

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

PRINTED: 12/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2020
NAME OF PROVIDER OR SUPPLIER CULPEPER HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701	
(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	E 000		
F 000	INITIAL COMMENTS	F 000		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</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</p>	F 880		10/20/20

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

TITLE

(X6) DATE

Electronically Signed

10/14/2020

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	Continued From page 1 a minimum, the following elements: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880			

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F 880	Continued From page 2 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 clinical record review, it was determined that the facility staff failed to implement infection control practices for a safe and sanitary environment and to prevent the potential transmission of communicable diseases and infections. On 9/29/20, OSM (other staff member) #1 (the discharge planner) assisted Residents #1, #2, and #3 with voter absentee forms. OSM #1 failed to offer hand hygiene to the residents and failed to disinfect the shared pen and clipboard in between the residents' use. The findings include: Resident #1 was admitted to the facility on 1/15/20. Resident #1's diagnoses included but were not limited to anxiety disorder, heart failure and high blood pressure. Resident #1's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 9/17/20, coded the resident as being cognitively intact.	F 880	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F880 1. Hand hygiene were provided to Residents #1, #2, and #3 on 9/29/2020. Also, Residents #1, #2, and #3 have not shown any signs/symptoms of infection and will be monitored for 14 days from 9/29/2020. OSM #1 (Discharge Planner) was given a 1-1 in-service on hand		

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F 880	<p>Continued From page 3</p> <p>Resident #2 was admitted to the facility on 12/23/19. Resident #2's diagnoses included but were not limited to chronic obstructive pulmonary disease (lung disease), chronic kidney disease and dementia. Resident #2's most recent MDS, an annual assessment with an ARD of 9/1/20, coded the resident as being cognitively intact.</p> <p>Resident #3 was admitted to the facility on 7/21/20. Resident #3's diagnoses included but were not limited to chronic kidney disease, muscle weakness and high blood pressure. Resident #3's most recent MDS, a quarterly assessment with an ARD of 8/4/20, coded the resident's cognition as moderately impaired.</p> <p>On 9/29/20 at 10:01 a.m., OSM #1 was observed assisting Resident #1 with a voter absentee ballot. OSM #1 handed Resident #1 a pen and clipboard and assisted the resident with completing the form. OSM #1 washed her hands then proceeded to Resident #2 and Resident #3's room. While in Resident #2 and Resident #3's room, OSM #1 handed Resident #2 the same pen, placed the same clipboard on the over-bed table and asked Resident #2 to sign the form. OSM #1 washed her hands then proceeded to Resident #3. OSM #1 handed Resident #3 the same pen and same clipboard and asked the resident to sign the form. OSM #1 washed her hands and exited the room. During these interactions with Resident #1, Resident #2 and Resident #3, OSM #1 never disinfected the pen or clipboard and never asked the residents to complete hand hygiene.</p> <p>On 9/29/20 at 3:02 p.m., a telephone interview was conducted with OSM #1. OSM #1 stated earlier on this date, she was assisting residents</p>	F 880	<p>hygiene and disinfection of equipment during care service on 10/01/2020. Pen and clipboard shared with and among Residents #1, #2, and #3 were disinfected on 09/29/2020.</p> <p>2. SDC/DON/ADON/Designee will conduct audit on hand hygiene and disinfectant of shared health service equipment during patient care on all Units. Any findings noted will be corrected on the spot as applicable and appropriate. The result of the audit will also be used to conduct focus remediation session with the affected staff on hand hygiene/equipment disinfection during care service.</p> <p>3. SDC/Designee will provide in-service to all staff on the following topics: a) Standard precautions as per MFA policy and procedure #402 and CDC Core Infection Prevention Control Practices and Guideline on Hand Hygiene b) Hand hygiene protocol c) Shared health service equipment disinfection during care service</p> <p>4. DON/ADON/UMs/Other Heads of Department will audit all the Units weekly x4 weeks and monthly x3 months to assure that all standard precautions as it relate to hand hygiene and shared health service equipment disinfection are maintained in accordance with the MFA P&P #402. Any deficient practice noted will be immediately corrected and then forwarded to the daily Weekly Risk Meeting for further review and guidance as applicable</p> <p>5. Date of compliance: 10/20/2020</p>		

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F 880	<p>Continued From page 4</p> <p>with signing voting absentee ballots and assisting residents with changing their registration county for absentee ballots. In regards to the practices she implements to prevent the spread of infection while doing this task, OSM #1 stated she wears a mask, washes her hands when leaving a resident room and wears full personal protective equipment while in rooms on the transitional unit (a unit containing residents who have to leave the facility for medical reasons). When asked what she does with the pen and clipboard to protect residents from the spread of infection, OSM #1 stated she wipes down the pen and clipboard with wipes for the corona virus. OSM #1 stated she also allows residents to use their own pen if they have one and asks residents to wash their hands. OSM #1 stated she did not disinfect the pen and clipboard for Residents #1, #2 and #3's use because she ran out of wipes. Note- observations revealed wipes were available in the facility. OSM #1 also stated she did not ask Residents #1, #2 and #3 to wash their hands. OSM #1 further stated she asked other residents to wash their hands and did disinfect the pen and clipboard for other residents' use. When asked if she should have completed these practices for Residents #1, #2 and #3, OSM #1 stated, "Possibly Yes." OSM #1 stated she should have completed these practices to prevent infection and for infection control practices.</p> <p>On 9/30/20 at 9:53 a.m., a telephone interview was conducted with ASM (administrative staff member) #2 (the director of nursing), in regards to the infection control practices that should be implemented when staff is using a pen and clipboard while assisting residents with voting absentee ballots. ASM #2 stated she encourages staff to have residents use their own supplies.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>ASM #2 further stated staff should wash their hands, staff should clean the equipment and residents should wash their hands. ASM #2 stated general hand hygiene should be implemented if residents are not symptomatic or on isolation precautions.</p> <p>On 9/30/20 at 10:00 a.m., ASM #1 (the administrator) and ASM #2 were made aware of the above concern. The facility COVID-19 policy addressed the cleaning of medical equipment but did not document specific information regarding the use of shared items such as pens and clipboards. ASM #1 stated the facility did not have a specific policy regarding this.</p> <p>No further information was presented prior to exit.</p>	F 880			