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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495255	A. BUILDING _____ B. WING _____	01/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYVIEW SPRINGS REHAB AND NURSING CENTER	30 MONTVUE DRIVE LURAY, VA 22835

(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 An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted onsite and remotely from 1/4/21 through 1/5/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000	The completion and submission of this credible allegation of compliance does not constitute an admission that the facility agrees with the allegation in the 2567. The facility is completing the allegation of compliance because it is required by state and federal law.	
F 000	INITIAL COMMENTS An unannounced abbreviated COVID-19 Focused Survey was conducted onsite and remotely from 1/4/21 through 1/5/21. Corrections are required for compliance with F-880 and F-886 of 42 CFR Part 483 Federal Long Term Care requirement(s). The census in this 120 certified bed facility was 105. Of the 105 current residents, 0 residents were positive for the COVID-19 virus. The survey sample consisted of 7 current resident reviews (Residents #1 through #7).	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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:	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eric Miller — TITLE: Administrator — (X6) DATE: 1/19/21

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 §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. §483.80(a)(4) A system for recording incidents	F 880		

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F 880	Continued From page 2 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, facility document review and clinical record review, it was determined that the facility staff failed to implement infection control practices to prevent the spread of a communicable disease and infection for one of 7 residents in the survey sample (Resident #7). OSM (other staff member) #4 (an occupational therapist) failed to wear eye protection while caring for Resident #7 who was on droplet isolation on the observation unit. The findings include: Resident #7 was admitted to the facility on 12/21/20. Resident #7's diagnoses included but were not limited to diabetes, history of COVID-19 and breast cancer. Resident #7's admission MDS (minimum data set) with an ARD (assessment reference date) of 12/27/20, coded the resident as being cognitively intact. Review of Resident #7's clinical record revealed a physician's order dated 1/4/21 for droplet precautions on the observation for duration of stay. Resident #7's baseline care plan with an admission date of 12/21/20 did not document information regarding droplet precautions.	F 880	1. Resident #7 has received daily Respiratory/COVID-19 assessments with no signs or symptoms of COVID-19, and was tested for COVID-19 on 1/11/21 with a negative result. Staff member #4 was tested for COVID-19 on 1/7/21 with negative result. Residents and staff have potential to experience negative outcomes if staff are not properly wearing the required PPE within the Observation Unit. 2. Staff working the Observation Unit were immediately educated by the Director of Nursing on 1/4/21 on wearing the appropriate PPE, including faceshield/goggles, N95, gown and gloves when treating or providing care to residents.	1-22-21

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F 880	Continued From page 3 Resident #7 resided on one of the facility observation units. On 1/4/21 at 10:35 a.m., OSM (other staff member) #4 (an occupational therapist) was observed in Resident #7's room caring for the resident. OSM #4 assisted Resident #7 with applying socks, getting out of bed into the wheelchair, going to the bathroom area with the resident and assisting Resident #7 back into bed. OSM #4 was observed wearing a gown, gloves and a mask but no eye protection. On 1/4/21 at 11:00 a.m., an interview was conducted with OSM #4. OSM #4 stated Resident #7 resided on the observation unit because she was recently admitted to the facility. OSM #4 stated a gown, gloves and a mask should be worn when caring for Resident #7 in case she potentially has COVID-19 so the virus is not spread from person to person. When asked if eye protection should be worn, OSM #4 stated she had not been told to wear eye protection on that side of the observation unit. On 1/4/21 at 11:07 a.m., an interview was conducted with CNA (certified nursing assistant) #1. CNA #1 stated a gown, gloves, goggles and an N95 mask should be worn when caring for all residents on the observation units. On 1/4/21 at 4:42 p.m., a telephone interview was conducted with ASM (administrative staff member) #2 (the director of nursing and infection control nurse). ASM #2 stated a face shield or goggles, N95 mask, a gown and gloves should be worn when caring for residents who reside on the observation units and that are on droplet precautions to protect staff from possibly	F 880	3. Facility staff will be educated by the Director of Nursing regarding Standard VS Transmission Based Precautions, PPE requirements on the Observation Unit to include wearing eye protection by January 22, 2021. 4. The Director of Nursing/Designee will complete infection control rounds to ensure staff are wearing proper PPE, to include eye protection, when they are on the Observation Unit twice daily 5x/week for 4 weeks, then daily 5x/week for 4 weeks. 5. Results of this audit will be brought to QAPI by the DON for two months or until compliance is achieved. The members of the QAPI committee include Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS, BOM, HRD, Activities Director, Maintenance Director, SSD, Admissions Director,	

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F 880	Continued From page 4 contracting or spreading COVID-19. On 1/4/21 at 4:55 p.m., ASM #1 (the administrator) and ASM #2 were made aware of the above concern. The facility policy titled, "GUIDELINES FOR COHORTING RESIDENTS WITH COVID-19 OR OTHER RESPIRATORY INFECTIONS" documented in part, "6. If COVID status is unknown at time of admission/readmission, place a resident in a private room or in separate observation area so the resident can be monitored for COVID 19...7. Due to unknown COVID status, staff must wear full PPE (personal protective equipment), to include gown, gloves, N95 mask and goggles/faceshield, and must change between residents..." The CDC guideline titled, "Preparing for COVID-19 in Nursing Homes" and updated on 11/20/20 documented in part, "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. 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..." This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html No further information was presented prior to exit.	F 880	Environmental Services Director, Dietary Manager, and CNA	

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F 886 SS=D	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests; §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing	F 886		

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F 886	Continued From page 6 was offered, completed (as appropriate to the resident's testing status), and the results of each test. §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19. §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility document review, it was determined that the facility staff failed to conduct COVID-19 testing in a manner consistent with current standards of practice. RN (Registered nurse) #1 failed to wear eye protection or a gown while conducting COVID-19 testing on ASM (administrative staff member) #1 (the administrator). The findings include: On 1/4/21 at 10:30 a.m., RN #1 was observed conducting COVID-19 testing on ASM #1 by inserting a swab into ASM #1's nose. RN #1 was observed wearing gloves and a mask but failed to	F 886	1. RN #1 tested positive for COVID-19 on 1-10-21 ASM #1 tested negative for COVID on 1-4-21. Residents and staff within the facility have potential to experience negative outcomes if staff are not wearing required PPE when performing COVID testing. 2. RN #1 was immediately educated by the Director of Nursing on 1-4-21 regarding the requirement for full PPE: gown, gloves, N95, and eye protection to be worn when performing COVID testing 3. Licensed staff will be educated by the Director of Nursing regarding the requirement for full PPE: gown, gloves, N95, and eye protection to be worn when performing COVID testing by 1-22-21.	1-22-21

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F 886	Continued From page 7 wear eye protection or a gown. On 1/4/21 at 4:38 p.m., a telephone interview was conducted with RN #1. RN #1 stated usually the director of nursing conducts COVID-19 testing but she completed the observed test because the director of nursing was off. RN #1 stated this was the first time she had completed a COVID-19 test. RN #1 stated she had learned how to conduct COVID-19 testing based on observations and information she had read from the CDC (Centers for Disease and Control Prevention). RN #1 stated she had not completed any formal training with return demonstrations or tests. When asked what PPE should be worn while conducting COVID-19 testing, RN #1 stated a gown, gloves, a mask and a face shield should be worn. When asked why she did not wear eye protection or a gown during the above observation, RN #1 stated she did not know she was supposed to at that time. On 1/4/21 at 4:42 p.m., a telephone interview was conducted with ASM #2 (the director of nursing and infection control nurse). ASM #2 stated the facility had a good supply of PPE [personal protective equipment]. ASM #2 stated an N95 mask, face shield or goggles, a gown and gloves should be worn while conducting COVID-19 testing because people can sneeze, cough or transmit the virus. On 1/4/21 at 4:55 p.m., ASM #1 and ASM #2 were made aware of the above concern. ASM #2 stated she had already talked to RN #1. The facility policy titled, "Testing Requirements for Staff and Residents Related to COVID-19" documented in part, "5. Staff obtaining specimen	F 886	4. The Director of Nursing/Designee will complete staff observations when staff or residents are being tested for COVID-19 to ensure that full PPE is worn, to include gown, gloves, N95 and eye protection 1x/week x 8 weeks. 5. Results of this audit will be brought to QAPI by the DON for two months or until compliance is achieved. The members of the QAPI committee include Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS, BOM, HRD, Activities Director, Maintenance Director, SSD, Admissions Director, Environmental Services Director, Dietary Manager, and CNA	

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F 886	Continued From page 8 collections must wear full PPE (gown, gloves, facemask/N95, face shield...) The CDC guideline titled, "Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)," Updated Dec. 29, 2020 documented, "Collecting and Handling Specimens Safely For healthcare providers collecting specimens or working within 6 feet of patients suspected to be infected with SARS-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens." This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html No further information was presented prior to exit.	F 886		