

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

PRINTED: 03/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/14/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER VIEW ON THE APPOMATTOX HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 EPPS STREET HOPEWELL, VA 23860</b>
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 7/14/2020. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000		
F 000	The census in this 124 certified bed facility was 112 at the time of the survey.  INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted onsite 07/14/2020. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	F 000		
F 880 SS=E	The census in this 124 certified bed facility was 112 at the time of the survey.  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.	F 880		8/14/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/31/2020
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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>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 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>	F 880		

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F 880	<p>Continued From page 2</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 documentation, the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 5 of 6 areas of the facility.</p> <p>The findings included:</p> <p>The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>On 7/14/2020 Surveyor B entered the facility at approximately 11:00 AM. Employee D was observed in the front office with her procedure mask hanging from her left ear, exposing her mouth and nose. At 11:05 AM Surveyor B approached the glass window of the front office, after being screened in and donning PPE.</p>	F 880	<ol style="list-style-type: none"> <li>1. Staff members D, F and I now wear their masks on their face correctly per guidelines. Staff members E and G are now wearing their masks per the guidelines. Staff member H is now following Personal Protective Equipment (PPE) guidelines appropriately when entering and exiting isolation rooms and performing hand hygiene appropriately. Staff members D, E, F G, H, and I have received corrective actions.</li> <li>2. Any staff or resident has the potential to be affected by the COVID-19 virus if masks are not used, nor properly worn, when PPE is not used per the guidelines when entering and exiting isolation rooms, or when hand hygiene is not performed appropriately. Rounds will be completed to verify staff adherence to universal masking and appropriate application of masks, appropriate hand hygiene and</li> </ol>	

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F 880	<p>Continued From page 3</p> <p>Employee D was still observed without her mask on. Employee C, the receptionist, who shared the office with Employee D, came out to talk with the Surveyor. Employee C stated, "everyone wears masks as soon as they get here". Employee C was asked if they are expected to wear a mask while in the office and Employee C stated "yes". When asked about the importance of wearing masks, Employee C stated: "so we don't breathe or cough on each other, since it is two of us in that small area". Surveyor B then approached the window again at 11:12 AM after observing Employee D to remove the procedure mask and put on a cloth mask. Surveyor B asked Employee D why she had not been wearing her mask, Employee D stated "I was taking medication and had to swallow".</p> <p>On 7/14/2020 at 11:15 AM Surveyor B was accompanied by the Assistant Director of Nursing (ADON/RN A) on a facility tour. Prior to leaving the lobby, Surveyor B asked the ADON what was her expectation regarding masks. The ADON stated, "masks are mandatory, it must be on when they enter and it is to cover their mouth and nose".</p> <p>On 7/14/2020 at approximately 11:20 AM, while accompanied by the ADON (RN A), observation of the therapy gym revealed Employee E at the counter, working on the computer, without any facial covering/mask on. In the therapy gym, two Residents were observed, as well as three other staff members. The ADON instructed Employee E to put on a mask. When the ADON was asked if Employee E should have had a mask on, she said "everyone should have one on".</p> <p>On 7/14/2020 at 11:27 AM Employee G was</p>	F 880	<p>donning / doffing of PPE entering / exiting isolations rooms.</p> <p>3. Facility staff (90% or greater) will be educated on the Center's Infection Control policy for mask usage and wearing proper PPE when entering and exiting isolation rooms.</p> <p>4. Random rounds will be conducted by the Infection Control Preventionist, Quality Assurance Nurse or designee 4 x weekly x 4 weeks then monthly x 2 months to verify proper mask usage, hand hygiene and wearing proper PPE when entering and exiting isolation rooms per Center policy, any variances will be addressed promptly. The Director of Nursing or designee will review findings and report summary of findings to the QAPI committee monthly x 3 months for any further recommendations.</p>		

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F 880	<p>Continued From page 4</p> <p>observed to exit the laundry room door, enter onto the nursing unit, without a mask on. The ADON said to Employee G, "excuse me ma'am you need to put mask on". Employee G stated multiple times "it won't stay on". The ADON knocked on the laundry door, for Surveyor B to observe the laundry area. Employee F answered the door with her mask below her nose. The ADON instructed her to pull her mask up. Employee F identified herself as the housekeeping/laundry manager. Employee F was asked her expectation of staff wearing masks, she stated "they better have it on".</p> <p>On 7/14/2020 at 11:44 AM, Employee H was observed in room 100 with only gloves and a facemask on. As Employee H exited the room, she failed to remove her gloves and perform any hand hygiene. Surveyor B observed a yellow sign with a red stop sign on the door, which stated: "STOP: Contact Precautions: everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person". The ADON asked Employee H why she didn't have on appropriate PPE and Employee H said, "I didn't see the sign".</p> <p>On 7/14/2020 at 11:47 AM the ADON knocked on the dietary door. Employee I answered the door and was observed to have her mask on her chin, not covering her mouth or nose. Surveyor B asked why she was not wearing a mask,</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>Employee I stated, "I've got one on". The Surveyor then asked why she was not wearing the mask properly, "if I wear it, it breaks me out", she then pulled up the mask over her mouth, but left her nose exposed.</p> <p>Review of the facility policy titled "Contact Precautions" page 4 read, "gloves will be removed and discarded before leaving the Resident's room, hands will be washed with soap and water, or a waterless hand antiseptic will be used." Page 4 continued with gown use and read, "Don [put on] gown upon entry into the room."</p> <p>Review of the facility policy titled "Coronavirus Surveillance and Admission Criteria" indicated that the facility infection preventionist would monitor the CDC website for recommendations on prevention, treatment, isolation, or other recommendations.</p> <p>Per the CDC's guidance stated "healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required". CDC recommendations/guidelines accessed online 7/14/2020 at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html</a></p>	F 880		

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F 880	<p>Continued From page 6</p> <p>The Virginia Department of Health Offices of Epidemiology and Licensure and Certification, in conjunction with state leadership, created Virginia- specific guidance aimed at providing practical strategies for nursing homes to implement phased and safe reopening plans. The document titled: "VDH Nursing Home Guidance for Phased Reopening" dated 7/2/2020 read on page 5, "Universal Source Control and PPE: All staff, regardless of their position, will wear a cloth face covering or facemask while in the facility."</p> <p>On 7/14/2020 at 11:51 AM prior to Surveyor B leaving the facility, the ADON was asked if she had observed any concerns during the tour. The ADON stated, "yes, people not wearing masks, I think I saw the same things as you".</p> <p>The ADON was again made aware of the findings during the end of day meeting held on 7/14/2020 at approximately 3:55 PM.</p> <p>No further information was provided.</p>	F 880		