

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

PRINTED: 10/15/2020
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 09/22/2020
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 9-22-2020. 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	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite 9-22-2020. 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 survey sample consisted of 3 residents.	F 000			
F 880 SS=D	The census in this 65 certified bed facility was 41 at the time of the 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. §483.80(a) Infection prevention and control	F 880		10/24/20	

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

TITLE

(X6) DATE

Electronically Signed

10/13/2020

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 program.</p> <p>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 contact with residents or their food, if direct</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 2 of 3 areas within the facility.</p> <ol style="list-style-type: none"> 1. The facility staff failed to wear a face covering/mask while in the facility. 2. The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19 on the COVID unit. <p>The findings included:</p> <ol style="list-style-type: none"> 1. The facility staff failed to wear a face covering/mask while in the facility. 	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 state law.</p> <ol style="list-style-type: none"> 1. Employee B was provided with 1:1 education by the Director of Nursing on 9/22/2020 regarding facility face masks requirements. <p>Employee C was provided with 1:1 education by the Director of Nursing on 9/22/2020 regarding the proper mask to use in the areas of the facility, to wear a</p>		

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F 880	<p>Continued From page 3</p> <p>On 9/22/2020 at 11:42 AM, Surveyor B, accompanied by the Director of Nursing (DON, Employee B), while on tour of the facility, observed CNA B enter the facility's dining room without a face mask. CNA B had entered the facility and dining room for COVID-19 testing. The DON told CNA B she had to exit and re-enter through the front door and could not be in the facility without a facemask on. CNA B then exited the dining room and returned a few minutes later wearing a facemask.</p> <p>Review of the facility policy titled "Universal Facial Covering/Facemask Policy" with a date of 7/20/2020 was reviewed and read, "HCP [healthcare personnel] should wear a facemask when entering the facility and at all times while they are in the facility".</p> <p>Review of CDC information read, "HCP [healthcare personnel] 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. CDC data accessed online 9/24/2020 at: 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</p> <p>The facility Administrator and DON were made aware of the findings during the end of day meeting held on 9/22/2020. The facility staff provided the survey team with a typed document</p>	F 880	<p>mask at all times and how to don/doff the appropriate mask.</p> <p>Completion date: 9/22/2020</p> <p>2. All residents/employees have the potential to be affected by employees not wearing masks as required in the facility or the inappropriate use or application of facemasks in the facility as required.</p> <p>3. Employees were in-serviced by the Director of Nursing on 10/6/2020-10/12/2020 on the facility requirements regarding the wearing of facemasks while in the facility and upon entrance into the facility. Employees not in the facility who work at home or PRN were contacted via phone x 2 nurses for the education.</p> <p>Completion date: 10/12/2020</p> <p>All new hires will be educated on proper wearing of face mask and cannot enter center without donning a face mask upon hire.</p> <p>4. Director of Nursing and or designee will audit the wearing of facemasks to include wearing a facemask upon entering the facility and proper wear of the N95 on the COVID unit while in the facility 3 X per week for 12 weeks. Any variance will</p>		

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F 880	<p>Continued From page 4</p> <p>signed by the facility Administrator and DON that indicated they had spoken with CNA B "regarding entering the facility on her day off for mandatory testing without a facemask."</p> <p>No further information was provided.</p> <p>2. The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19 on the COVID unit.</p> <p>On 9/22/2020 at approximately 12:05 PM during tour a discussion was held with the DON regarding double masking of staff. The DON indicated that since the KN-95 masks are not OSHA approved staff will wear a procedure mask in addition to the KN-95 at times if they feel more comfortable and protected that way. The DON was made aware that in the non-COVID units that was acceptable but on the COVID unit if double masking is observed with a procedure mask underneath the N-95 that would be concerning because the mask under an N-95 would prevent the N-95 [medical respirator] from obtaining a seal. The DON expressed understanding and agreed.</p> <p>On 9/22/2020 at approximately 12:30 AM Surveyor B observed CNA C don (put on) personal protective equipment (PPE) outside of the COVID unit in the presence of the Director of Nursing (DON). CNA B was already wearing hair covering, an N95 medical respirator with a surgical mask underneath and faceshield. She then proceeded to put on the remainder of her PPE to include an isolation gown and gloves. When asked the importance of wearing PPE,</p>	F 880	<p>require immediate 1:1 education.</p> <p>Director of Nursing (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> <p>Completion Date: 10/24/20</p>		

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F 880	<p>Continued From page 5</p> <p>CNA C stated: "to protect yourself from getting the virus". CNA C then proceeded to knock on the Resident room door in the COVID unit. Surveyor A stopped CNA C from entering as she was not properly protected. By applying the N95 mask over the procedure mask CNA C failed to have a seal on her N95. CNA C was advised she would need to correct her mask before entering the room. CNA C asked the DON, "so that was inappropriate?" [indicating the way she had it on] and the DON responded "yes".</p> <p>Prior to Surveyor B exiting the facility after conducting on-site observations and record reviews the DON provided a two page document that read, "Interim Infection Prevention and Control Recommendations for HCP during the COVID-19 Pandemic. Source: CDC updated guidance dated 7/15/2020". This document stated, "Staff may wear a KN95 or N95 if not fit tested over a medical facemask if they desire for added protection".</p> <p>Per the CDC's guidance stated "Put on NIOSH-approved N95 filtering facepiece respirator or higher. If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.* Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator". accessed online 9/24/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</p>	F 880			

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F 880	Continued From page 6 CDC also has a visual aide of how to properly put on and take off a respirator and it read, "when you put on a disposable respirator position your respirator correctly and check the seal to protect yourself from COVID-19. Select other PPE items that do not interfere with the fit or performance of your respirator. Do not allow facial hair, jewelry, glasses, clothing or anything else to prevent proper placement or to come between your face and the respirator". Accessed online at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html On 9/22/2020 during an end of day meeting held at approximately 5:45 PM a discussion was held between the survey team, facility Administrator, DON and facility nurse consultant. The nurse consultant confirmed that the document provided to the survey team titled "Interim Infection Prevention and Control Recommendations for HCP during the COVID-19 Pandemic" was a facility document/policy that was created. The Nurse consultant went on to state that she consults in several states and they didn't want to get cited for staff wearing N-95 medical respirators when they had not been fit tested so they implemented this procedure and "the next best thing is wearing a surgical mask underneath which made them [the employees] feel more comfortable and that's what we decided to do as a company". The survey team advised that they have been able to find no information from the CDC that this is an acceptable practice and actually the CDC has information that this practice of wearing a procedure mask underneath is prohibited, the nurse consultant stated, "I know".	F 880			

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F 880	Continued From page 7 No further information was provided.	F 880			