

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OR SUPPLIER THE VILLAGE AT ORCHARD RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 PROCESSION WAY WINCHESTER, VA 22603		
(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	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 06/03/2020 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.	F 000			
F 880 SS=D	<p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Survey was conducted offsite from 06/03/2020 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).</p> <p>On 06/18/2020, the census in this 20 certified bed facility was 13. Of the 13 current residents, none of the resident had tested positive for the COVID-19 virus. The survey sample consisted of one current resident review (Residents #1).</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>	F 880		7/2/20	

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

TITLE

(X6) DATE

Electronically Signed

07/02/2020

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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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> <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 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</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 13 residents in the survey sample, Resident # 1. The facility staff failed to ensure a visitor from outside the facility was using the appropriate PPE during an end of life visit to Resident # 1 who was under end of life care.</p> <p>The findings include:</p> <p>On 06/18/2020 at 1:45 p.m., an observation of Resident # 1's room revealed a guest sitting in a chair in Resident # 1's room next to their bed. Observation of the guest revealed they were wearing a gown. There was no evidence of the guest wearing gloves or a mask.</p> <p>On 06/18/2020 at 1:45 p.m., an interview was conducted with LPN [icensed practical nurse] # 1, infection control coordinator. When asked to describe the procedure that guest should follow when visiting a resident, LPN # 1 stated that</p>	F 880	<p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The visitor was immediately re-educated and instructed to don appropriate personal protective equipment (PPE) which includes gloves, gown, and a mask.</p> <p>How facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>An audit was completed immediately on 6.18.2020 by the infection control preventionist to ensure that all essential visitors had completed the screening process and donned the appropriate personal protective equipment (PPE) prior to entering the health center and for the duration of their visit.</p>		

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F 880	<p>Continued From page 3</p> <p>guest cannot visit due to the COVID-19 outbreak. When asked about Resident # 1 having a visitor, LPN # 1 stated that they were under end of life care. OSM # 1 further stated that residents who are at end of life care are allowed visitors as long as they go through the screening process before coming into the facility and that they wear full PPE [personal protective equipment] that includes gown, gloves and mask. At 1:51 p.m., an observation was conducted with LPN # 1 and this surveyor of Resident # 1 room. LPN # 1 stated that the visitor was a family member and further stated that they were not wearing the appropriate PPE. When asked what Resident #1's visitor should be wearing, LPN # 1 stated that they should have had gloves and a mask on. When asked if this observation was an infection control concern, LPN # 1 stated yes. LPN # 1 then approached the visitor and asked them to put on the appropriate PPE.</p> <p>Resident # 1 was admitted to the facility with diagnoses that included but were not limited to lung cancer, brain cancer and pain. Resident # 1's most recent MDS (minimum data set), was not due at the time of the survey. The facility's admission assessment for Resident #1 dated 06/08/2020 documented orientation to person, place and time and requiring assistance with ADLs [activities of daily living].</p> <p>The baseline care plan for Resident # 1 dated 06/08/2020 documented in part, "Focus: [Name of Resident #1] has elected Hospice services. Date Initiated; 6/08/2020."</p> <p>The POS [Physician's Order Sheet] dated June 2020 documented, "Admit to hospice services. Order Date: 06/08/2020."</p>	F 880	<p>Measure or system change to ensure the deficient practice will not recur.</p> <p>Infection Control Policy updated on 6-20-2020 to include an audit tool for observing all visitors to ensure compliance with infection control measures and donning of PPE. Supply cart was labeled with large font size print for visitors to have better awareness of PPE supplies required. In addition to the sign of instructions and handout of instructions, a large stop sign flyer was placed at the screening station directing visitors to don required PPE. Any visitor observed to be out compliance will be educated on the spot by the infection control preventionist and or designee</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Infection Control Preventionist, Director of Nursing or designee will audit 10% weekly of all essential visitors to ensure the screening process is completed and don required PPE prior to entering the health center and during their visit. Any actionable trends or patterns will be reported monthly to the Quality Assurance Performance Improvement (QAPI) committee.</p> <p>All corrective actions complete by 7-20-2020.</p>		

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F 880	Continued From page 4 The facility's policy "COVID-19 Visitation Policy" documented in part, "The facility will restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end -of-life situation. In those cases, visitors will be limited to a specific room only. For individuals that enter in compassionate situations (e.g. end-of-life care), the facility will require visitors to perform hand hygiene and use personal Protective Equipment (PPE), such as facemasks. Those visitors who are permitted, must wear a facemask while in the building and restrict their visit to the resident's room, or other location designated by the facility (such as a designated area by an entrance of the building, if possible for the visit to occur)." The CDC [Center for Disease Control and Preparation] guidance dated May 19, 2020 documented in part, "Preparing for COVID-19 in Nursing Homes. Implement Visitor Restrictions. Restrict all visitation to their facilities except for certain compassionate care reasons, such as end-of-life situations. Send letters or emails pdf icon to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations. Use of alternative methods for visitation (e.g., video conferencing) should be facilitated by the facility. Post signs at the entrances to the facility advising that no visitors may enter the facility. Decisions about visitation for compassionate care situations should be made on a case-by-case basis, which should include careful screening of the visitor for fever or symptoms consistent with COVID-19. Those with symptoms should not be permitted to enter the facility. Any visitors that are permitted must wear	F 880			

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F 880	Continued From page 5 a cloth face covering while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene." On 06/18/2020 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator, was made aware of the findings. No further information was provided prior to exit.	F 880			