

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

PRINTED: 07/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
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E 000	Initial Comments	E 000	Wayland Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and provisions of quality care of residents. This Plan of Correction is submitted as a written allegation of compliance.		
F 000	INITIAL COMMENTS	F 000	Wayland Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Wayland Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.		
F 880 SS=E	<p>An unannounced abbreviated COVID-19 Focused Survey was conducted onsite on 6/24/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).</p> <p>The census in this 90 certified bed facility was 50. Of the 50 current residents, zero residents were currently positive for the COVID-19 virus. The survey sample consisted of six current resident reviews (Residents #1 through #6).</p> <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 a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections</p>	F 880	Resident #1 was re-directed to her room, staff attempted to put a mask on the resident but was unsuccessful as resident became combative. Resident's care plan was updated to reflect infection control/infectious diseases and staff will continue to encourage social distancing and mask usage.	7/14/2020	

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

R. Wayne Cole

TITLE

Administrator

(X6) DATE

7/14/2020

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	<p>Continued From page 1</p> <p>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"> (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: <ul style="list-style-type: none"> (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. <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>	F 880	<p>Resident #2, mask was re-adjusted by the Director of Nursing and the Infection Preventionist on 6/24/20, with no issues noted. Resident will be re-directed by staff when needed to maintain 6 feet social distancing and proper mask placement. Care plan was updated to reflect infection control/infectious diseases.</p> <p>Residents #3, #4, #5, and #6 had a respiratory assessment along with temperature and pulse ox readings on 6/24/20 without negative outcome. The above residents will have respiratory assessments along with temperature and pulse ox readings to monitor for any signs and symptoms of infection. Care plans were updated to reflect infection control/infectious disease.</p>	<p><i>7/22/2020</i></p>	

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F 880	<p>Continued From page 2</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, clinical record review and facility document review, it was determined the facility staff failed to implement the infection control program to prevent infection and transmission of communicable diseases for six of six residents in the survey sample, Residents #1, #2, #3, #4, #5 and #6.</p> <p>Observation revealed Resident #1 without a mask in the hallway within two feet of and Resident #2, whose mask covered only his mouth and not his nose. Staff was not observed attempting to redirect Resident #1 back to her room or attempting to have Resident #1 wear a mask.</p> <p>The facility staff failed to perform hand hygiene and clean medical equipment before and between providing resident care for Resident #3, Resident #4, Resident #5 and Resident #6.</p> <p>The findings include:</p> <p>1. During the onsite survey on 6/24/20 at 10:30 AM, entrance was conducted with the ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing/infection</p>	F 880	<p>All residents have the potential to be affected by this deficient practice. On 6/24/20 the Director of Nursing and Staff Development Coordinator observed each resident on every hall to assure if masks required were on appropriately and 6 feet of social distancing was maintained. Any issues were immediately addressed. On 6/24/20 the Director of Nursing and Clinical Care Coordinator met with CNA #1 related to Resident #3, #4, #5, and #6 for counselling and reeducation on handwashing and equipment cleaning policies. The Staff Development Coordinator initiated an inservice with return demonstration on handwashing and cleaning equipment.</p> <p>The Staff Development Coordinator and/or the Director of Nursing will inservice 100% of staff related to proper mask placement to place over mouth and nose, 6 feet social distancing, proper hand hygiene between resident interaction, and disinfecting of equipment between uses. This will include redirecton and readjusting mask on residents when needed by all disciplines in the facility.</p>		7/6/2020

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F 880	<p>Continued From page 3</p> <p>preventionist. When asked to describe isolation measures in the facility, ASM #1 stated, "We have six quarantine rooms, for residents who have been admitted, readmitted or returned from physician visits." When asked what PPE (personal protective equipment) was required, ASM #3 stated, "All the staff wear masks in the facility, and if performing care in any quarantined rooms, they wear masks, gown, gloves. Residents wear masks in the hallway."</p> <p>On 6/24/20 at 10:45 AM, observation revealed Resident #1 in the hall sitting in a chair without a mask on. Further observation revealed Resident #1 took the chair back into her room and returned to the hall and was standing without mask on. On 6/24/20 at 11:05 AM, Resident #1 walked up the hallway to the intersection of the main hall/nursing station. Resident #1 was standing within two feet of Resident #2 at the water fountain. Resident #1 was not wearing mask and Resident #2's mask was covering his mouth, but not his nose. On 6/24/20 at 11:09 AM, Resident #1 returned to her room. A staff member adjusted Resident #2's mask to cover his mouth and nose. During the period from 10:45 AM - 11:30 AM, observation revealed five staff members passing Resident #1, none of the staff attempted redirecting the resident back into her room or attempting to have Resident #1 wear a mask.</p> <p>Resident #1 was admitted to the facility on 5/17/15, with diagnosis that include but are not limited to: Dementia (progressive state of mental decline) (1), schizophrenia (gross distortions of reality, withdrawal from social contacts and disturbances of thought) (2) and hypertension (high blood pressure) (3). Resident #1's most recent MDS (minimum data set) assessment, a</p>	F 880	<p>100% of Residents care plan will be reviewed by the Infection Preventionist to assure they have an infection control/ infectious disease care plan in place and individualized as needed by July 22, 2020.</p> <p>The QA committee developed audit tools to monitor proper hand washing between residents and proper cleaning of equipment between uses. The Staff Development Coordinator and/ or Clinical Care Coordinator will complete these audits 3 times per week to include all shifts for 1 month, then weekly x 2 months starting on July 22, 2020.</p> <p>An audit will be completed by department heads with residents being observed on all halls 5 times per week to include each shift x 2 weeks, then weekly to include each shift x 2 months to assure that all residents that require a mask are wearing them properly and 6 feet of social distancing is maintained. If there are any issues noted the residents will have the mask adjusted/encouraged to wear and redirected when needed to maintain 6 feet of social distancing.</p>	7/22/2020	

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F 880	<p>Continued From page 4</p> <p>quarterly assessment, with an assessment reference date of 5/20/20, coded the resident as scoring 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired.</p> <p>A review of Resident #1's nurse progress note dated 5/8/20 at 11:10 AM, documented in part, "She has to be constantly reminded to return to room. She refuses to wear a mask, most likely related to disease process. Continued reinforcement of six feet distancing when wandering and staying in room performed." Resident #1's care plan dated 3/17/20, documented, "Focus: At risk for alteration in psychosocial well-being related to restrictions on visitations due to COVID-19" and "Interventions: Monitor for psychosocial changes, observe and report any changes in mental status caused by situational stressor, encourage alternative communication with visitors."</p> <p>Resident #2 was admitted to the facility on 7/27/19, with diagnosis that include but are not limited to: Dementia (progressive state of mental decline) (4), diabetes mellitus (inability of insulin to function normally in the body) (5) and lymphedema (accumulation of fluid in the tissues) (6). Resident #2's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/18/20, coded the resident as scoring 02 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired.</p> <p>A review of Resident #2's nurse's progress note dated 5/23/20 at 10:30 PM, documented in part, "Resident has wandered the hallways and has</p>	F 880	<p>Residents care plans will be reviewed in Cardinal IDT Monday through Friday by the Interdisciplinary Team to assure residents care plan is updated as needed related to infectious disease process.</p> <p>The Director of Nursing will discuss the audits during the Cardinal IDT meeting in the morning and afternoon for continued compliance. The Director of Nursing or Administrator will take the audits to the monthly QAPI meeting for review and discussion for any revisions needed and ongoing compliance x 3 months unless it is deemed by the Interdisciplinary Team that the audits are to continue for ongoing compliance.</p>		

Done/PTL

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F 880	<p>Continued From page 5</p> <p>been in and out of other rooms, not just his own. Attempted to sit on roommate's bed while he was laying in it." Review of Resident #2's care plan dated 3/17/20, documented, "Focus: At risk for alteration in psychosocial well-being related to restrictions on visitations due to COVID-19" and "Interventions: Monitor for psychosocial changes, observe and report any changes in mental status caused by situational stressor, encourage alternative communication with visitors."</p> <p>On 6/24/20 at 11:40 AM, an interview was conducted with RN (registered nurse) #1, the clinical coordinator. When asked if Resident #1 should be wearing a mask, RN #1 stated, "Yes, she should be wearing a mask. She won't and will attempt to hit you." When asked about the process staff follows for residents social distancing of six feet, RN #1 stated, "Yes, we keep them [residents] apart." When asked process staff follows to separate Resident #1 who was not wearing a mask and Resident #2 who had mask only covering his mouth, RN #1 stated, "We would have Resident #2 move down the hall and reposition his mask to cover his mouth and nose. He is more amiable to moving than Resident #1."</p> <p>An interview was conducted on 6/24/20 at 11:45 AM with ASM #2, the director of nursing and ASM #3 the infection preventionist. When asked what standard of Practice is followed in the facility, ASM #2, the director of nursing stated, "We follow the corporate policy and procedures." When asked about residents wearing a mask in the hall, ASM #3, the infection preventionist stated, "Yes, we expect them to wear a mask if they are out of their room."</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>ASM #3 was asked to provide the guidelines for mask usage. The following facility policy was provided by ASM #3, "Interim Guideline on Mask Usage" dated 4/17/20. The policy documented in part the following, "We now recommend that patients be asked to wear these masks when interacting with staff. We also recommend the use of these masks to and from shower rooms and smoking areas; need to ensure appropriate social distancing (6 feet)."</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 154.</p> <p>(2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 518.</p> <p>(3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 282.</p> <p>(4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 154.</p> <p>(5) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 160.</p> <p>(6) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 344.</p> <p>2. On 6/24/20 at 11:18 AM to 11:32 AM, observation revealed, CNA (certified nursing assistant) #1 entering a semi-private room and checking Resident #3's finger pulse oximeter saturation. CNA #1 then checked Resident #4's</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>(the roommate of Resident #3's), finger pulse oximeter saturation (1). Observation revealed CNA #1 then entered the semi-private room two rooms away and repeated the process of checking the finger pulse oximeter saturation of the two residents residing in the room Resident #5, then Resident #6. During this observation, the CNA failed to perform hand hygiene between contacts with each resident, and failed to clean the finger pulse oximeter between residents.</p> <p>On 6/24/20 at 11:32 AM, an interview was conducted with CNA #1 upon her leaving the second semi-private room. When asked how often she completed the pulse oximeter checks, CNA #1 stated, "I do this daily." When asked if hand hygiene should be performed between each resident contact, CNA #1 stated, "Yes." When asked if the pulse oximeter should be cleaned between each resident use, CNA #1 stated, "Yes, it should be."</p> <p>An interview was conducted on 6/24/20 at 11:45 AM with ASM #2, the director of nursing and ASM #3 the infection preventionist. When asked what standard of care is followed in the facility, ASM #2, the director of nursing stated, "We follow the corporate policy and procedures." When asked about the process staff follows for hand hygiene after resident contact, ASM #3, the infection preventionist stated, "They are to wash their hands after each resident contact." When asked about the process staff follows for cleaning medical equipment between resident uses, ASM #3, the infection preventionist stated, "The equipment should be cleaned between each resident." ASM #3 was asked to provide the policy and procedure for handwashing and cleaning of medical equipment.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Resident #3 was admitted to the facility on 8/14/18 with diagnoses that included but were not limited to: diabetes, gastroesophageal reflux disease, stroke, and high blood pressure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/2/2020, coded the resident with both short and long-term memory difficulties. The comprehensive care plan dated, 3/7/12 and revised on 6/1/2020, failed to evidence documentation related to infectious diseases or infection control. The care plan did document the resident was being treated for oral thrush (a fungal infection of the mouth).</p> <p>Resident #4 was admitted to the facility on 11/6/17 with diagnoses that included but were not limited to: Alzheimer's disease diabetes, COPD (chronic obstructive pulmonary disease), and high blood pressure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/13/2020 coded the resident as scoring a 3 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The comprehensive care plan dated 4/6/18 and revised on 6/16/2020 failed to evidence documentation related to infectious diseases or infection control.</p> <p>Resident #5 was admitted to the facility on 5/12/19 with diagnoses that included but were not limited to: dementia (A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior.) (1), high blood pressure, diabetes and COPD (chronic</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>obstructive pulmonary disease). The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 4/20/20 coded the resident as scoring 3 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The comprehensive care plan dated 5/10/19 and revised on 3/17/20, failed to evidence documentation related to infectious diseases or infection control.</p> <p>Resident #6 was admitted to the facility on 12/2/19 with diagnoses that included but were not limited to: COPD, dementia, high blood pressure and a recent history of pneumonia. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/19/2020 coded the resident as scoring 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The comprehensive care plan dated 12/4/19 with a revision on 3/17/20, failed to evidence documentation related to infectious diseases or infection control.</p> <p>According to the facility's "Handwashing Policy" dated 9/2014, which documents in part, "Personnel are required to wash their hands after each direct or indirect resident contact for which handwashing is indicated by acceptable standards of practice: between resident contacts, when otherwise indicated to avoid transfer of microorganisms to other residents and environments."</p> <p>According to the facility's "Cleaning and Maintenance of Equipment Policy" dated 9/2014,</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(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
F 880	<p>Continued From page 10</p> <p>which documents in part, "Equipment in this facility will be cleaned and disinfected according to manufacturer's recommendations. Resident care equipment will be cleaned and disinfected between resident uses."</p> <p>According to the CDC (Center for Disease Control) Preparing for COVID-19 in Nursing Homes</p> <p>Updated June 25, 2020, the following is documented in part, "Environmental Cleaning and Disinfection:</p> <p>Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.</p> <p>Use an EPA-registered disinfectant from List Nexternal icon on the EPA website to disinfect surfaces that might be contaminated with SARS-CoV-2. Ensure HCP are appropriately trained on its use." (2)</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(1) Pulse oximeter- finger oximeter a pulse oximeter whose sensor is attached to a finger, so that the oxygenation of blood flowing through the finger can be determined. This information was obtained from the website:https://medical-dictionary.thefreedictionary.com/pulse+oximeter</p> <p>(2) This information was obtained from the</p>	F 880			

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

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F 880	Continued From page 11 website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html	F 880			