposed to, and spreading germs." This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000447.htm</p> <p>(3) COPD is "a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis." Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> <p>"Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment...Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination." This information is taken from the website https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html.</p>	F 880			