

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

PRINTED: 01/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2020
NAME OF PROVIDER OR SUPPLIER AUGUSTA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 83 CROSSROADS LANE FISHERSVILLE, VA 22939	
(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=E	<p>An unannounced Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted on 10/27/2020. Two complaints were investigated. VA00049271 was unsubstantiated with no deficient practice; VA00049263 was substantiated with no deficient practice. Corrections are required for the facility to be in compliance with 42 CFR Part 483 Federal Long Term Care requirements, 42 CFR Part 483.80 infection control regulations, and the CMS and Centers for Disease Control (CDC) recommended practices for COVID -19.</p> <p>The census in this 112 certified bed facility was 104 at the time of the survey. The survey sample consisted of five resident record reviews. Resident #1 and #2 were closed records, Resident #3 through #5 were current records.</p> <p>There were no COVID-19 positive resident cases in the facility at the time of the survey. One staff member tested positive on 10/23/2020.</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</p>	F 880		11/11/20

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

TITLE

(X6) DATE

Electronically Signed

11/10/2020

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>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 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> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <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> <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 and facility document review, the facility staff failed to follow infection control protocols regarding personal protective equipment for one of five residents in the survey sample, and failed to follow infection control policies for signs identifying need for transmission-based precautions on one of three nursing units (unit 2).</p> <p>An occupational therapist failed to wear required personal protective equipment (PPE) for contact/droplet precautions while providing therapy services to Resident #3 in her room.</p> <p>Three out of eleven resident rooms on the COVID-19 quarantine unit had no posted signs</p>	F 880	<p>1. Occupational therapist re-educated on wearing required personal protective equipment (PPE) for contact/droplet precautions when providing therapy services in isolation rooms and Donning and Doffing PPE Competencies on 11/5/2020. A Root Cause Analysis (RCA) conducted with a review of the facility's most current Covid-19 Pandemic Plan by Quality Assurance and Performance Improvement (QAPI) committee.</p> <p>2. DON/designee will conduct Donning and Doffing PPE competencies with facility staff in relation to infection control precautions (contact, droplet, etc.) and</p>		

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F 880	<p>Continued From page 3 indicating the requirement for droplet/contact precautions.</p> <p>The findings include:</p> <p>1. Resident #3 was admitted to the facility on 10/22/20 with diagnoses that included MRSA (methicillin resistant staphylococcus aureus), status-post spinal surgery, atrial fibrillation, hypertension, diabetes, chronic kidney disease, dyspnea and hypothyroidism. The admission nursing assessment dated 10/22/20 assessed Resident #3 as alert and oriented.</p> <p>On 10/27/20 at 11:25 a.m., an occupational therapist (OT) was observed in Resident #3's room. The OT was sitting on the resident's bed talking with the resident who was seated in a wheelchair. The OT had on a mask, gloves and goggles but no gown. The OT removed his gloves, used hand sanitizer and then left the room.</p> <p>On 10/27/20 at 11:35 a.m., the licensed practical nurse (LPN #2) working on unit 2 was interviewed about residents on the unit with transmission based precautions. LPN #2 stated all new admissions were placed on 14-day contact/droplet precautions as part of the COVID-19 prevention protocols. LPN #2 reviewed the clinical record and identified Resident #3 as a new admission requiring contact/droplet precautions.</p> <p>On 10/27/20 at 11:40 a.m., the OT was observed again with Resident #3 in her room. The OT had on a mask, goggles, gloves but no gown. The OT pushed the resident in her wheelchair to the restroom and provided instruction/assistance</p>	F 880	<p>appropriate PPE for the type of precaution.</p> <p>3. DON/designee will re-educate facility staff on how to perform Donning and Doffing PPE and conduct competencies and also educate on infection control precautions (contact, droplet, etc.) and appropriate PPE for the type of precaution.</p> <p>4. DON/designee will conduct random observations of staff to ensure they are wearing appropriate PPE for the type of precaution. Will also observe signage on the rooms. DON/designee will perform 10 random Donning and Doffing PPE competencies weekly for a period of 8 weeks. Findings will be reported to the QAPI committee.</p> <p>5. Allegation of Compliance (11/11/2020)</p>		

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F 880	<p>Continued From page 4 while the resident brushed her teeth.</p> <p>On 10/27/20 at 11:43 a.m., the OT (other staff #1) was interviewed about personal protective equipment (PPE) required when with Resident #3. The OT stated the resident was on contact precautions because she was a new admission. When asked about required PPE, the OT stated gowns were required to be worn with contact/droplet precautions. When asked why he was not wearing a gown when in Resident #3's room, the OT stated he did not have a gown. When asked if he knew where to get a gown, the OT stated, "I can look into that."</p> <p>Resident #3's clinical record documented a physician's order dated 10/22/20 for contact precautions for 14 days, ending on 11/5/20.</p> <p>On 10/27/20 at 11:50 a.m., the staff care liaison (LPN #3) and the director of nursing (DON) were interviewed about the OT in Resident #3's room without a gown. The DON stated all new admissions including Resident #3 were on contact/droplet precautions for 14 days as part of the COVID-19 prevention protocols. The DON and staff care liaison stated gowns were required when entering rooms with contact/droplet precautions. The DON stated employees including therapy staff were trained on COVID-19 protocols and had been educated on how/when to wear personal protective equipment.</p> <p>On 10/27/20 at 12:55 p.m., the director of rehab (other staff #2) was interviewed about the OT not wearing a gown when in Resident #3's room. The rehab director stated the OT had been educated regarding PPE, transmission-based precautions and the COVID-19 protocols. The</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>rehab director stated the OT should have donned a gown prior to entering Resident #3's room.</p> <p>The facility's policy titled Standard and Transmission Based Precautions (3/5/20) documented, "...Contact Precautions: Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission...Apply PPE upon room entry and removed PPE prior to leaving room..." This policy documented concerning droplet precautions, "Use droplet precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking..." This policy listed that contact precautions required a gown and gloves prior to room entry and droplet precautions required use of gowns, gloves and a mask prior to room entry.</p> <p>The facility's infection policies referenced CDC (Centers for Disease Control and Prevention) instructions for contact precautions (CS19-306149-A) that documented, "...Put on gown before room entry. Discard gown before room exit..."</p> <p>CDC guidance dated June 25, 2020, "Preparing for COVID-19 in Nursing Homes...Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown... HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents..." (1)</p> <p>This finding was reviewed with the administrator</p>	F 880			

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F 880	<p>Continued From page 6 and DON on 10/27/20 at 4:10 p.m.</p> <p>2. Three unit 2 resident rooms, on contact/droplet precautions due to COVID-19 prevention protocols, had no signs or identification indicating the requirement for personal protective equipment prior to entering the room.</p> <p>On 10/27/20 at 11:25 a.m., the unit identified by staff as the designated quarantine unit for new admissions/re-admissions was inspected. Three out of eleven resident rooms on this unit (218, 241 and 244) had no signs posted indicating what infection precautions or PPE were required when entering the room. Rooms 241 and 244 had supply boxes of personal protective equipment (PPE) positioned by the doorway. Room 218 had no signs or PPE supply box near the doorway. The remaining eight resident rooms had signs posted near the room entrance indicating contact/droplet precautions were in place and PPE was required.</p> <p>On 10/27/20 at 11:30 a.m., the licensed practical nurse (LPN #2) caring for residents on unit 2 was interviewed. LPN #2 stated all new admissions and/or re-admissions were placed on 14 days of contact/droplet precautions due to COVID-19 protocols. When asked which rooms on the unit had transmission precautions in place, LPN #2 stated a supply cart was positioned beside doors to rooms with precautions. LPN #2 checked and verified that residents in rooms 218, 241 and 244 were on contact/droplet precautions because they were new admissions. LPN #2 stated she did not know why signs were not posted at the rooms, and why no sign or supply box was at room 218. LPN #2 stated housekeeping posted the signs as requested by nursing.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>On 10/27/20 at 11:50 a.m., the staff care liaison (LPN #3) and the director of nursing (DON) were interviewed about identification of rooms on transmission-based precautions. The DON stated the new admissions on unit 2 were on contact/droplet precautions for 14 days as part of their COVID-19 prevention protocols. The staff care liaison stated signs were supposed to be posted at each resident room indicating to "see nurse" regarding transmission based precautions and the requirement for PPE before entering the room.</p> <p>On 10/27/20 at 3:45 p.m., the DON presented of list of resident rooms currently on contact/droplet precautions due to COVID-19 protocols. Rooms 218, 241 and 244 were included in the list of eleven rooms on contact/droplet precautions.</p> <p>The facility's policy titled Isolation - Notices of Transmission-Based Precaution (August 2019) documented, "Notices will be used to alert personnel and visitors of transmission-based precautions...When transmission-based precautions are implemented, the Infection Preventionist (or designee) determines the appropriate notification to be placed on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions..." This policy documented that notices could include use of a sign on the doorway instructing visitors to report to the nurses' station before entering and a sign on the door to the resident's room indicating the type of precautions in place (contact, droplet).</p> <p>This finding was reviewed with the administrator and director of nursing on 10/27/20 at 4:10 p.m.</p>	F 880			

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F 880	Continued From page 8 (3) CDC (Centers for Disease Control and Prevention), June 25, 2020, Preparing for COVID-19 in Nursing Homes, Page 6, accessed October 27, 2020, < https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html >.	F 880			