

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

PRINTED: 10/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495320	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/15/2021
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL CLINTWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228		
(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 complaint survey was conducted 1/5/21 through 1/15/21 with on-site observations occurring on 1/5/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two (2) complaints were investigated during the survey. The census in this 100 certified bed facility was 69 at the time of the survey. The survey sample consisted of 10 resident reviews.	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. §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			

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

TITLE

(X6) DATE

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)(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> <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.</p>	F 880			

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F 880	<p>Continued From page 2</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 observations, interviews, and the review of documents, it was determined the facility staff failed to properly implement COVID-19 prevention and/or control measures.</p> <p>The findings include:</p> <p>Observations of the facility on 1/5/21 revealed two (2) staff members using N95 masks with exhalation valves.</p> <p>On 1/5/21 at 10:25 a.m., a facility administrative staff member (ASM #1) was observed to be wearing a N95 mask with an exhalation valve. On 1/5/21 at 11:03 a.m., a facility staff member (SM #1) was observed to be wearing a N95 mask with an exhalation valve.</p> <p>On 1/5/21, ASM #1 provided the surveyor with the container/packaging of the aforementioned N95 masks. The N95 packaging stated the N95 mask had an "Exhalation Valve". ASM #1 provided the surveyor with a document that identified the N95 mask in question was NIOSH approved; this documented did not address source control. ASM #1 reported the facility would no longer being using the N95 masks with exhalation valves.</p> <p>The surveyor was provided a copy of the facility's "Coronavirus (COVID-19)" policy (revised on 12/7/2020). This policy did not address source control for the facility's staff members. During an interview on 1/6/2021 at 1:33 p.m., the facility's ASM #1 confirmed this policy did not address</p>	F 880			

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F 880	Continued From page 3 source control. The following information was found in a CDC (Centers for Disease Control and Prevention) document entitled "Considerations for Wearing Masks - Help Slow the Spread of COVID-19" (updated December 18, 2020): "CDC does not recommend using masks with exhalation valves or vents because this type of mask may not prevent you from spreading COVID-19 to others. The hole in the material may allow your respiratory droplets to escape and reach others" (downloaded on January 6, 2021). The use of N95 masks with exhalation valves was discussed for a final time with the facility's ASM #1 and ASM #3 on 1/15/21 at 4:36 p.m.; no additional information related to this issue was provided.	F 880			