ACCORDIUS
HEALTH
AT HARRISONBURG

October 27, 2020

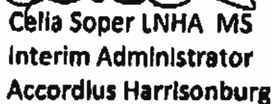
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Att: Ms. Nicole Keeney, LTC Supervisor

Dear Ms. Keeney,

Enclosed please find "Corrective Action" for deficiency during survey ending 10/14/2020 at Accordius Health Harrisonburg.

If you have any questions or concerns, please don't hesitate to contact me at 540-433-2791 or CSoper@accordiusgc.com

Thanks for your attention to this matter and Have a great day!



Celia Soper LNHA MS
Interim Administrator
Accordius Harrisonburg

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(540) 433-2791 | (540) 433-0109
94 South Avenue, Harrisonburg, VA 22801 | AccordiusHealth.com

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

PRINTED: 10/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495146	A. BUILDING ______ B. WING ______	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT HARRISONBURG LLC	94 SOUTH AVENUE HARRISONBURG, VA 22801

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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted from 10/13/2020 through 10/14/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Focused Infection Control survey was conducted from 10/13/2020 through 10/14/2020. Corrections are required for the facility to be in compliance with 42 CFR Part 483.80 Infection control regulations, and the CMS and Centers for Disease Control (CDC) recommended practices for COVID -19. The census in this 117 certified bed facility was 69 at the time of the survey. There were four COVID positive residents in the facility. The survey sample consisted of three resident reviews.	F 000	**F886** **Corrective Action(s):** The Facility has been testing twice a week since October 8, 2020, this is with residents and staff regardless if results from prior test is back or not. The IP was re-educated on the Policy of testing staff and residents and the proper PPE (gowns, N95, gloves, shields). The IP started wearing proper PPE for all staff testing immediately.	
F 886 SS=F	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency;	F 886	**Identification of Deficient Practice(s) and Corrective Action(s):** All residents were affected and will be tested twice a week per CMS guidelines when an outbreak has occurred. All staff will be tested twice a week while and outbreak is occurring in the facility and will follow the County of Rockingham positivity rates to determine how often staff will test going forward regardless if results are back or not. All residents were affected with the improper PPE usage while testing staff. The IP has started to utilize proper PPE (gowns, gloves, N95, shields) for all staff testing since October 15, 2020.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Interim Administrator (X6) DATE: 10/26/2020

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 886	Continued From page 1 (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests; §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19. §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who	F 886	**Systemic Change(s):** The Policy and Procedures for COVID testing were reviewed and no changes were warranted at this time. A list of employees being tested will be completed each testing day to ensure all staff are being tested per the CMS guidelines. All nursing staff who perform COVID testing on staff or residents will be educated by the DON on the policy and the proper PPE usage (gowns, N95s, gloves, shields) while testing for COVID. **Monitoring:** The DON or designee will monitor the county positivity rate weekly and the employee list to ensure the CMS guidelines are being met and all active employee are being tested timely. The DON or designee will audit at least two times per test day for 30 days then reduce to one time per test day for 60 days to ensure proper PPE was worn while testing. All negative findings will be corrected at time of discovery. Detailed findings of this audit will be reported to the Quality Assurance Committee for review, analysis, and recommendations. **Date of Compliance: October 26, 2020**	

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F 886	Continued From page 2 refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, the facility to perform facility wide testing based on their county positivity rate greater then 10 %, and failed to conduct testing and specimen collection from facility staff in a manner consistent with current standards of practice. Findings were: 1. An interview with the facility administrator and the DON (director of nursing) was conducted on 10/14/2020 at approximately 8:15 a.m. The administrator stated that they were using the CMS website to obtain county positivity rates. She reported the following percentages: 08/27/2020 - 09/09/2020: 14.3% 09/03/2020 - 09/16/2020: 20.5% 09/10/2020 - 09/23/2020: 13.3% 09/17/2020 - 09/30/2020: 12.9% 09/24/2020 - 10/07/2020: 14.3% She was asked about testing frequency. She stated "We should have been testing twice a week but we couldn't get the results back so we tested weekly...we had the tests scheduled but would have to cancel at the last minute because we didn't have results...that's what corporate said to do." She was asked when testing had been	F 886		

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F 886	Continued From page 3 done and the results. She gave the following information: 09/15/2020: Tested all staff and residents, 100% negative 09/18/2020: Test scheduled but canceled because all results were not back from 09/15 testing 09/22/2020: Tested all staff and residents, 100% negative 09/25/2020: Test scheduled but canceled because all results were not back from 09/22 testing 09/29/2020: Tested all staff and residents - 2 positive staff members 10/02/2020: Test scheduled but canceled because all results were not back from 09/29 testing 10/05/2020: Tested all staff and residents - 2 positive residents 10/08/2020: Tested all staff and residents - 2 positive residents, 1 resident results still pending 10/12/2020: Tested all staff and residents - results are pending At approximately 9:35 a.m., the infection preventionist was interviewed. She stated that they had received guidance from (Name of company) to not test if results were not back. She was asked what the company was. She stated, "They help facilities that have done poorly on previous surveys...they interpreted [the CMS memo of 08/26/2020] page 5 (she then read the first paragraph) to mean that we didn't test if results were not back." She was asked if based on the paragraph she read, did the facility have documentation that they had contacted the lab and the local/state health department regarding the timeframe to obtain results. She stated,	F 886		

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F 886	Continued From page 4 "[name of administrator] has emails." The documentation was requested. The facility policy regarding COVID testing documented on page 3, "Routine Testing of Staff", item 2-c: "If the community COVID-19 activity is high and the county positivity rate in the past week is >10%, the minimum testing frequency of staff will be twice a week*. (*This testing frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround is <48 hours.)" Item 3 of the same policy stated, "Should the 48 hour turnaround time not be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility will document its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and its contact with the local and state health departments." A meeting was held with the administrator and the DON at approximately 10:35 a.m. The administrator was asked why testing had not been done prior to September 15, 2020. She stated they couldn't get the nasopharyngeal swabs from the lab, they "...got enough to do testing on the 15th." She was asked if she had documentation regarding the lack of supplies and had she contacted the local and state health department. She stated, "No ma'am. I was not aware that I was supposed to." She also stated, "I don't have it in writing but we were told not to do testing if we didn't have our test results back." She was asked for clarification regarding the COVID testing policy, specifically the asterisked sentence on page 3. She was asked if the facility	F 886		

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F 886	Continued From page 6 had POC testing available that could have been used to do testing when the nasopharyngeal swabs were not available. She stated, "Yes, we could have used those, but we were told by corporate to only use those on symptomatic staff or residents." She was asked about frequency of testing since the positive staff results on 09/29/2020. She stated, "The lab got additional equipment so they can run more tests, so we get our results quicker. We can do testing now every 3-7 days." No further information was obtained prior to the exit conference on 10/14/2020. 2. An interview with the facility administrator and the DON (director of nursing) was conducted on 10/14/2020 at approximately 8:15 a.m. The facility staff were asked when testing was completed in the facility. The administrator stated that all staff and all residents were tested on Monday, 10/12/20 (the day before) and that no other testing would be completed until Thursday, 10/15/20 unless someone became symptomatic and needed a point of care test. On 10/14/20 at 9:17 AM, the ICP (infection control preventionist) was interviewed regarding the procedure for testing and specimen collection of residents and staff. The ICP stated that she was the one who performs testing and specimen collection on all staff members and that it was completed on 10/12/20. The ICP was asked to describe the process from start to finish to include what PPE (personal protective equipment) would be used during the collection process. The ICP stated, "...set up in the lobby...N-95, goggles, gloves, verify consent for testing...do the swab...remove gloves, hand hygiene..." The ICP was then asked if a gown was worn during	F 886		

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F 886	Continued From page 6 testing. The ICP stated, "I do not wear a gown when doing staff." The ICP was asked why. The ICP stated that, they test over an 8 hour period and that she would go through a lot of PPE, "If I changed a gown every time." The ICP stated that they do wear gowns and all PPE when testing residents and that if staff or residents are symptomatic that all PPE was worn. The ICP did not state that there was a shortage of PPE, but stated that this was done in an effort to conserve PPE. At 9:55 AM, the administrator stated, "We've not run out, but have run low at times [referring to gowns]" and further stated that they get a shipment each week. The facility's policy and procedure, titled "Coronavirus Testing" documented, "...the facility will maintain proper infection control and use recommended personal protective equipment (PPE), which includes N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens..." According to the Centers for Disease Control, "Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19", dated October 8, 2020: "For healthcare personnel collecting specimens or within 6 feet of patients suspected to be infected with SARS-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens." (1)	F 886		

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F 886	Continued From page 7 No further information and/or documentation was presented prior to the exit conference at 11:15 AM on 10/14/20. (1) https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html	F 886		

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