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E 000	Initial Comments An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted from 12/15/20 through 12/17/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced abbreviated COVID-19 Focused Survey was conducted onsite and remotely 12/15/20 through 12/17/20. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). The census in this 100 certified bed facility was 87. Of the 87 current residents, 11 residents were positive for the COVID-19 virus. The survey sample consisted of 10 current resident reviews (Residents #1 through #10).	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: §483.80(a)(1) A system for preventing, identifying,	F 880	1. Resident #2 was tested for COVID-19 by licensed nursing staff on 12-20-20 with a negative COVID-19 test result. Resident #3 was tested for COVID-19 by licensed nursing staff on 12/20/20, asymptomatic but positive for COVID-19, subsequently moved to the hot zone on 12/20/20 Resident #4 was tested for COVID-19 by licensed nursing staff on 12/20/20 with a negative COVID-19 test result. Resident #5 was tested for COVID-19 by licensed nursing staff on 12/22/20, asymptomatic but positive for COVID-19, subsequently moved to the hot zone on 12/22/20 Residents in the observation area have potiential to experience negative outcomes if staff are not properly wearing required PPE.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Roger Franke, LNHA	ADMINISTRATOR	12/28/2020

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 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 identified under the facility's IPCP and the	F 880	2. Staff working the observation area were immediatly educated by the infection preventionist on 12/17/2020 on wearing full PPE, including faceshields/goggles and gloves, and changing gowns and gloves between residents. 3. Facility staff will be educated by DON regarding Transmission Based Precautions, PPE requirements on the Observation Unit, to include wearing faceshields/goggles and gloves, changing gowns and gloves between residents, and donning/doffing requirements of PPE by 01/01/2021. 4. The DON/Designee will complete infection control rounds to ensure staff are wearing proper PPE, to include faceshields goggles, and gloves, and are properly donning and doffing PPE between residents when on the observation unit twice daily, x5 per week for 4 weeks, then daily x5 per week for 4 weeks. 5. Results of this audit will be brought to QAPI by the DON for two months or until compliance is acheived. The members of the QAPI committe include the Medical Director/Designee, Administrator, Director of Nursing, Unit Managers, MDS, Business Office Manager, Social Service Director, Human Resource Director, Staffing Coordinator, Medical Records Coordinator, Therapy Manager, Activiy Director, Admission Director, Housekeeping Director, Maintenance Director, and Certified Nursing Assistant.	Compliance date 01/01/2021

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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 potential spread of a communicable infection during an identified COVID 19 outbreak for four of 10 residents in the survey sample, Residents #2, #3, #4 and #5. Residents #2, #3, #4 and #5 resided on the facility observation unit (the unit utilized to house residents who had been out of the facility or were newly admitted). The facility staff failed to don gloves and eye protection while assisting Residents #2, #3, #4 and #5, and failed to change an isolation gown between Resident #2 and #3's room and Resident #4 and #5's room.

The findings include:

Resident #2 was admitted to the facility on 11/24/20. Resident #2's diagnoses included but were not limited to left leg fracture, major depressive disorder and muscle weakness. Resident #2's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 11/30/20, coded the resident's cognition as moderately impaired.

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F 880	Continued From page 3 Review of Resident #2's clinical record revealed a physician's order dated 11/24/20 for strict droplet isolation precautions to rule out COVID-19. Resident #2's comprehensive care plan revised on 12/9/20 documented, "Resident has the potential for developing an infection r/t (related to) Underlying health conditions that place the resident at a higher risk for acquiring infection, Diagnosis of Dementia and may not comprehend infection control protocol, Possible direct/close contact with a resident, guest, or staff with a transmittable infection, Current Pandemic (COVID-19), Current Flu Season...STRICT DROPLET ISOLATION PRECAUTIONS TO RULE OUT COVID-19. ENDS 12/22/20." Resident #3 was admitted to the facility on 10/30/20. Resident #3's diagnoses included but were not limited to right leg fracture, pneumonia and high blood pressure. Resident #3's most recent MDS, a significant change in status assessment with an ARD of 11/5/20, coded the resident's cognition as moderately impaired. Review of Resident #3's clinical record revealed a physician's order dated 12/8/20 for strict droplet isolation precautions to rule out COVID-19. Resident #3's comprehensive care plan revised on 12/9/20 documented, "Resident has the potential for developing an infection r/t (related to) Underlying health conditions that place the resident at a higher risk for acquiring infection, Possible direct/close contact with a resident, guest, or staff with a transmittable infection, Current Pandemic (COVID-19), Current Flu Season...STRICT DROPLET ISOLATION PRECAUTIONS TO RULE OUT COVID-19.	F 880		

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F 880	Continued From page 4 ENDS 12/22/20."	F 880		

Resident #4 was admitted to the facility on 12/17/19 and readmitted on 11/25/20. Resident #4's diagnoses included but were not limited to diabetes, heart failure and stroke with paralysis. Resident #4's most recent MDS, a quarterly assessment with an ARD of 10/3/20, coded the resident as being cognitively intact.

Review of Resident #4's clinical record revealed a physician's order dated 11/25/20 for strict droplet isolation precautions to rule out COVID-19.

Resident #4's comprehensive care plan revised on 12/14/20 documented, "Resident has the potential for developing an infection r/t (related to) Underlying health conditions that place the resident at a higher risk for acquiring infection, Possible direct/close contact with a resident, guest, or staff with a transmittable infection, Current Pandemic (COVID-19), Current Flu Season...Strict droplet isolation precautions to rule out COVID-19."

Resident #5 was admitted to the facility on 10/16/20. Resident #5's diagnoses included but were not limited to chronic kidney disease, diabetes and muscle weakness. Resident #5's most recent MDS, a quarterly assessment with an ARD of 11/26/20, coded the resident's cognition as moderately impaired.

Review of Resident #5's clinical record revealed a physician's order dated 10/20/20 for strict droplet precautions to rule out COVID-19.

Resident #5's comprehensive care plan revised on 12/14/20 documented, "Resident has the

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potential for developing an infection r/t (related to) Underlying health conditions that place the resident at a higher risk for acquiring infection, Possible direct/close contact with a resident, guest, or staff with a transmittable infection, Current Pandemic (COVID-19), Current Flu Season...Strict droplet isolation precautions to rule out COVID-19."

On 12/15/20 at 2:15 p.m., observation of the facility observation unit was conducted. Residents #2, #3, #4 and #5 resided on this unit. The unit was contained behind a plastic barrier. A sign on the plastic barrier documented, "TO GO BEHIND THIS WALL YOU MUST
Wear gown
Wear N 95 mask
Wear Eye Protection
Wear Gloves
Dispose of PPE (personal protective equipment) in Appropriate Container
Clean Eye Protection with Sanitizing Wipes After Wearing
Sanitize Hands Before Putting PPE [personal protective equipment] On and After Taking PPE OFF
Remember: These Residents are here because they are on Observation for COVID Symptoms due to being New Admissions or having gone out of the facility for a medical reason. They may have symptoms at any time. PLEASE DO NOT PUT YOURSELF AND THE FACILITY AT RISK."

On 12/15/20 at 2:17 p.m., LPN (licensed practical nurse) #1 entered Resident #2 and Resident #3's room wearing a gown and a mask. LPN #1 did not don gloves or eye protection. Resident #2 and Resident #3 were in bed. LPN #1's gown touched Resident #2 and Resident #3's privacy

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curtains while LPN #1 stood near each resident. LPN #1 then touched Resident #3's bed linen and call bell with no gloves on. LPN #1's gown also came in contact with the resident's bed linen. LPN #1 then exited the room, walked back to the medication cart in the hall and performed hand hygiene. On 12/15/20 at 2:20 p.m., LPN #1 entered Resident #4 and Resident #5's room wearing the same gown and mask that was worn in Resident #2 and Resident #3's room. Again, LPN #1 did not don gloves or eye protection. Resident #4 and Resident #5 were in bed. LPN #1 then touched Resident #4's bed linen with no gloves on. LPN #1's gown also came in contact with the resident's bed linen. LPN #1 the exited the room, walked back to the medication cart in the hall, performed hand hygiene and began preparing medications. On 12/15/20 at 2:24 p.m., LPN #1 entered Resident #4 and Resident #5's room wearing the same gown and mask. LPN #1 did not don gloves or eye protection. LPN #1 administered medications to Resident #5 and handed the resident a water cup with no gloves on. LPN #1 exited the room, performed hand hygiene, removed the gown and exited the unit.

On 12/15/20 at approximately 3:00 p.m., ASM (administrative staff member) #2 (the director of nursing) provided a document with recommendations from the local health department. The recommendations documented in part, "OBSERVATION UNIT
-Staff must wear PPE on the observation unit.
-Changing PPE between rooms on the observation unit is not required; only changing gloves and washing hands between rooms is required. If your PPE gets dirty for some reason, then you would of course change your PPE before going into the next resident's room etc..."

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F 880	Continued From page 7 On 12/16/20 at 3:12 p.m., a telephone interview was conducted with LPN #1. LPN #1 stated residents are on the observation unit because they have went out to the hospital or out for an appointment and confirmed the residents may develop COVID-19 since they have been out in the community. When asked what type of transmission based precautions should be implemented for residents on the observation unit, LPN #1 stated contact and droplet isolation should be implemented and a gown, gloves, mask and face shield or goggles should be worn. When asked if PPE should be removed and changed in between residents and rooms on the observation unit, LPN #1 stated gloves should be changed but she was not sure about gowns. LPN #1 was made aware of the observations conducted on 12/15/20. LPN #1 stated she should have worn gloves and eye protection when assisting Residents #2, #3, #4 and #5. LPN #1 stated she had previously been wearing eye protection and she wasn't trying to make an excuse but she was nervous and forgot to don eye protection and gloves when assisting those residents. On 12/17/20 at 8:29 a.m., a telephone interview was conducted with ASM #2 and RN (registered nurse) #1 (the infection control nurse). RN #1 stated residents are on the observation unit because they have went out to the hospital or out for an appointment and confirmed the residents may develop COVID-19 since they have been out in the community. RN #1 stated contact and droplet isolation precautions should be implemented and staff should wear a gown, a mask, eye protection and gloves when caring for residents on the observation unit. RN #1 stated	F 880		

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staff should change gloves and sanitize their hands in between residents. RN #1 stated staff do not change gowns in between residents or rooms on the observation unit because there was a shortage of gowns, the residents were cohorted on that unit for the same reason, and the residents have not had symptoms. RN #1 stated this same practice was also followed on the warm unit which housed residents who were knowingly exposed to COVID-19. ASM #2 clarified and stated the facility was utilizing cloth non-disposable gowns and the facility had enough gowns but did not have enough resources in the laundry department to wash all of the gowns.

On 12/17/20 at 11:08 a.m., ASM #1 (the administrator) provided a document from the CDC (Centers for Disease Control and Prevention) via email. The document was titled, "Strategies for Optimizing the Supply of Isolation Gowns" with an update date of 10/9/20. An arrow was drawn beside the following paragraph, "Crisis Capacity Strategies: Extended use of isolation gowns. Consideration can be made to extend the use of isolation gowns (disposable or reusable) such that the same gown is worn by the same HCP (health care personnel) when interacting with more than one patient housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19 patients residing in an isolation cohort). However, this can be considered only if there are no additional co-infectious diagnoses transmitted by contact among patients. If the gown becomes visibly soiled, it must be removed and discarded or changed as per usual practices."

The facility policy titled, "Cohorting Residents to

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Prevent the Spread of COVID-19" documented, "7. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic COVID infected residents into the COVID-19 care unit. However a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE..."

The facility policy titled, "Pandemic Infection Control Measures" documented, "4. If an outbreak occurs within the facility, strict adherence to standard and transmission based precautions and other infection control measures will be implemented according to the most current CDC recommendations..."

The facility policy titled, "Precautions to be used with New Admissions During COVID-19 Pandemic" documented, "If the resident's status is unknown and is asymptomatic: 3. Place in Contact and Droplet Precautions..."

The facility policy titled, "Caring for the Resident with a Suspected or Confirmed Case of COVID-19" documented, "8. The following measures will be implemented for residents with known or suspected COVID-19: Caregivers will don appropriate personal protective equipment (PPE) - gown, mask, face/eye shield, and gloves..."

The facility policy titled, "Strategies for Optimizing the Supply of Isolation Gowns When Dealing with

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a COVID-19 Crisis" documented, "1. If PPE is in short supply, and there are Positive COVID residents, or suspected COVID residents, the staff may wear a clean isolation gown under a clean resident gown. 2. A hook will be applied on to the back of the resident room door and the ISOLATION gown (blue or yellow) will be taken off and hung on the hook with the side worn next to the HCP's (health care provider) body touching the door. 3. The resident gown would be taken off and put into soiled laundry for reprocessing. 4. The ISOLATION gown will be reused by the same HCP upon re-entering the same room. 5. If the ISOLATION gown becomes visibly soiled, it is to be discarded..."

On 12/17/20 at 12:08 p.m., ASM #1 and ASM #2 were made aware of the above concerns. No further information was presented prior to exit.

The CMS [Centers for Medicare and Medicaid Services] QSO-20-14-NH DATE: March 13, 2020 documented, in part, "Guidance-Facility staff should regularly monitor the CDC website for information and resources..."

The CMS [Centers for Medicare and Medicaid Services] QSO-20-20-All March 23, 2020 documented, in part: "On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b) (5) of the Act."
https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

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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. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected..." This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

The CDC guideline titled, "Preparing for COVID-19 in Nursing Homes" and updated on 11/20/20 further documented in part, "Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices...If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections..." This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/l

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	495358	A. BUILDING _____ B. WING _____	12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS AT AMELIA	8830 VIRGINIA STREET AMELIA, VA 23002

(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
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The CDC guideline titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" and updated on 12/14/20 documented in part, "The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: Respirator or Facemask (Cloth masks are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.)
Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use strategies to optimize PPE supply. Other respirators include other disposable filtering facepiece respirators, powered air purifying respirators (PAPRs), or elastomeric respirators.
N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure. See appendix for respirator definition.
Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask.
If reusable respirators (e.g., powered air-purifying respirators [PAPRs] or elastomeric respirators) are used, they should also be removed after exiting the patient's room or care area. They must be cleaned and disinfected according to

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manufacturer's reprocessing instructions prior to re-use.
When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with suspected or confirmed SARS-CoV-2 infection. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.
Eye Protection
Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply.
Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator.
Remove eye protection after leaving the patient room or care area, unless implementing extended use.
Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.
Gloves
Put on clean, non-sterile gloves upon entry into the patient room or care area.
Change gloves if they become torn or heavily contaminated.
Remove and discard gloves before leaving the

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patient room or care area, and immediately perform hand hygiene.
Double gloving is not recommended when providing care to patients with suspected or confirmed SARS-CoV-2 infection.
Gowns
Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Reusable (i.e., washable or cloth) gowns should be laundered after each use.
In general, HCP caring for patients with suspected or confirmed SARS-CoV-2 infection should not wear more than one isolation gown at a time..." This information was obtained from the website:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943