

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

PRINTED: 10/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT EMPORIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEAVER AVENUE</b> <b>EMPORIA, VA 23847</b>		
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted 2-3-2021 through 2-4-2021. Corrections are required for compliance with 42 CFR Part 483.73 emergency preparedness regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000			
F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control survey and Abbreviated survey was conducted 2-3-2021 through 2-4-2021. 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. One complaint was investigated during the survey. The survey sample consisted of 5 residents.	F 000			
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.	F 880		3/8/21	

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

TITLE

(X6) DATE

Electronically Signed

02/26/2021

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	<p>Continued From page 1</p> <p>§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:</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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</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 review, the facility staff failed to maintain a consistent screening process of employees for 1 of 1 entrances to the facility. The facility staff failed to use the thermometer according to manufacturer's instructions. Also, staff temperature readings were not being checked by a competent staff person as stated in their policy.</p> <p>The findings included:</p> <p>On 02/03/2021 at approximately 10:25 A.M., this surveyor entered the facility through the front entrance. Employee E, the screener, was seated at a table by the front entrance. There were two log books (one for vendors and one for employees) and hand sanitizer on the table. This surveyor observed Employee E wipe the lens of the thermometer with an alcohol prep and then</p>	F 880	<p>F880 Infection Prevention &amp; Control</p> <ol style="list-style-type: none"> <li>1. Consistently maintain screening process of all entrants into the building for 1 of 1 entrance to the facility. Screening will include use of the thermometer according to manufacturer's instructions, and entrants' temperature readings being checked by a competent staff person. A designated staff member will be responsible for screening all entrants into the building.</li> <li>2. All residents of the facility have the potential to be affected by this deficient practice.</li> <li>3. Education to be provided to ALL Staff on infection control procedures including the screening process for all staff visitors,</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>place the lens near (not touching) the center of my forehead. The thermometer registered a reading of 95.1. When asked about the temperature threshold, Employee E stated that it was "right here on the paper" and pointed to the Vendor log column "Temp In Threshold 100" and stated "100 degrees."</p> <p>On 02/03/2021 at approximately 11:05 A.M., an interview with Employee F, a housekeeper, was conducted in the presence of the Director of Nursing (DON). When asked what entrance she enters when arriving to work, Employee F stated she enters through the front entrance. When asked about the screening process, Employee F stated after she enters the front door, she washes her hands, takes her own temperature, writes it in the book, then goes to work. When asked if anyone checks the temperature value, Employee F stated that "Nobody is up there when I come in" and went on to say that her supervisor "will eventually check it when she comes into work." The DON then asked Employee F if the nursing supervisor comes to check her temperature when she arrives and Employee F stated "No, nobody is up there when I come in." When asked about the temperature threshold, Employee F stated, "If my temperature is 101, I won't come in the building."</p> <p>On 02/03/2021 at approximately 4:20 P.M., this surveyor approached the screening table by the front entrance. Employee D was seated at the table to serve as a screener. When asked about her role at the facility, Employee D stated she works in Central Supply but also shares the job as screener with [Employee E's name] who works as a scheduler. When Employee D was asked what time she arrives to work in the morning,</p>	F 880	<p>vendors and staff members prior to and at the end of their assigned shifts. Any staff member assigned to be designated as a screener will be educated on the proper use of the thermometer according to the manufacturer's instructions and temperature threshold process.</p> <p>4. The As Worked schedule for prior day will be checked against the staff screening log by Administrator or designee. NHA will conduct audits of screening process observations and audit COVID infection control screening 3 times weekly x 8 weeks.</p> <p>5. Results of weekly audits conducted will be reported to the QAPI Committee Monthly. The QAPI Committee is responsible for the on-going monitoring for compliance.</p>		

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F 880	<p>Continued From page 4</p> <p>Employee D stated she arrives to work "around 8 or 8:30 [A.M.]. When asked what time she leaves, Employee D stated "5 o'clock."</p> <p>On 02/03/2021 at approximately 4:20 P.M., an interview with Employee E was conducted. When asked about her working hours, Employee E indicated she worked from 8:00 A.M. to 5:00 P.M.</p> <p>On 02/03/2021 at approximately 4:30 P.M., a copy of the screening log documents were requested.</p> <p>On 02/04/2021 at approximately 8:00 A.M., the facility staff provided 10 pages of screening logs entitled, "COVID-19 Employee Sign In/Out Log." The documents contained 11 columns with the following column headers:</p> <ul style="list-style-type: none"> <li>-Date</li> <li>-Employee Name OR Agency Staff Name PRINTED PLEASE</li> <li>-Dept [department]/Unit</li> <li>-Time In</li> <li>-Temp In Threshold 99.6</li> <li>-Do you have any symptoms of sore throat, fever, cough, shortness of breath, malaise of GI [gastrointestinal] symptoms</li> <li>-Have you had any type of sickness or generally not feeling well in the last 72 hrs [hours]</li> <li>-Have been in any location or around anyone that has had a confirmed case of COVID 19 in the last 14 days If yes please see charge nurse</li> <li>-Time out</li> <li>-Did you at any time during your shift feel sick or have any respiratory symptoms. If yes please see charge nurse</li> <li>-Temp Out threshold 99.6</li> <li>-Comments</li> </ul>	F 880			

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F 880	<p>Continued From page 5</p> <p>The date ranged from 02/01/2021 through 02/03/2021. Of the 116 employee entries, 4 did not have a temperature value recorded in the column entitled, "Temp In Threshold 99.6." Three values were illegible. There were 16 recorded values between the temperature range 97.6 through 98.6. There were 67 recorded between the temperature range 96.6 through 97.5. There were 9 recorded between the temperature range 95.6 through 96.5. There were 12 recorded between the temperature range 94.6 through 95.5. Five values were below 94.5. The lowest temperature value recorded was 89.9. [According to Lippincott Nursing Procedures, Seventh Edition, 2016, under the header "Temperature Assessment" it was documented, "Normal body temperature is commonly thought of as 98.6 degrees Fahrenheit."].</p> <p>On 02/04/2021, the current policy on COVID-19 screening protocol was requested and the facility staff provided a copy of their policy entitled, "COVID Response Plan." Under the header, "Actions to be Taken", an excerpt documented, "100% staff entering/exiting center are screened with questionnaire and temperature checks by a competent staff member. No staff with temp greater than 99.6 will be permitted to work."</p> <p>On 02/04/2021 at approximately 11:15 A.M., the administrator and DON were notified of concerns of employees entering the facility with the low temperatures recorded on the screening logs. The DON stated that "Yes, some temperatures are low." The DON then stated that "We use a contactless thermometer and some people are coming in out of the cold." The DON also stated that "We go on symptom checks, too." When asked if these low temperatures were accurate,</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>the DON stated that low temperatures are not accurate due to effects of outside temperature." When informed of concerns of the screening process between the hours of 5:00 P.M. and 8:00 A.M. when the screeners were not at work, the administrator stated the process after-hours is a staff member from the unit is supposed to come down, let the staff member in, and do the screening. When asked if the after-hours screener is a clinical staff person, the administrator stated that it doesn't have to be clinical staff because all staff has completed competencies on the screening process. When informed of Employee F's statement that no one is at the front entrance when she arrives to work, the administrator stated there is a camera and a buzzer on the unit to open the front entrance and let the employee enter the building.</p> <p>On 02/04/2021, the manufacturer's instructions for the thermometer were requested and the facility staff provided a document with the product name [a temporal scanner thermometer]. Under the header, "Frequently asked Questions" and sub-header, "What's the correct technique?" an excerpt documented, "When you use the [temporal scanner product name], make sure to start with a blank screen, then keeping the button depressed, touch the center of the forehead and scan horizontally and a straight line over to the hairline, before releasing the button." Note: The screener did not touch the forehead with the lens when screening this surveyor.</p> <p>Under the sub-header, "Why am I getting low readings?" the following excerpts documented, "The most common reason for low readings is a smudgy/dirty lens. To resolve, an alcohol dampened Q-tip should be twirled directly on the</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>lens every 2-3 weeks." "Make sure you use a Q-tip or generic cotton tipped stick applicator, not a twisted paper towel or tissue. Following the alcohol cleaning, let the scanner recover from the coldness of the alcohol for about five minutes before using it again. The little lens should be cleaned as follows below: (1) Dampen the Q-tip with either an alcohol prep swab or dip the Q-tip in a little alcohol, but do not use the alcohol prep swab to clean the lens as it will not provide the leverage needed. (2) Twirl the Q-tip directly on the little lens deep in the center of the probe head. (3) This preventative maintenance should be routinely done every few weeks. (4) Following the alcohol cleaning, wait about five minutes to let the infrared sensor behind the little lens recover from the coldness of the alcohol cleaning." Note: The screener used an alcohol prep to clean the lens immediately prior to obtaining a temperature reading on this surveyor during the screening process.</p> <p>In summary, the thermometer used for screening vendors and employees for COVID-19 was not cleaned or used according to manufacturer's instructions (the lens was cleaned with an alcohol prep immediately preceding taking temperature without making contact with skin). The facility staff were allowed to enter the building with inaccurate temperature readings and not checked by a competent staff member as outlined in their policy.</p> <p>On 02/04/2021 at approximately 1:30 P.M., the administrator and DON were notified of findings and stated they had no further information to submit.</p>	F 880			