

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

PRINTED: 07/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE 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
E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted offsite 05/07/2020 through 05/08/2020 and onsite 06/24/2020. 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.	E 000		
F 000	The census in this 65 certified bed facility was 50 at the time of the onsite survey. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted offsite 05/07/2020 through 05/08/2020 and onsite 06/24/2020. 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.	F 000		
F 880 SS=D	The census in this 65 certified bed facility was 50 at the time of the onsite survey. 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 diseases and infections.	F 880		7/15/20

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

TITLE

(X6) DATE

Electronically Signed

07/10/2020

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>§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 must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, 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 1 (laundry) of 4 areas observed within the facility.</p> <p>The findings included:</p> <p>The facility staff failed to wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>On 6/24/2020 at approximately 10:45 AM, Surveyor A, accompanied by the Director of Nursing (DON, Employee B), while on tour of the facility, observed Employee C in the facility's laundry room without a face mask. Prior to</p>	F 880	<p>This plan of correction constitutes the facilities written allegation of compliance for the deficiency cited. However, submission of this plan of correction is not an admission that deficiencies exist or that one was cited correctly. The plan of correction is submitted to meet requirements established by federal and stste law.</p> <ol style="list-style-type: none"> 1. Employee C was provided with 1:1 education by the Director of Nursing on 6/24/20 regarding facility facemask requirements. 2. All residents/employees have the potential to be affected by failure of staff to wear facemask as required. 3. Employees were in-serviced by the 		

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F 880	<p>Continued From page 3</p> <p>beginning the facility tour with the DON, Surveyor A asked the DON about the expectation of staff wearing face masks, to which the DON replied, "staff are to wear masks at all times, nose and mouth must be covered".</p> <p>On 6/24/2020 at approximately 12:00 PM, a telephone conference was held by Surveyor B with the Facility Administrator (Employee A) and the DON. The DON confirmed the observations made during the tour with Surveyor A. The Facility Administrator stated, "I expect all staff to wear a face mask at all times while at work". Facility documents with regard to infection control and the use of face masks were requested and received.</p> <p>On 6/24/2020, review of the facility's document titled, "Report Announcement", dated 05/08/2020, read, "Effective immediately, all employees are expected to arrive at work wearing a mask and will be required to wear a mask at all times in the facility except when eating or drinking. Masks will be provided at the entrance if necessary".</p> <p>Review of CDC guidance read, "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 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 6/24/2020 at:</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/</p>	F 880	<p>Director of Nursing on 6/24/2020-7/2/2020 on the facility requirements regarding the wearing of the facemask while in the facility. Employees not in the facility who work at home or PRN were contacted via phone for the education.</p> <p>Director of Nursing and/or designee will audit the wearing of facemask by employees at all times while in the facility 3 x per week for 12 weeks. Any variance will require immediate 1:1 education.</p> <p>4. Director of Nursing and/or designee will bring audit results to the monthly QAPI meeting to review. The results will be discussed by the committee monthly until established thresholds are met.</p>		

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F 880	Continued From page 4 ong-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 The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/24/2020. No further information was provided.	F 880			