

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

PRINTED: 07/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
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NAME OF PROVIDER OR SUPPLIER WARREN ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 527 RIVERVIEW ROAD MADISON HEIGHTS, VA 24572
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(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
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E 000 Initial Comments E 000

An unannounced Emergency Preparedness survey was conducted 07/21/20 through 07/22/20. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.

W 000 INITIAL COMMENTS W 000

An unannounced Focused Fundamental Medicaid re-certification survey was conducted 07/21/20 through 07/22/20. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow.

The census in this 4 certified bed facility was 4 at the time of the survey. The survey sample consisted of 2 Individual reviews (Individuals #1 through 2).

W 454 INFECTION CONTROL CFR(s): 483.470(l)(1) W 454

The facility must provide a sanitary environment to avoid sources and transmission of infections.

This STANDARD is not met as evidenced by:
Based on a medication pass and pour observation, staff interview, and facility document review, the facility staff to ensure proper infection control practices for one of two residents in the survey sample, Resident #1.

Findings include:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Amy Ferguson</i>	TITLE <i>Residential Manager</i>	(X6) DATE <i>8/1/2020</i>
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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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W 454	<p>Continued From page 1</p> <p>Individual #1 was admitted to the facility on 04/12/18. Diagnoses for Individual #1 included, but were not limited to: Profound intellectual disability, anxiety disorder, dysphagia, peg tube placement, dermatitis, osteoarthritis, and mild neurocognitive disorder due to Alzheimer's disease.</p> <p>On 07/22/20 at 8:30 AM. LPN (Licensed Practical Nurse) #2 prepared medications for Individual #1. RT (Residential Tech) #3 assisted LPN #2 by holding Individual #1's hands/arms (as ordered and described in the Individual's treatment plan and physician's orders) while being administered medications via peg tube.</p> <p>During the process, RT #3 leaned over and the face shield that she was wearing slipped off of her head and onto the floor. The RT retrieved the face shield and put it back on her head. The RT did not wash or sanitizer her hands after picking up her face shield off of the floor. The RT continued to hold the hands/arms of Individual #1 and rubbed the Individual's arms/hands with her hands and also rubbed the Individual's face. No sanitation was completed on the face shield or on RT #3 hands prior to donning the face shield after it fell in the floor.</p> <p>At 8:55 AM, after the medications were administered successfully, the LPN and RT were made aware of the above observation. The RT stated that she was sorry.</p> <p>A policy was requested on infection control/handwashing expectations.</p> <p>A policy was presented titled, "Infection Control in ICF [intermediate care facilities]." The policy</p>	W 454	<p>1) Address the corrective action taken for the problem.</p> <ol style="list-style-type: none"> Direct care staff and LPNs continued to perform temperature checks and monitoring for signs and/or symptoms of illness for the involved resident at the direction of the medical director which continued to be twice daily. This individual never developed any signs or symptoms of illness. Staff was instructed to either sanitize or discard PPE that becomes contaminated. Staff was instructed to wash and sanitize hands after handling PPE that becomes contaminated. <p>2) Address how the facility will identify similar occurrences of the problem.</p> <ol style="list-style-type: none"> All residents have the potential to become infected with illness if infection control protocols are not followed. Direct care staff and LPNs will continue to perform all temperature check and monitoring for signs and/or symptoms of illness for all residents at the direction of the medical director which continued to be twice daily. No individual has developed signs or symptoms of illness. All staff will be given instruction to either sanitize or discard PPE or other items that becomes contaminated. All staff will be given instruction to wash and sanitize hands after handling PPE or other items that becomes contaminated. <p>3) Identify measures/systemic changes to ensure deficient practices will not recur.</p> <ol style="list-style-type: none"> PPE use and reuse procedures have been revised and include instruction related to how to manage items if they become contaminated. This training has been provided in both written and video format. All staff will receive training, upon hire and annually or more often if necessary. 		

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W 454	<p>Continued From page 2</p> <p>documented, "...Staff will use universal precautions at all times...Staff will wash hands after using restroom, during meal preparation, before providing any direct care services, between providing direct care services to different individuals, before medication administration...and at other critical times to prevent or control the spread of infection..."</p> <p>A policy on PPE (Personal Protective Equipment) documented, "...All staff members must wear face shields when it is anticipated that blood or body fluids may come in contact with the face...contaminated face shields must be discarded..."</p> <p>Concerns were shared with the administrator, supervisor and assistant administrator on 07/22/20 at approximately 9:50 AM.</p> <p>No further information and/or documentation was presented prior to the exit conference on 07/22/20 at 10:15 AM.</p>	W 454	<p>b. The instruction will be provided to staff in written format and by video presentation. Direct supervisors will ensure that all staff have completed the training by the required date and will monitor for competency.</p> <p>4) Indicate how facility will monitor its performance.</p> <p>a. PPE use and reuse procedures have been revised and include instruction related to how to manage items if they become contaminated. This training has been provided in both written and video format. All staff will receive training, upon hire and annually or more often if necessary.</p> <p>b. The instruction will be provided to staff in written format and by video presentation. Direct supervisors will ensure that all staff have completed the training by the required date and will monitor for competency.</p> <p>c. All staff training records will be retained.</p> <p>d. The RN, RM and IC will monitor when in the home to ensure that proper infection control protocols are being followed.</p> <p>e. Current staff will receive training on the updated infection control protocols. New hires will receive training on the infection control protocols upon hire. All staff will receive training on infection control protocols annually or more often if monitoring by RN, RM, and/or IC dictates as necessary.</p> <p>5) Completion date:</p>	8/31/2020	