

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PEACE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 751 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901		
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E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 03/23/2021 through 03/25/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities INITIAL COMMENTS	F 000			
F 655 SS=D	An unannounced Medicare/Medicaid standard survey was conducted 3/23/2021 through 3/25/2021. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code report will follow. The census in this thirty certified bed facility was 30 at the time of the survey. The survey sample consisted of twelve current resident reviews and one closed record review. Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders.	F 655		4/30/21	

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

TITLE

(X6) DATE

Electronically Signed

04/12/2021

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 655	<p>Continued From page 1</p> <p>(C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to develop a baseline care plan regarding COVID-19 for one of 13 residents in the survey sample. Resident #131's baseline care plan included no problems, goals and/or interventions regarding COVID-19 precautions.</p> <p>The findings include:</p> <p>Resident #131 was admitted to the facility on</p>	F 655	<p>Resident #131's interim care plan was updated to include appropriate COVID-19 precautions.</p> <p>No other resident was affected, there were no other admissions within the last 30 days. New admissions have the potential to be affected.</p> <p>The Director of Nursing (DON) or designee will develop an interim care</p>		

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F 655	<p>Continued From page 2</p> <p>3/15/21 with diagnoses that included peripheral vascular disease, vitamin deficiencies, hypertension, anorexia, polymyalgia rheumatica and hypothyroidism. An admission nursing note dated 3/15/21 documented Resident #131 as alert and oriented.</p> <p>On 3/23/21 at 11:13 a.m., Resident #131 was observed in her room on the bed. Resident #131 stated at this time that she was new to the facility and was admitted about a week ago. There were no signs, labels or supplies at Resident #131's door or room indicating any type of quarantine, infection precautions or personal protective equipment (PPE) related to COVID-19 prevention.</p> <p>Resident #131's clinical record documented the resident was admitted to the facility on 3/15/21 at 4:00 p.m. A nursing noted dated 3/15/21 at 4:08 p.m. documented, "Admitted to [facility] transported via private care of Niece [niece] and Nephew in law escorted in facility via wheelchair, alert and oriented x 3..."</p> <p>The clinical record documented New Admission COVID-19 Screening form (INF-12) dated 3/15/21. This form documented that Resident #131 had not experienced any of the following symptoms of COVID-19 (shortness of breath, fever and/or dry cough, chills, body aches, digestive issues, pink eye, loss of smell/taste, fatigue, lethargy and/or sore throat or headache), had no close contact with a COVID-19 positive person within 14 days, had not traveled abroad in the last 14 days and had not been vaccinated against COVID-19. This form documented the resident tested negative for COVID-19 three days prior to admission on 3/12/21.</p>	F 655	<p>plan, including appropriate COVID-19 precautions, for all new admissions no later than the day of admission.</p> <p>The DON or designee will audit all new resident care plans monthly for the next 6 months to confirm that appropriate COVID-19 precautions are included. The audit results will be reported to the QAPI Committee for recommendation for continued follow-up, if any.</p>		

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F 655	Continued From page 3 Resident #131's baseline care plan dated 3/15/21 included no problems, goals and/or interventions regarding COVID-19 prevention or precautions. On 3/23/21 at 3:21 p.m., the DON was interviewed about Resident #131. The DON stated, "I was not here when she [Resident #131] was admitted." The DON stated the unit manager admitted Resident #131 and should have referred to the policy about precautions for new admissions. The DON stated, "It was a miscommunication." On 3/24/21 at 3:00 p.m., the licensed practical nurse unit manager (LPN #2) was interviewed about a care plan addressing COVID-19 precautions. LPN #2 stated she was new and still learning about updating care plans. LPN #2 stated she completed Resident #131's admission assessment and this was her first admission completed at the facility. LPN #2 stated she did not think about initiating or getting orders for droplet/contact precautions and did not think to include COVID-19 precautions on the baseline care plan. The facility document (OC-226a) titled Recommended Mitigation Steps and Considerations by Phase (07/2020) documented, "...New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room if available, and/or on a warm unit. All recommended COVID-19 PPE should be worn during care of the residents...Resident could be transferred out of the warm unit to a cold unit, or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days	F 655			

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F 655	Continued From page 4 after their last exposure (e.g., date of admission)."	F 655			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and	F 656		4/30/21	

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F 656	<p>Continued From page 5</p> <p>desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to develop a comprehensive care plan for one of 13 residents in the survey sample. Resident #13 had no plan of care developed regarding bowel management.</p> <p>The findings include:</p> <p>Resident #13 was admitted to the facility on 8/12/17 with diagnoses that included Alzheimer's, osteoarthritis, chronic kidney disease, history of COVID-19 and constipation. The minimum data set (MDS) date 1/13/21 assessed Resident #13 with short and long-term memory problems and severely impaired cognitive skills.</p> <p>Resident #13's clinical record documented the following: a physician's order dated 2/9/21 for Senna-S 8.6-5- mg (2 tabs) at each bedtime for bowel aide; a physician's order dated 4/20/20 for Miralax 17 grams in 8 ounces of water every other day for constipation and a physician's order dated 10/2/20 for Bisacodyl suppository 10 mg rectally once per day as needed for constipation.</p> <p>Resident #13's bowel movement records</p>	F 656	<p>Bowel management care plan initiated for Resident #13 immediately.</p> <p>All residents at risk for constipation have the potential to be affected. The Director of Nursing (DON) will conduct an audit of physician orders and care plans for all residents to identify those with the potential to be affected. If needed, care plans to address bowel management will be added.</p> <p>The DON or designee will audit all physician orders monthly for the next 6 months to confirm that all residents taking narcotic medications, or with a history of constipation, have a care plan to address the potential for constipation.</p> <p>The DON or designee will submit the audit results to the QAPI Committee for recommendation for continued follow-up, if any.</p>		

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F 656	<p>Continued From page 6</p> <p>documented the resident had no bowel movement for six to eight consecutive days on four occasions from 2/1/21 through 3/24/21. Bowel records documented Resident #13 had no bowel movement for eight consecutive days from 2/1/21 through 2/8/21; for six consecutive days from 2/16/21 through 2/21/21; for seven consecutive days from 3/2/21 through 3/8/21; and six consecutive days from 3/17/21 through 3/22/21.</p> <p>Resident #13's medication administration record (MAR) documented the resident was administered a Bisacodyl suppository on 2/8/21, 2/23/21, 3/9/21, 3/11/21 and 3/23/21 with effective results. A one-time physician ordered Fleets enema was administered on 2/9/21. The resident's MAR notes documented the Bisacodyl suppository was administered on 3/11/21 because the resident complained of constipation. A MAR note dated 3/23/21 documented the suppository was administered due to "no BM x 6 days." A nursing note dated 3/23/21 at 7:59 a.m. documented, "Resident has not had an [a] BM [bowel movement] x 5-6 days; PRN [as needed] Dulcolax suppository administered as ordered..." (sic)</p> <p>Resident #13's plan of care (revised 3/24/21) included no problems, goals and/or interventions regarding constipation or bowel management.</p> <p>On 3/24/21 at 2:52 p.m., the licensed practical nurse unit manager (LPN #2) was interviewed about Resident #13's care plan. LPN #2 stated she ran a report each morning and highlighted to the nurses residents beyond three days without a bowel movement. LPN #2 stated standing and as needed orders were supposed to be implemented</p>	F 656			

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F 656	Continued From page 7 for residents going over three consecutive days without a bowel movement. Regarding the plan of care, LPN #2 stated she was a new unit manager and was still learning about developing and updating the care plans.	F 656		
F 684 SS=E	<p>This finding was reviewed with the administrator and DON during a meeting on 3/25/21 at 9:00 a.m.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, the facility staff failed to implement timely interventions for bowel management for one of 13 residents in the survey sample, Resident #13. Resident #13 experienced four occasions without bowel movements for six to eight days before interventions were implemented to treat and/or prevent constipation.</p> <p>The findings include: Resident #13 was admitted to the facility on 8/12/17 with diagnoses that included Alzheimer's, osteoarthritis, chronic kidney disease, history of</p>	F 684	<p>The bowel management regime for Resident #13 had been initiated prior to the start of the survey. Resident #13 received a PRN Dulcolax suppository at 1:45 am on 3/23/2021, the resident had a bowel movement on 3/23/2021.</p> <p>All residents have the potential to be affected. The bowel management report was reviewed for all residents. No other residents were found to need a bowel management regime initiated.</p> <p>All RNs and LPNs will be educated on the standing orders for bowel management.</p>	4/30/21

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F 684	<p>Continued From page 8</p> <p>COVID-19 and constipation. The minimum data set (MDS) date 1/13/21 assessed Resident #13 with short and long-term memory problems and severely impaired cognitive skills.</p> <p>Resident #13's clinical record documented a physician's order dated 2/9/21 for Senna-S 8.6-5-mg (2 tabs) at each bedtime for bowel aide, a physician's order dated 4/20/20 for Miralax 17 grams in 8 ounces of water every other day for constipation and a physician's order dated 10/2/20 for Bisacodyl suppository 10 mg rectally once per day as needed for constipation.</p> <p>Resident #13's bowel movement records documented the resident had no bowel movement for six to eight consecutive days without interventions on four occasions from 2/1/21 through 3/24/21. Bowel records documented Resident #13 had no bowel movement for eight consecutive days from 2/1/21 through 2/8/21; for six consecutive days from 2/16/21 through 2/21/21; for seven consecutive days from 3/2/21 through 3/8/21; and six consecutive days from 3/17/21 through 3/22/21.</p> <p>Resident #13's medication administration record (MAR) documented the resident was administered the as needed Bisacodyl suppository on 2/8/21, 2/23/21, 3/9/21, 3/11/21 and 3/23/21 with effective results. A one-time physician ordered Fleets enema was administered on 2/9/21. The MAR notes documented the Bisacodyl suppository was administered on 3/11/21 because the resident complained of constipation. A MAR note dated 3/23/21 documented the suppository was administered for, "no BM x 6 days." A nursing note dated 3/23/21 at 7:59 a.m. documented,</p>	F 684	<p>The Unit Manager or designee will review the bowel management report daily to identify any residents at risk for constipation and to ensure appropriate interventions are implemented.</p> <p>The DON or designee will review the bowel management reports monthly for the next 6 months to monitor compliance with the bowel management program. The results of the audits will be reported to the QAPI Committee on a quarterly basis.</p>		

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F 684	<p>Continued From page 9</p> <p>"Resident has not had an [a] BM [bowel movement] x 5-6 days; PRN [as needed] Dulcolax suppository administered as ordered..." (Sic)</p> <p>Resident #13's plan of care (revised 3/24/21) included no problems, goals and/or interventions regarding constipation or bowel management. The plan of care documented the resident had pain related to degenerative joint disease with interventions that included pain medication. The resident was administered the opioid medication Norco (hydrocodone/acetaminophen) 5-325 milligrams every 4 hours as ordered for pain management.</p> <p>On 3/24/21 at 11:24 a.m., the director of nursing (DON) was interviewed about the facility's protocol for bowel management. The DON stated the unit manager ran a report each day from the bowel records entered by the certified nurses' aides. The DON stated the report listed residents that had been over three consecutive days without a bowel movement. The DON stated standing orders and/or prn [as needed] physician orders for constipation were supposed to be implemented each day for the residents identified on the list.</p> <p>On 3/24/21 at 1:38 p.m., the DON stated she did not have a written policy about the bowel protocol but interventions such as prn orders and standing orders were in place for to treat and/or prevent constipation.</p> <p>The DON presented a copy of a policy titled "Standing Orders" (undated). The standing orders documented the following for treatments for constipation: milk of magnesia 30 milliliters</p>	F 684			

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F 684	<p>Continued From page 10</p> <p>every 12 hours, if no results after one dose, may give Dulcolax 10 mg suppository rectally, if no results in 2 hours may administer Fleets enema. If no results from enema, notify physician.</p> <p>On 3/24/21 at 2:48 p.m., the licensed practical nurse (LPN #1) caring for Resident #13 was interviewed. LPN #1 stated the unit manager gave them a report each day of residents with greater than three days since a bowel movement. LPN #1 stated a suppository or milk of magnesia was administered to those residents on the list to prevent constipation. LPN #1 stated she did not know why Resident #13 went for six to eight days before interventions for constipation were implemented.</p> <p>On 3/24/21 at 2:52 p.m., the unit manager (LPN #2) was interviewed about Resident #13's bowel management. LPN #2 stated she gave a report to the nurses each morning listing residents with greater than three consecutive days without a bowel movement. LPN #2 stated she highlighted the residents needing bowel interventions and informed the nurses. LPN #2 stated she did not know why Resident #13 went an extended time without interventions for constipation.</p> <p>On 3/25/21 at 8:30 a.m., the DON was interviewed again about Resident #13's bowel records and delayed interventions to prevent constipation. The DON stated she thought there was a problem with the accuracy of the documentation by the aides. The DON stated there should have been follow up when Resident #13's name remained on the daily bowel movement report and that interventions should have been initiated sooner.</p>	F 684		

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F 684	Continued From page 11 The Nursing 2017 Drug Handbook on page 726 described Norco as an opioid analgesic used for treatment of moderate to moderately severe pain. Listed under nursing considerations with Norco use on page 728 was, "...Constipation is a very common adverse effect. Treat constipation aggressively..." (1) This finding was reviewed with the administrator and DON during a meeting on 3/25/21 at 9:00 a.m. (1) Rader, Janet, Dorothy Terry and Leigh Ann Trujillo. Nursing 2017 Drug Handbook. Philadelphia: Wolters Kluwer, 2017.	F 684			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;	F 758		4/30/21	

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F 758	<p>Continued From page 12</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to ensure one of 13 residents in the survey sample was free of unnecessary psychotropic medications. Resident #26 had physician orders for as needed (PRN) psychotropic medications that extended for more than 14 days without a stop date.</p> <p>The findings include: Resident #26 was originally admitted to the facility</p>	F 758	<p>The order for a PRN antipsychotic medication for resident #26 was discontinued.</p> <p>All residents with PRN antipsychotic orders have the potential to be affected. The Director of Nursing (DON) conducted an audit of physician orders for all residents. No other residents with PRN orders for antipsychotics have a stop date, no longer than 14 days from the</p>		

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F 758	<p>Continued From page 13</p> <p>on 07/09/2020 and readmitted on 01/11/2021 with diagnoses that included hospice encounter - hypothyroidism, gout, anemia, hypertension, heart disease, chronic kidney disease, dementia without behavioral disturbance and dysphasia. The most recent minimum data set (MDS) dated 01/27/2021 which was a significant change, assessed Resident #26 as severely cognitive impaired for daily decision making with a score of 6 out of 15.</p> <p>On 03/23/2021, Resident #26's clinical record was reviewed. Observed on the physician order sheet was the following: "Prescription 01/15/2021 - Open Ended lorazepam - Schedule IV concentrate; 2 mg/ml (milligrams/milliliters); amt: 0.25 ml (milliliters); oral Special Instructions: for anxiety. Every 2 Hours - PRN (as needed)..."</p> <p>There was no documented stop date for the PRN (as needed) Lorazepam order.</p> <p>A review of the medication administration record (MAR) for the period of January 15, 2021 through March 2021 documented Resident #26 did not receive any doses of the PRN Lorazepam.</p> <p>A review of the pharmacy consultation reports for the months of February and March 2021 did not document any recommendations from the consulting pharmacist regarding the PRN Lorazepam.</p> <p>A review of the MD/NP (medical director/nurse practitioner) notes for the period of January 15, 2021 through March 2021 did not document the MD/NP addressing the PRN Lorazepam to either end or extend the order.</p>	F 758	<p>start date of the medication.</p> <p>The DON or designee will audit all physician orders monthly for the next 6 months to confirm that all PRN antipsychotic medications have a stop date not to exceed 14 days from the start date.</p> <p>The DON or designee will submit the results of the monthly physician orders for the next 6 months. The audit results will be reported to the QAPI Committee for recommendation for continued follow-up, if any.</p>		

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F 758	Continued From page 14 On 03/24/2021 at 8:15 a.m., the director of nursing (DON) was interviewed regarding the PRN Lorazepam order. The DON stated the facility had discussions with the MD/NP (medical director/nurse practitioner) regarding PRN psychotropics not being open-ended. The DON stated she would review the MD/NP progress notes to determine if the psychotropic was addressed to either end or extend and review the medication. The DON stated she was surprised the consulting pharmacist did not address the PRN Lorazepam on the pharmacy reviews and it must have been an oversight. The above findings were shared with the administrator and DON during a meeting on 03/24/2021 at 11:15 a.m. No additional information was provided to the survey team prior to exit on 03/25/2021 at 9:15 a.m.	F 758		
F 880 SS=E	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		4/30/21

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F 880	Continued From page 15 §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	<p>Continued From page 16 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, facility document review and clinical record review, the facility staff failed to follow COVID-19 infection control protocols for one of 13 residents in the survey sample. Resident #131 resided in the facility for eight days after admission without quarantine or transmission based precautions as required in COVID-19 infection control protocols.</p> <p>The findings include:</p> <p>Resident #131 was admitted to the facility on 3/15/21 with diagnoses that included peripheral vascular disease, vitamin deficiencies, hypertension, anorexia, polymyalgia rheumatica and hypothyroidism. An admission nursing note dated 3/15/21 documented Resident #131 as alert and oriented.</p> <p>On 3/23/21 at 11:13 a.m., Resident #131 was observed in her room on the bed. A roommate was observed in the same room in the window bed. Resident #131 was interviewed at this time and stated she was new to the facility and was admitted about a week ago.</p>	F 880	<p>Resident #131 was placed on quarantine and the use of appropriate personal protective equipment for care of resident #131 was implemented immediately.</p> <p>No other resident was affected, there were no other admissions within the last 30 days. New admissions have the potential to be affected.</p> <p>The "Coronavirus Outbreak – Infectious Disease Preparedness & Response Plan" was updated to reflect CDC recommendations effective 3/29/21. All RNs, LPNs, and direct care staff will be educated on the updated policy.</p> <p>The DON or designee will be supervise the admission process for new residents. The DON or designee is responsible for ensuring the move-in process is implemented in accordance with the "Coronavirus Outbreak – Infectious Disease Preparedness & Response Plan."</p>		

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F 880	<p>Continued From page 17</p> <p>There were no signs, labels or supplies at Resident #131's door or room indicating any type of quarantine, infection precautions or requirement for personal protective equipment (PPE).</p> <p>On 3/23/21 at 2:43 p.m., Resident #131 was observed in her room. A therapy staff member was observed entering Resident #131's room with a surgical mask in use but no other PPE.</p> <p>Resident #131's clinical record documented the resident was admitted to the facility on 3/15/21 at 4:00 p.m. A nursing noted dated 3/15/21 at 4:08 p.m. documented, "Admitted to [facility] transported via private care of Niece [niece] and Nephew in law escorted in facility via wheelchair, alert and oriented x 3..."</p> <p>The clinical record documented New Admission COVID-19 Screening form (INF-12) dated 3/15/21. This form documented that Resident #131 had not experienced any of the following symptoms of COVID-19 (shortness of breath, fever and/or dry cough, chills, body aches, digestive issues, pink eye, loss of smell/taste, fatigue, lethargy and/or sore throat or headache), had no close contact with a COVID-19 positive person within 14 days, had not traveled abroad in the last 14 days and had not been vaccinated against COVID-19. This form documented the resident tested negative for COVID-19 three days prior to admission on 3/12/21.</p> <p>The clinical record documented no orders for quarantine or any type of transmission based precautions. The resident's baseline care plan dated 3/15/21 included no problems, goals and/or interventions regarding COVID-19 prevention.</p>	F 880		

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F 880	<p>Continued From page 18</p> <p>On 3/23/21 at 2:45 p.m., the licensed practical nurse unit manager (LPN #2) was interviewed about Resident #131's status regarding COVID-19 protocols. LPN #2 stated the resident was supposed to stay in her room for 14 days after admission. When asked if she was on any type of transmission based precautions due to COVID-19, LPN #2 stated Resident #13 was not on any type of infection precautions. LPN #2 stated the resident stayed mostly in her room but if she came out of the room, she wore a mask.</p> <p>On 3/23/21 at 2:50 p.m., the director of nursing (DON) responsible for the infection program was interviewed. The DON stated Resident #131 was not on transmission based precautions and had not been on precautions since admission. The DON stated the resident had a negative COVID-19 test three days prior to admission and was tested again today (3/23/21) with negative results. The DON stated they required a negative test prior to admission and retested a week after admission.</p> <p>On 3/23/21 at 3:21 p.m., the DON was interviewed again about any infection control precautions for Resident #131. The DON stated, "I was not here when she [Resident #131] was admitted." The DON stated the unit manager (LPN #2) admitted Resident #131 and should have referred to the policy about precautions for new admissions. The DON stated, "It was a miscommunication."</p> <p>On 3/24/21 at 3:00 p.m., the unit manager (LPN #2) was interviewed again about Resident #131's admission. LPN #2 stated that new admissions were supposed to be on droplet/contact</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>precautions. LPN #2 stated she was new and Resident #131 was her first admission at the facility. LPN #2 stated she did not think about initiating or getting orders for droplet/contact precautions.</p> <p>The facility's policy titled Coronavirus Outbreak - Infectious Disease Preparedness & Response Plan (revised 3/22/21) documented, "...During the Coronavirus (COVID-19) outbreak...all new admissions will be assessed for signs of symptoms of Coronavirus-like illness and utilizing the INF-12 New Admission COVID-19 Screening. All new admissions shall be required to have a COVID-19 test no more than 72 hours prior to being admitted into the community...All new NF/SNF admissions will be required to safely quarantine for a minimum of 14 days after admission. (Please see OC-226a Nursing Home Phase-In Re-Opening Chart)..."</p> <p>The facility document (OC-226a) titled Recommended Mitigation Steps and Considerations by Phase (07/2020) documented, "...New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room if available, and/or on a warm unit. All recommended COVID-19 PPE should be worn during care of the residents...Resident could be transferred out of the warm unit to a cold unit, or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission)."</p> <p>The Centers for Disease Control and Prevention (CDC) includes in recommendations for COVID-19 in nursing homes, "...Create a Plan for</p>	F 880			

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F 880	<p>Continued From page 20</p> <p>Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown...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 [health care personnel] 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." (1)</p> <p>These findings were reviewed with the administrator and director of nursing during a meeting on 3/24/21 at 11:30 a.m.</p> <p>(1) Preparing for COVID-19 in Nursing Homes. Centers for Disease Control and Prevention. 3/26/21. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p>	F 880		