

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

PRINTED: 09/08/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/25/2021
NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL TAZEWELL			STREET ADDRESS, CITY, STATE, ZIP CODE 282 BEN BOLT AVENUE TAZEWELL, VA 24651		
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E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted on 8/23/2021 through 8/25/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.  On 8/23/2021, the census in this 180 certified bed facility was 128. Facility staff reported having zero (0) residents currently positive for COVID-19.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and Medicare/Medicaid complaint survey was conducted on 8/23/2021 through 8/25/2021. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements (including corrections for F-880). Two (2) complaints were investigated during the survey.  On 8/23/2021, the census in this 180 certified bed facility was 128. The survey sample consisted of eight (8) resident reviews. Facility staff reported having zero (0) residents currently positive for COVID-19.	F 000			
F 580 SS=D	Notify of Changes (Injury/Delirium/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;	F 580	F580 Corrective Action(s) Resident #3's responsible party and attending physician have been notified of the skin tear to the resident's left elbow.	10/9/2021	

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

TITLE

(X6) DATE

*Brittany Price* RD, BSN, LHA Administrator 9/10/2021

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 580	<p>Continued From page 1</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations</p>	F 580	<p><b>Identification of Deficient Practices &amp; Corrective Action(s):</b> All other residents may have potentially been affected. The DON/designee will conduct a 100% review of all resident records to identify residents who have not had MD/RP notification regarding changes in resident status in the past 60 days. Negative findings will be corrected at the time of discovery.</p> <p><b>Systemic Change(s):</b> The facility policy and procedure have been reviewed and no changes are warranted at this time. Licensed staff will be inserviced by the DON regarding notification of physicians and responsible party when there is a change in resident condition.</p> <p><b>Monitoring:</b> The DON is responsible for maintaining compliance. The DON will complete weekly chart audits coinciding with the care plan calendar to monitor for compliance. Any/all negative findings will be corrected at time of discovery. Aggregate findings of these audits will be reported to the QA committee for review, analysis and recommendation for changes in facility policy, procedure and/or practice.</p> <p><b>Completion Date: 10/9/21</b></p>		

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F 580	<p>Continued From page 2</p> <p>under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, the review of documents, and during the course of a complaint investigation, it was determined the facility staff failed to notify a resident's medical provider and responsible party of a change in condition for one (1) of eight (8) sampled residents (Resident #3).</p> <p>The findings include:</p> <p>The facility staff members failed to notify Resident #3's medical provider and responsible party of a skin tear to the resident's left elbow.</p> <p>Resident #3's clinical record included a minimum data set (MDS) assessment, with an assessment reference date (ARD) of 6/10/21. Resident #3 was assessed as able to make self understood and as usually able to understand others. Resident #3's Brief Interview for Mental Status (BIMS) summary score was documented as a six (6) out of 15. Resident #3 was assessed as requiring assistance with bed mobility, transfers, toilet use, and personal hygiene. Resident #3's diagnoses included, but was not limited to: anemia, high blood pressure, kidney disease, diabetes, and depression.</p> <p>On the morning of 8/24/21, Resident #3 was noted to have a bandage/dressing on their left elbow. This dressing was not dated to indicate when it was applied.</p> <p>On 8/24/21 at 10:05 a.m., Employee #19 was interviewed about this observation. Employee #19 confirmed the dressing was not dated. Employee #19 removed the bandage/dressing.</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>Resident #3's left elbow was noted to have a skin tear that appeared not to have been approximated/closed. Resident #3's clinical documentation failed to provide evidence of medical provider and/or responsible party notification of the skin tear.</p> <p>On 8/24/21 at 10:18 a.m., Employee #20 (a wound care nurse) reported Resident #3's left elbow skin tear had not been documented. Employee #20 also reported no treatment orders for the left elbow skin tear was found in the resident's clinical documentation. Employee #20 reported to not have been notified of the left elbow skin tear.</p> <p>The following information was found in a facility policy titled "Change in a Resident's Condition or Status" (with a revised date of December 2016):</p> <ul style="list-style-type: none"> <li>- "Our facility shall notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status ..."</li> <li>- "The nurse will notify the resident's Attending Physician or physician on call when there has been a(an): a. accident or incident involving the resident; b. discovery of injuries of an unknown source ..."</li> <li>- "Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source ..."</li> </ul> <p>Documentation was provided to the surveyor to indicate Resident #3's responsible party was attempted to be notified of the left elbow skin tear on 8/24/21 at 10:28 a.m. and another family member notified on 8/24/21 at 11:28 a.m.</p>	F 580			

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F 580	Continued From page 4	F 580			
F 684 SS=D	<p>The failure of the facility staff to notify Resident #3's medical provider and responsible party of the aforementioned left elbow skin tear was discussed with the facility's Administrator, Director of Nursing, and Nurse Consultant on 8/25/21 at 12:05 p.m.</p> <p>This is a complaint deficiency.</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 observations, interviews, the review of documents, and during the course of a complaint investigation, it was determined the facility staff failed to address and/or treat a skin tear for one (1) of eight (8) sampled residents (Resident #3).</p> <p>The findings include:</p> <p>The facility staff failed to appropriately address/treat Resident #3's left elbow skin tear.</p> <p>Resident #3's clinical record included a minimum data set (MDS) assessment, with an assessment reference date (ARD) of 6/10/21. Resident #3 was assessed as able to make self understood</p>	F 684	<p><b>F684</b> <b>Corrective Action(s):</b> Resident #3's attending physician has been notified that the facility staff failed to address and/or treat a skin tear to the resident's left elbow.</p> <p><b>Identification of Deficient Practices/Corrective Action(s):</b> All other residents may have been potentially affected. The DON/designee will conduct a 100% skin audit of all resident's to identify wounds that have not been addressed/treated. Residents identified at risk will be corrected at time of discovery and their comprehensive plans of care updated to reflect their resident specific needs. The attending physicians will be notified of each negative finding and the resident(s) comprehensive plan of care will be updated accordingly</p>	10/9/2021	

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F 684	<p>Continued From page 5</p> <p>and as usually able to understand others. Resident #3's Brief Interview for Mental Status (BIMS) summary score was documented as a six (6) out of 15. Resident #3 was assessed as requiring assistance with bed mobility, transfers, toilet use, and personal hygiene. Resident #3's diagnoses included, but was not limited to: anemia, high blood pressure, kidney disease, diabetes, and depression.</p> <p>On the morning of 8/24/21, Resident #3 was noted to have a bandage/dressing on their left elbow. This dressing was not dated to indicate when it was applied.</p> <p>On 8/24/21 at 10:05 a.m., Employee #19 was interviewed about this observation. Employee #19 confirmed the dressing was not dated. Employee #19 removed the bandage/dressing. Resident #3's left elbow was noted to have a skin tear that appeared to not have been approximated/closed. Resident #3's clinical documentation failed to provide evidence of medical provider and/or responsible party notification of the skin tear.</p> <p>On 8/24/21 at 10:18 a.m., Employee #20 (a wound care nurse) reported Resident #3's left elbow skin tear had not been documented; Employee #20 also reported no treatment orders for the left elbow skin tear was found in the resident's clinical documentation. Employee #20 reported to not have been notified of the left elbow skin tear. No documentation was found by or provided to the surveyor to indicate this skin tear had consistently received treatment.</p> <p>The following information was found in a nursing noted documented on 8/24/21 at 11:11 a.m.:</p>	F 684	<p><b>Systemic Change(s):</b> The facility policy and procedures have been reviewed and no revisions are warranted at this time. The nursing assessment process as evidenced by the 24 Hour Report and documentation in the medical record /physician orders remains the source document for the development and monitoring of the provision of care, which includes, obtaining, transcribing and administering physician ordered medications and treatments. The DON and/or Regional nurse consultant will inservice all licensed nursing staff on the procedure for obtaining, transcribing, and completing physician medication and treatment orders.</p> <p><b>Monitoring:</b> The DON will be responsible for maintaining compliance. The DON/designee will review all shower sheet skin audits completed by CNA's weekly. Any/all negative findings and or errors will be corrected at time of discovery and disciplinary action will be taken as needed. Aggregate findings of these audits will be reported to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p> <p><b>Completion Date: 10/9/2021</b></p>		

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F 684	Continued From page 6 "Upon further investigation speaking with resident and staff, it is noted that resident upon returning from ER visit on 8/17/21 hit (their) elbow while being transferred by EMS. Wound care nurse assessed skin tear, treatment in place. Attempted to contact RP (responsible party) (RP name omitted) without success, unable to leave message." The surveyor was provided an order for treatment of the left elbow; this order was obtained by Employee #20.  The following information was found in a facility document titled "Wound Care" (with a revised date of October 2021): - "The purpose of this procedure is to provide guidelines for the care of wounds to promote healing." - "Verify that there is a physician's order for this procedure." - "The following information should be recorded in the resident's medical record: 1. The type of wound care given. 2. The date and time the wound care was given. 3. The position in which the resident was placed. 4. The name and title of the individual performing the wound care."  The failure of the facility staff to appropriately address/treat Resident #3's left elbow skin tear was discussed with the facility's Administrator, Director of Nursing, and Nurse Consultant on 8/25/21 at 12:05 p.m.	F 684			
F 842 SS=D	This is a complaint deficiency. Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is	F 842	<b>F842</b> <b>Corrective Action(s):</b> Resident #3's attending physician has been notified that facility staff failed to ensure the resident's clinical documentation included assessment information and treatment information for a left elbow skin tear.	10/9/2021	

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F 842	<p>Continued From page 7</p> <p>resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical</p>	F 842	<p>Resident #3's clinical record has been updated to accurately reflect the resident's current skin condition and treatment orders.</p> <p><b>Identification of Deficient Practices &amp; Corrective Action(s):</b> All other residents may have potentially been affected. A 100% review of all resident Medical Records will be conducted by the DON and/or designee to identify residents at risk. All negative findings will be clarified and/or correct as applicable at time of discovery.</p> <p><b>Systemic Change(s):</b> The facility policy and procedure has been reviewed and no changes are warranted at this time. All licensed nursing staff will be inserviced by the Regional Nurse Consultant or DON on the clinical documentation standards per facility policy and procedure.</p> <p><b>Monitoring:</b> The DON and Medical Records director are responsible for maintaining compliance. The DON, ADON and/or designee will conduct weekly chart audits coinciding with the Care Plan schedule to monitor for compliance. Any/all negative findings will be clarified and corrected at time of discovery and disciplinary action will be taken as needed. The results of this audit will be provided to the Quality Assurance Committee for analysis and recommendations for change in facility policy, procedure, and/or practice.</p> <p><b>Completion Date: 10/9/2021</b></p>		



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F 842	<p>Continued From page 8</p> <p>record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>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 ensure complete and accurate clinical documentation for one (1) of eight (8) sampled residents (Resident #3).</p> <p>The findings include:</p> <p>The facility staff failed to ensure Resident #3's clinical documented included assessment information and treatment information of a left elbow skin tear experience by the resident.</p> <p>Resident #3's clinical record included a minimum</p>	F 842			

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F 842	<p>Continued From page 9</p> <p>data set (MDS) assessment, with an assessment reference date (ARD) of 6/10/21. Resident #3 was assessed as able to make self understood and as usually able to understand others. Resident #3's Brief Interview for Mental Status (BIMS) summary score was documented as a six (6) out of 15. Resident #3 was assessed as requiring assistance with bed mobility, transfers, toilet use, and personal hygiene. Resident #3's diagnoses included, but was not limited to: anemia, high blood pressure, kidney disease, diabetes, and depression.</p> <p>On the morning of 8/24/21, Resident #3 was noted to have a bandage/dressing on their left elbow. This dressing was not dated to indicate when it was applied. Resident #3's clinical documentation failed to provide evidence of medical provider and/or responsible party notification of the skin tear. No documentation to indicate when the observed bandage/dressing had been applied and by whom the bandage/dressing had been applied was found by or provided to the surveyor.</p> <p>On 8/24/21 at 10:05 a.m., Employee #19 was interviewed about this observation. Employee #19 confirmed the dressing was not dated. Employee #19 removed the bandage/dressing. Resident #3's left elbow was noted to have a skin tear that appeared to not have been approximated/closed.</p> <p>On 8/24/21 at 10:18 a.m., Employee #20 (a wound care nurse) reported Resident #3's left elbow skin tear had not been documented; Employee #20 also reported no treatment orders for the left elbow skin tear was found in the resident's clinical documentation. Employee #20</p>	F 842			

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F 842	<p>Continued From page 10 reported to not have been notified of the left elbow skin tear.</p> <p>The following information was found in a nursing noted documented on 8/24/21 at 11:11 a.m.: "Upon further investigation speaking with resident and staff, it is noted that resident upon returning from ER visit on 8/17/21 hit (their) elbow while being transferred by EMS. Wound care nurse assessed skin tear, treatment in place. Attempted to contact RP (responsible party) (RP name omitted) without success, unable to leave message."</p> <p>The following information was found in a facility document titled "Wound Care" (with a revised date of October 2021): - "The purpose of this procedure is to provide guidelines for the care of wounds to promote healing." - "Verify that there is a physician's order for this procedure." - "The following information should be recorded in the resident's medical record: 1. The type of wound care given. 2. The date and time the wound care was given. 3. The position in which the resident was placed. 4. The name and title of the individual performing the wound care."</p> <p>The following information was found in a facility document titled "Charting and Documentation" (with a revised date of July 2017): "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's</p>	F 842			

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F 842	Continued From page 11 condition and response to care."	F 842			
F 880 SS=D	<p>The failure of the facility staff to ensure accurate and complete clinical documentation, for Resident #3, was discussed with the facility's Administrator, Director of Nursing, and Nurse Consultant on 8/25/21 at 12:05 p.m.</p> <p><b>Infection Prevention &amp; Control</b> CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> 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.</p> <p><b>§483.80(a) Infection prevention and control program.</b> The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p><b>§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;</b></p> <p><b>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</b> (i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880	<p><b>F880</b> <b>Corrective Action(s):</b> The facility's medical director has been notified that the facility staff failed to implement infection control measures while providing care for residents #7 and #8</p> <p>Employees #11, #19, and #26 have received targeted one to one education regarding the proper implementation of infection control measures through the appropriate use of PPE.</p> <p><b>Identification of Deficient Practice(s) and Corrective Action(s):</b> All residents may have the potential to be affected by improper infection control practices related to improper use of PPE. The infection preventionist will complete a review of all staff for use of PPE. Any negative findings will be addressed immediately, and educations and/or disciplinary action taken as needed.</p> <p><b>Systemic Change(s):</b> The facility Infection Control policy and medication administration policy and procedure have been reviewed and no changes are warranted at this time. The infection preventionist has inserviced all staff on the use of PPE, transmission based precautions, and COVID 19.</p>	10/9/2021	

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F 880	<p>Continued From page 12</p> <p>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. 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 observations, interviews, and the review of documents, it was determined the</p>	F 880	<p><b>Monitoring:</b> The infection preventionist is responsible for maintaining compliance. The infection preventionist will complete QA audits of random staff using PPE no less than 3 times weekly to monitor for compliance. Any negative findings will be corrected at the time of discovery and disciplinary action taken as needed. Aggregate findings of the reports will be submitted to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in the facility policy and procedure.</p> <p><b>Compliance Date: 10/9/2021</b></p>		

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F 880	<p>Continued From page 13</p> <p>facility staff failed to properly and consistently implement COVID-19 infection prevention and control measures for two (2) of two (2) quarantine/observation residents (Resident #7 and Resident #8). This facility was located in an geographic area that was reported by CMS (<a href="https://data.cms.gov/covid-19/covid-19-nursing-home-data">https://data.cms.gov/covid-19/covid-19-nursing-home-data</a>) as being "yellow" for the "Test Positivity Classification - 14 days" for August 4, 21 through August 17, 21.</p> <p>The findings include:</p> <p>The facility staff members failed to consistently implement infection control measures while providing care for two (2) residents who were under observation/quarantine due to the COVID-19 pandemic.</p> <p>On 8/23/21 at 12:38 p.m., Employee #11 was observed to take Resident #8's lunch tray into the resident's room; Employee #11 failed to wear eye protection when entering Resident #8's room. Resident #8's clinical documentation included an order dated 8/9/21 to "Place resident in 14 day quarantine ... Potential COVID exposure".</p> <p>On 8/24/21 at 2:47 p.m., Employee #26 was observed to be in Resident #7's room without wearing eye protection. During an interview with Employee #26, the employee confirmed they had been wearing eyeglasses but not PPE (personal protective equipment) eye protection. Resident #7 was a new admission to the facility therefore the resident had been placed on a 14 day observation/quarantine. The facility's administrative staff confirmed Resident #7 had not been fully vaccinated for COVID-19 and had not had a COVID-19 infection in the previous</p>	F 880			

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F 880	<p>Continued From page 14 three (3) months prior to admission.</p> <p>On 8/24/21 at 3:05 p.m., Employee #19 was observed providing care for Resident #7. Employee #19 was wearing the appropriate PPE. Employee #19 was observed to carry their face shield out of Resident #7's room without cleaning it. Employee #19 placed the face shield on top of a medication cart. Employee #19 was interviewed about how often the face shield was cleaned. Employee #19 reported that Resident #7 was currently the only resident for which Employee #19 was using the face shield therefore the face shield was stored in a paper bag, placed in a drawer of the medication care, and cleaned at the end of the day.</p> <p>On 8/24/21 at 3:18 p.m., the facility Infection Preventionist (IP) reported face shields should not be reused. The IP stated the current practice at the facility is that face shields are to be single use and would not be reused even with the same resident.</p> <p>The following information was found in a CDC (Centers for Disease Control and Prevention) document titled "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Nursing Homes &amp; Long-Term Care Facilities" (last updated on March 29, 2021): The section heading of "New Admissions and Residents who Leave the Facility" stated "Residents with confirmed SARS-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 readmissions should be placed in a 14-day</p>	F 880			

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F 830	<p>Continued From page 15</p> <p>quarantine, even if they have a negative test upon admission. Exceptions include residents within 3 months of a SARS-CoV-2 infection and fully vaccinated residents as described in CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Facilities located in areas with minimal to no community transmission might elect to use a risk-based approach for determining which residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC (infection prevention and control) practices in healthcare settings, during transportation, or in the community prior to admission. Guidance addressing placement, duration, and recommended PPE when caring for residents in quarantine is described in Section: Manage Residents who have had Close Contact with Someone with SARS-CoV-2 Infection." The aforementioned section reference for PPE (personal protective equipment) guidance included the following information: "HCP (healthcare personnel) 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."</p> <p>On 8/25/21 at 9:25 a.m., the aforementioned infection control observations were discussed, for a final time, with the facility's Administrator, Director of Nursing (DON), and Nurse Consultant.</p>	F 880			