

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49E004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/12/2021
NAME OF PROVIDER OR SUPPLIER BEDFORD CO NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523		
(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	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Abbreviated Survey was conducted on 04/12/21. One complaint was investigated during the survey. Complaint number VA000051154 was substantiated with deficiency. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 90 certified bed facility was 66 at the time of the survey. The survey sample consisted of two resident reviews (Resident #1 and Resident #2).	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, 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;	F 880		5/7/21	

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

TITLE

(X6) DATE

Electronically Signed

04/28/2021

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 880	Continued From page 1 §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 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.	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, facility document review, and in the course of a complaint investigation, the facility staff failed to follow infection control practices for new admissions for the prevention of COVID -19 for one of two residents in the survey sample (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 04/01/21. Diagnoses for Resident #1 included: dementia, history of malignant neoplasm of the breast, high blood pressure, urinary retention, vitamin d deficiency, major depressive disorder, anxiety disorder, PVD (peripheral vascular disease), diverticulitis, and muscle weakness.</p> <p>The most current MDS (minimum data set) was an entry assessment and was in progress.</p> <p>Resident #1 was assessed upon admission as having dementia with confusion. The resident's initial care plan included the resident as having dementia with confusion and requiring assistance for all ADL's [activities of daily living] related to functional status.</p> <p>On 04/12/21 at 10:00 AM, an entrance conference was held with the administrator and DON (director of nursing). The administrator was asked what personal protective equipment (PPE) was required to be worn on the units of the facility. The administrator stated that on the</p>	F 880	<p>F880</p> <p>1) CNA #4 was educated on appropriate PPE to be worn with all new admissions to include N95 mask, face shield or goggles, gown and gloves on by Nursing Supervisor on 4/12/21. Signage changed to Covid-19 PPE signage to include N95 mask, face shield or goggles, gown and gloves on admission doors on 4/21/21.</p> <p>2) All residents on the unit have the potential to be affected by staff failure to follow infection control policy regarding wearing appropriate PPE of N95 mask, face shield or goggles, gown and gloves for new admissions. No residents on the unit show any signs of symptoms of Covid-19. All residents in new admission rooms have Covid-19 PPE signage on doors. All licensed nursing staff have been in-serviced by QA Education Nurse or designee on the importance of Covid-19 PPE signage placed on new admission residents doors.</p> <p>3) All staff have been in-serviced on appropriate PPE of N95 mask, face shield or goggles, gown and gloves required for all new admissions by Administrator or QA Education Nurse or designee. QA Nurse and or designee will audit 3 nursing staff 5xs weekly for 4 weeks to ensure staff are wearing required PPE of N95 mask, face</p>		

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F 880	<p>Continued From page 3</p> <p>regular units [non COVID, non quarantine] the requirement is a surgical mask and on the COVID positive unit and the admission area rooms, the requirement is full PPE. The infection control policies and procedures were requested at this time.</p> <p>On 04/12/21 at 10:15 AM, LPN (Licensed Practical Nurse) #3 was interviewed regarding the COVID unit and the admissions unit/rooms [specifically dedicated for new or readmissions to the facility for quarantine]. LPN #3 stated that the facility did not have any COVID positive residents and the COVID unit was totally separated by a set of double doors which remain closed. LPN #3 stated that there were four rooms designated for admissions to the facility, which are located outside of the COVID unit. LPN #3 stated that the facility currently had two new admissions [one of which included Resident #1] who were on precautions/quarantine for 14 days. The LPN was asked what type of PPE is worn when entering and caring for one of these residents. LPN #3 stated, "We wear regular PPE when we go into the rooms." LPN #3 was asked what "regular PPE" consisted of. The LPN stated, "A gown, gloves, mask and shield." LPN #3 was asked what type of mask, and responded "a surgical mask." The LPN then stated that there is hand sanitizer in the rooms, along with three bins, one for trash, one for laundry and a red bag bin for PPE disposal.</p> <p>At 10:25 AM, the outside of Resident #1's room was observed. The room door was closed. A contact isolation/precaution sign was attached to the door frame. The sign documented, "...contact precautions...gloves, gown, hand hygiene..." No mask and/or shield were listed as a requirement</p>	F 880	<p>shield or goggles, gown and gloves when caring for new admissions. The QA Education Nurse or designee will audit all occupied admission rooms 5xs week x 4 weeks to ensure Covid-19 PPE signage is posted on door. If variances are observed during the audits, the staff person will be re-educated.</p> <p>4) QA Education Nurse will present results to QA Committee for review/recommendations.</p>		

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F 880	<p>Continued From page 4</p> <p>prior to entry according to the contact precaution sign. A PPE storage cabinet was outside of the closed door. LPN #3 was asked, who was in the room with the resident. The LPN stated that it may be the CNA (certified nursing assistant).</p> <p>At 10:30 AM, the room of Resident #1 was observed laying in bed covered. CNA #4 was completing care on the resident and was putting linens in the "linen bin". CNA #4 was wearing eye glasses, an isolation gown, gloves and a surgical mask. The CNA was not wearing an N-95 mask and was not wearing a face shield and/or goggles. Resident #1 was not wearing any type of face covering. CNA #4 was asked about the PPE that was being worn and if a higher level mask or face shield were required. CNA #4 stated, "This is all I wear all the time."</p> <p>At 10:35 AM, RN (Registered Nurse) #2 was interviewed regarding the admission residents on isolation for 14 days and what type of PPE should be worn when entering the room and caring for these residents. RN #2 stated, "A mask, gloves and gown." RN #2 stated that a surgical mask was all that was required, that those residents were on contact precautions and no face shield was required.</p> <p>The facility infection control policies and procedures were then reviewed and documented, "...COVID-19/Coronavirus Policy...strategies for residents...suspected cases will be immediately isolated and reported...for any resident meeting criteria for evaluation for COVID...follow the CDC [Centers for Disease Control]...recommendations as outlined by the CDC listed below: All staff are required to adhere to respiratory hygiene...hand hygiene...begin tracking staff and residents that</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>have had potential exposure...In addition to standard precautions, implement droplet precautions with the use of eye protection...safety goggles or disposable shield...With active, suspected cases in the facility, units will be designated HOT, WARM, or COLD. On a cold unit, medical facemask is required in all areas. On a warm unit, N95 respirators, gowns, gloves, face shields or safety glasses are required. On a hot unit, full PPE to include N95 respirators, gowns, gloves and face shields or safety glasses are required...residents returning to facility...who has received one negative COVID-19 result will be placed...on a warm unit for up to 14 days...COVID-19 PPE will be required when caring for these residents...[name of facility] will review admissions on a case by case basis. There are several rooms next to quarantine wing that are designated admission rooms...one per...room...will receive a POC [point of care] test on day of admission...once admitted, residents who are not fully vaccinated, will remain in their room for a period of up to 14 days...new admissions who are fully vaccinated will be placed in admission area on observation for a period of up to 7 days...Staff to wear full PPE caring for new admissions...revised March 30, 2021."</p> <p>At 10:40 AM, the ICP (infection control preventionist, RN #1) was asked about the protocol for new admissions. The ICP stated, "We do contact precautions for 14 days, if they have respiratory symptoms then we would use full PPE, which is a face mask, face shield, gown, gloves." The ICP was asked to specify the type of mask and what constituted full PPE, the ICP stated, "N-95...all of that."</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>At 10:45 AM, the administrator, DON (director of nursing) and the ICP were made aware of concerns regarding the above and that according to their infection control policies, the staff should be wearing an N-95 mask, gloves, gown, and face shield or goggles when caring for new admissions. The facility staff were asked if Resident #1 had been fully vaccinated. The DON stated that she would find out.</p> <p>Resident #1's clinical record was reviewed. The resident's clinical record documented that the resident had a POC COVID test on admission [04/01/21], which was negative. Resident #1's records did not evidence that the resident had ever been diagnosed with the COVID-19 [previously or currently]. The record included a consent for the COVID vaccine dated 04/05/21 by the resident's RP (responsible party). The clinical record also documented the anticipated date for the resident's [first] vaccine would be on 04/14/21.</p> <p>At approximately 12:30 PM, the administrator stated that for new admissions, who are not fully vaccinated, staff are supposed to wear full PPE and COVID suspected, signs and symptoms would warrant the warm unit and require N-95 mask, face shield and/or goggles. The administrator stated that if not vaccinated the resident is on a quarantine status.</p> <p>At approximately 1:30 PM, the administrator, DON and ICP were made aware of concerns with staff not following infection control practices and policies and procedures for the prevention of COVID-19 for new admissions. The administrator, DON and ICP were also made aware that facility staff were using the term full</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>PPE and regular PPE interchangeably, as well as using the term COVID PPE.</p> <p>On 04/12/21 at approximately 3:30 PM, the DON stated that Resident #1 did not have any history of having the COVID-19 virus in the last 3 months or at all [according to the resident's discharge summary prior to admission to this facility], confirmed that the resident had not been vaccinated, and that the facility's county positivity rate was currently at 6.5%.</p> <p>According to Centers for Disease Control (CDC, March 29, 2021) "...New admissions and readmissions...Residents with confirmed...CoV-2 infection who have not met criteria for discontinuation of Transmission-Based Precautions should be placed in the designated COVID-19 care unit. In general, all other new admissions and readmission should be placed in a 14-day quarantine, even if they have a negative test upon admission. Exceptions include residents within 3 months of a...CoV-2 infection and fully vaccinated residents...Residents in quarantine should be placed in a single person room...residents should shelter in place while being monitored for evidence of SARS-CoV-2 infection...HCP [health care professionals] should wear an N95 or higher-level respirator, 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 quarantine if they remain with no fever and without symptoms for 14 days..." (1)</p> <p>On 04/12/21 at 5:00 PM, the administrator, DON and ICP were again made aware of concerns with facility staff failing to ensure infection control</p>	F 880			

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F 880	Continued From page 8 practices were followed for the prevention of COVID-19 for new admissions in the facility. No further information and/or documetnation was presented prior to the exit conference on 04/12/21. This is a complaint deficiency. (1) https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html , March 29, 2021 (accessed 4/12/21)	F 880			