

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49E215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OR SUPPLIER RIVERSIDE CONVAL CENTER-MATHEW			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 370 MATHEWS, VA 23109	
(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 6/2/2020 through 6/3/2020 and onsite 6/10/2020 through 6/11/2020. The facility was in compliance with 42 CFR Part 483.73 emergency preparedness regulations, for the implementation of 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 60 certified bed facility was 56 at the time of onsite survey. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted offsite 6/2/2020 through 6/3/2020 and onsite 6/10/2020 through 6/11/2020. 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=E	The census in this 60 certified bed facility was 56 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		7/17/20

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

TITLE

(X6) DATE

Electronically Signed

06/23/2020

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 3 (hallway, kitchen, and nursing unit) of 4 areas within 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 6/10/2020 at approximately 1:45 PM, Surveyor B, accompanied by the Director of Nursing (DON, Employee B), while on tour of the facility, observed Employee C and Employee E standing in the hallway outside of the kitchen.</p>	F 880	<ol style="list-style-type: none"> 1. Employees C, D, E and F received immediate training by the ADON on the "RHS-IP-Universal Masking During Pandemic" policy & procedure on 6/11/2020, 2. All residents within the facility are at risk of being effected by staff members failing to properly wear personal protective equipment to prevent the spread of COVID-19. 3. Clinical Educator/Designee will educate all facility departments on proper use of personal protective equipment by July 3, 2020 4. The DON/Designee will audit for proper use of personal protective equipment on 6 staff members per day for 8 weeks. The results of the audit will be reported to the QA Committee by the DON/Designee for evaluation of 		

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F 880	<p>Continued From page 3</p> <p>Neither Employee C nor Employee E was observed wearing a face mask. Surveyor B observed Employee D inside the kitchen with a face mask pulled down below the level of the chin with both mouth and nose exposed. The DON instructed the 3 staff members to put on face masks. Surveyor B asked the DON, "What is your policy for staff wearing masks" and the DON responded, "Staff are to wear masks in the building at all times, they must have a mask on when they come to work to sign in".</p> <p>Surveyor B, accompanied by the DON, observed Employee F exiting a resident's room, with a face mask positioned under the chin with both nose and mouth exposed. Surveyor B asked Employee F, "Why don't you have a mask on"? Employee F responded, "I'm sorry, most of the time I keep it on, I was just in there and hot so I took it off to breathe".</p> <p>On 6/10/2020 at 3:35 PM, a telephone conference was held by Surveyor C with the Facility Administrator (Employee A) and the DON. The DON confirmed the observations made during the tour with Surveyor B and saw that some staff members were not compliant with existing facility policy on the use of face masks. Facility documents with regard to infection control and the use of face masks were requested and received.</p> <p>On 6/11/2020, review of the facility's policy titled, "Universal Masking During Pandemic", effective date 05/06/2020, stated: "Purpose: To provide universal source control as an effort to reduce transmission of respiratory disease during a pandemic", "Policy: Every person that enters a [name</p>	F 880	<p>compliance and ongoing monitoring for continuous improvement analysis.</p> <p>5. All corrective actions will be completed by July 17, 2020</p>		

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F 880	<p>Continued From page 4</p> <p>redacted] Health Systems healthcare facility must wear protective covering over their mouth and nose", and</p> <p>"Procedure: III. Team members, F. Team members must wear a procedure mask upon entering the healthcare facility and at all times while in the healthcare facility except while eating or drinking or when alone in an office with the door closed".</p> <p>On 6/11/2020, review of the facility's document titled, "Tip Sheet for Mask Use" stated, "[facility name redacted] Guidelines for Universal Masking: CDC [Center for Disease Control] guidance supports universal masking to prevent the spread of COVID-19 from carriers who may not even have symptoms...1. Universal masking includes wearing a medical-grade procedure mask before entering the facility (mask should be applied upon exiting vehicle) and worn in all areas of facility...2. Masks should always be worn covering the nose and mouth".</p> <p>The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/11/2020. No further information was provided.</p>	F 880			