

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

PRINTED: 07/01/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSE HILL HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 CHALMERS COURT BERRYVILLE, VA 22611</b>	
(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  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 06/02/2020 through 06/04/2020, and onsite on 06/18/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Survey was conducted offsite from 06/02/2020 through 06/04/2020, and onsite on 06/18/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).	F 000	The statements made on his plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date indicated.	
F 880 SS=D	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 program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880	F880 1. Resident #1 was given a face mask at the point of discovery. 2. Current residents have the potential to be affected. 3. The DON/Designee re-educated nursing staff on infection control practices regarding the use of face masks with the residents during transportation. 4. Observation /audits will be conducted by Director of Nurses/ designee to ensure infection control techniques are maintained weekly for 8 weeks. Results of audits will be reviewed at the monthly QAPI meeting. Any discrepancies will be addressed and re-education provided as needed. 5. Compliance Date: 7/3/2020	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Cheryl Martin* TITLE *Administrator* (X6) DATE *7/7/20*

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)(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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(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</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infection control practices to prevent the spread of infection and communicable disease for one of one residents in the survey sample, Resident #1. On 06/18/2020 at approximately 11:00 a.m., two CNA's [certified nursing assistants], CNA #1 and CNA #2, were observed pushing Resident # 1 in their shower chair down the hallway on the [name] Unit to the shower room. Observation of Resident # 1 revealed they were wearing a gown, completely covered for privacy but not wearing a mask.</p> <p>The findings include:</p> <p>On 06/18/2020 at approximately 11:00 a.m., two CNA's [certified nursing assistants], CNA #1 and CNA #2, were observed pushing Resident # 1 in their shower chair down the hallway on the North Unit to the shower room. Observation of Resident # 1 revealed they were wearing a gown, completely covered for privacy but not wearing a mask.</p>	F 880		
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F 880	Continued From page 3  Resident # 1 was admitted to the facility with diagnoses that included but were not limited to heart failure, swallowing difficulties and high blood pressure. Resident # 1's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 05/05/2020, coded Resident # 1 as scoring a three on the staff assessment for mental status (BIMS) of a score of 0 - 15, three- being severely impaired of cognition intact for making daily decisions. Resident # 1 was coded as being totally dependent of one staff member for bathing. There was no documentation noted in the clinical record indicating Resident #1 could not tolerate wearing a facemask.  On 06/18/2020 at approximately 11:15 a.m., an interview was conducted with LPN [licensed practical nurse] # 1 regarding residents wearing a mask when out of their rooms. LPN # 1 stated that all residents need to wear a mask when outside of the room so that if they do have the virus [COVID 19] they are not spreading it. LPN # 1 further stated they needed to wear a mask for infection control.  On 06/18/2020 at approximately 11:33 a.m., an interview was conducted with CNA # 1 regarding residents wearing a mask when out of their rooms. CNA # 1 stated, "Our residents are supposed to wear a mask when they are in the hallway." When asked why it was important for the residents to wear a mask when they are in the hallway, CNA # 1 stated, "Due to the infection control CDC guidelines that we are to follow pertaining to the COVID-19 virus."  On 06/18/2020 at approximately 11:50 a.m., an	F 880			

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F 880	<p>Continued From page 4</p> <p>interview was conducted with CNA # 2 regarding Resident # 1 wearing a mask when they were out of their room. When asked if Resident # 1 was wearing a mask when CAN #2 took the resident to the shower room, CNA # 2 stated, "It was my mistake that I had forgotten to put a mask on [Name Resident # 1.]" When asked why residents need to be wearing a facemask when they are in a hallway, CNA # 2 stated that it was for infection control.</p> <p>On 06/18/2020 at 11:52 a.m., an interview was conducted with CNA # 1. When asked if they assisted CNA # 2 with taking Resident # 1 from their room to the shower room, CAN #1 stated yes. When asked if Resident # 1 was wearing a mask, CNA # 1 stated, "No I don't believe she did put a mask on her [Resident # 1]."</p> <p>The CMS [Centers for Medicare and Medicaid Services] COVID-19 Long-Term Care Facility Guidance. April 2, 2020" documented in part, "4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their rooms. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available."</p> <p>The CDC [Centers for Disease Control and Prevention] guidance "Preparing for COVID-19 in Nursing Homes" dated "May 19, 2020" documented in part, "Core Practices. Implement Source Control Measures. Residents should wear</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility."</p> <p>On 06/18/2020 at approximately 12:30 p.m., ASM [administrative staff member] # 1, administrator, was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p>	F 880		
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