State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0148	A. BUILDING: ______ B. WING ______	05/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISA HEALTH & REHABILITATION CENTER	210 ELM STREET LOUISA, VA 23093

(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) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 05/11/2021. Corrections are required for compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 90 bed facility was 66 at the time of the survey. The survey sample consisted of eight (8) current resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12VAC5-371-180 Infection Control Based on observations, clinical record review, staff interviews, and review of facility policy and procedure, the facility staff failed to maintain infection control practices during meal service to two residents on isolation precautions to rule out COVID-19 exposure. The staff member entered the residents' rooms without wearing Personal Protective Equipment (PPE). The findings were: On 5/11/2021 at 12 noon, CNA # 1 (Certified Nursing Assistant) was observed passing meal trays on the Life Works Unit. After obtaining a tray from the tray cart, CNA # 1 entered the room of Resident # 7 and placed the tray on an overbed table in front of the resident. CNA # 1	F 001	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. 12VAC5-371-180 Infection Control 1. Employee failed to wear appropriate PPE when entering the rooms of two residents. She was immediately educated on proper PPE use as indicated. 2. Employees working were observed by nursing leadership to ensure enhanced	6/4/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 05/24/21

State of Virginia

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F 001	Continued From page 1 then left the resident's room and used hand gel to clean her hands. Hanging on the door of the resident's room was large, yellow bag with several pockets containing Personal Protective Equipment (PPE). Resident # 7 was admitted to the facility on 5/9/2021 with diagnoses that included medial meniscus tear of the left knee, sciatica, hyperlipidemia, chronic respiratory failure with hypoxia, morbid obesity, chronic obstructive pulmonary disease, and type II diabetes mellitus. CNA # 1 then took another tray from the tray cart, but before serving it, asked Resident # 8 what she would like to drink. CNA # 1 then went to the unit pantry and obtained two cartons of milk for the resident's tray. After placing the milk cartons on Resident # 8's tray, CNA # 1 took the tray in to the resident's room and placed it on the overbed table in front of the resident. CNA # 1 then left the resident's room and used hand gel to clean her hands. Hanging on the door of the resident's room was large, yellow bag with several pockets containing PPE. Resident # 8 was admitted to the facility on 4/24/2021 with diagnoses that included atrial fibrillation, dementia with behavioral disturbances, chronic obstructive pulmonary disease, encephalopathy, osteoarthritis, and hypertension. A second staff member was observed in the doorway of a resident room, donning PPE. CNA # 1 passed a meal tray to the second staff member who served it to the resident. A yellow PPE supply bag was hanging on the door to the resident's room. Prior to entering the rooms of Residents # 7 and	F 001	droplet precautions were being followed. 3. Current active employees will be educated on the requirements to follow the instructions on the enhanced droplet precautions signs before entering residents room. Nursing leadership will observe staff 3x weekly x 4 weeks to ensure proper infection control practices specific to PPE use are being maintained in rooms on enhanced droplet precautions. Any issues will be addressed immediately. 4. Process will be reviewed in QA x 1 quarter. 5. 6-4-2021 12VAC5-371-250 (F) Resident Assessment and Care Planning 1. The PICC line focus on resident # 4 care plan was immediately reactivated. 2. Current residents with PICC lines will be reviewed to ensure they are reflected on the resident's plan of care. Corrections will be made as indicated. 3. Current active nurses will be educated on the process to ensure care plans reflect changes of condition. Unit Managers or designee will review order listing report 5x weekly x 4 weeks to ensure care plans reflect the most up to date clinical status. Corrections will be made immediately at the time of identification. 4. Process will be reviewed in QA committee x 1 quarter. 5. 6-4-2021	

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F 001	Continued From page 2 8, CNA # 1 did not don PPE. At approximately 12:10 p.m., CNA # 1 was asked how she determines whether or not to don PPE when serving meal trays. CNA # 1 said she would don PPE "...if they have a (PPE) bag on the door." At approximately 12:30 p.m. on 5/11/2021, the Director of Nursing (DON) was asked about the use of PPE on the Life Works Unit. According to the DON, the residents on the Life Works Unit are on contact/droplet precautions and are on 14 day isolation. When told of the observation regarding CNA # 1, the DON said she should have worn PPE to enter the resident rooms. At approximately 2:30 p.m. on 5/11/2021, the DON stated residents on Life Works are admitted from the hospital without COVID-19. They are maintained on observation for 14 days, and are monitored every four hours for any change in condition. Once cleared, they are moved to another room in another part of the facility. "At this time," the DON said, "there are no COVID positive residents." Review of the facility policy on Emerging Infectious Disease(s) noted the following: PROCEDURE: "6. New Admissions/Readmissions/Return to Center from outside visits (including hemodialysis patients): Place new admissions/readmissions in a designated area of the Center. Unvaccinated new admissions will be cared for using recommended personal protective equipment and placed on Enhanced Droplet-Contact Precautions...." Review of the facility policy on Enhanced Barrier	F 001		

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F 001	Continued From page 3	F 001		

Precautions (EBPs) noted the following:

"Enhanced Barrier Precautions falls between Standard and Transmission-based Precautions and refers to the use of gown and gloves during high-contact patient care activities.
4. EBPs require the use of gown and gloves by providers and staff during high-contact patient care activities...."

The findings were discussed during an end of survey meeting that included the administrative staff and the survey team.

12VAC5-371-250 (F) Resident Assessment and Care Planning

Based on observation, staff interview, clinical record review, and facility document review, the facility staff failed to review and revise a comprehensive care plan for 1 of 8 in the survey sample. Resident #4's care plan was not reviewed and revised to reflect treatment and care for a peripherally inserted central catheter (PICC) line for intravenous (IV) medication.

The findings include:

Resident #4 was originally admitted to the facility on 07/09/2020 and readmitted on 08/07/2020 with diagnoses that included chronic kidney disease - stage 3, type 2 diabetes, hypothyroidism, dementia without behavioral disturbance, hyperlipidemia, glaucoma, heart failure, depression, and infection he skin and subcutaneous tissue. The most recent minimum data set (MDS) dated 03/07/2021 was a quarterly assessment and assessed Resident #4 as severely impaired for daily decision making with a score of 5 out of 15.

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F 001	Continued From page 4	F 001		

Resident #4's clinical record was reviewed on 05/11/2021. Observed on the physician orders was the following:

"PICC line - flush with 10ml (milliliters) NS (normal saline), then 5ml 10 units/ml heparin (non-valved) every day and night shift for keep line patent Order Date 04/20/2021 Start Date 04/21/2021."

"PICC line - Measure external portion of PICC line catheter weekly with dressing changes every day shift every 7 days. Order Date 04/21/2021 Start date 04/28/2021."

"PICC line dressing changed on admission, then Q (every) week and PRN (as needed) every day shift every 7 days(s) Order Date 04/20/2021 Start Date 04/21/2021."

"PICC line flush - 10 ml NS, infuse medication then 10ml NS flush and follow with 5ml 10 units/ml heparin (non-valved) every day shift for Keep line patent Order Date 04/20/2021 Start Date 04/21/2021."
Place PICC line Order Date 04/21/2021."

A review of the care plan did not document the treatment and care for the PICC line.

On 05/11/2021 at 3:30 p.m. the director of nursing (DON) and the unit manager (LPN #1) provided a copy of Resident #4's care plan. Observed on the care plan was the following: "PICC/Midline catheter to right upper arm for Medication administration. Created on 04/05/2021, Revision on 05/11/2021 ...."

The DON was asked who was responsible for

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F 001	Continued From page 5 reviewing and revising the care plans. The DON stated it was a collaborative effort with nursing. The DON was asked when was the care plan reviewed and revised to include the PICC line as it was not observed on Resident #4's electronic health record care plan. The DON stated, "this is the second time she [Resident #4] has had a PICC line. Her antibiotics were originally started then stopped and that care plan was resolved. When she was started back on the antibiotics the care plan should have been reviewed and revised however it was not". The DON was asked when did the care plan get updated. The DON stated, "today". The DON was asked should the care plan had been reviewed and revised to reflect the use of the PICC line when the order was started on 04/21/2021. The DON stated, "yes". A review of the facility's care plan policy, effective 11/01/19 documented the following: " ... 6. Computerized care plans will be updated by each discipline on an ongoing basis as changes in the patient occur ...." The above findings were discussed with the administrator, director of nursing and corporate staff during a meeting on 05/11/2021. No additional information was provided to the survey team before exit.	F 001		