

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

PRINTED: 11/19/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/12/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERSIDE HEALTH &amp; REHAB CNTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2344 RIVERSIDE DRIVE DANVILLE, VA 24540</b>		
(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
E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 08/03/21. Emergency Preparedness information was reviewed off-site between 08/10/21 and 08/12/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.  On 08/03/21, the census in this 180 certified bed facility was 156. Of the 156 current residents, none were positive for COVID-19 during the onsite portion of the survey. There were no staff members positive for COVID-19.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted onsite on 08/03/21. Infection control information was reviewed off-site between 08/10/21 and 08/12/21. Corrections were required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).  On 08/03/21, the census in this 180 certified bed facility was 156. Of the 156 current residents, none were positive for COVID-19 during the onsite portion of the survey. There were no employees positive for COVID-19.	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	F 880			9/6/21
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed			TITLE		(X6) DATE <b>08/31/2021</b>

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 diseases and infections.</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</p>	F 880			



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F 880	<p>Continued From page 2</p> <p>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.</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 facility documentation review it was determined the facility staff failed to ensure their infection control plan was fully implemented in an effort to prevent the spread of COVID-19 on one of three units (North Unit).</p> <p>The findings were:</p> <p>The facility staff failed to maintain an infection prevention and control program by not ensuring that all employees donned eye protection when entering a resident's room labeled as being on Enhanced Droplet-Contact precautions.</p> <p>The surveyor toured the facility making observations on all of the resident units. The director of nursing (DON) explained residents</p>	F 880	<p>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.</p> <p><b>F 880</b> 1. Staff member was educated at the</p>		



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F 880	<p>Continued From page 3</p> <p>were admitted to their north unit and had either been tested for COVID-19 at the hospital prior to admission or if the resident was admitted from home, they were tested at the facility prior to admission.</p> <p>On 08/03/21 at approximately 2:40 p.m. an employee (CNA#1 - certified nursing assistant) wearing a face mask was observed donning a gown and gloves prior to entering room 25 on the north unit. A sign hanging on that door read "Enhanced Droplet-Contact Precautions" and listed seven instructions which included:</p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene</li> <li>2. N-95 or surgical mask when entering room</li> <li>3. Eye protection (goggles or face shield) when entering room</li> <li>4. Gown when entering room</li> <li>5. Gloves when entering room</li> <li>6. Keep door closed</li> <li>7. Remove PPE (personal protective equipment) and perform hand hygiene before exiting room.</li> </ol> <p>At 2:44 p.m. upon exiting the room, CNA#1 was interviewed about PPE requirements. The CNA reported their understanding was to don N-95 masks, a gown and gloves when entering a room with enhanced droplet-contact precaution and the eye goggles or face shield was only expected if the resident was actually COVID-19 positive. At approximately 2:50 p.m., the administrator, DON, and infection preventionist (IP) was informed of the PPE observation and CNA#1's interview. The DON stated the expectation was for staff to don PPE as listed on the door sign for Enhanced Droplet-Contact precautions to include eye protection.</p> <p>On 08/11/21 at 2:00 p.m. the facility's local</p>	F 880	<p>time of survey on the enhanced precautions signage and the wearing of face protector when going into precaution room.</p> <ol style="list-style-type: none"> <li>2. DON/ Designee audited current residents in enhanced precaution rooms to assure that all signage was correct on doors for staff to follow and orders for enhanced precautions were in place.</li> <li>3. SDC educated nursing staff on enhanced precautions and the wearing of eye shields as proper PPE by 8/30/21</li> <li>4. Unit Managers/ SDC/ IP will monitor staff on daily rounds at least 5 times per week to assure that staff are wearing eye shields when entering enhanced precaution rooms.</li> <li>5. Any non compliance will be reported to the QAPI committee for tracking and trending and progressive disciplinary action as needed.</li> <li>6. Completion Date: September 6, 2021</li> </ol>		

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F 880	<p>Continued From page 4</p> <p>epidemiologist was contacted by phone. The epidemiologist reported it was best practice to wear eye protection when N-95 masks were necessary.</p> <p>The facility's DON and IP were contacted by phone on 08/11/21 at 3:35 p.m. Both reported their expectation for PPE in an Enhanced Droplet-Contact Precaution room had not changed since the onsite focused infection control survey. The IP reported there were currently no COVID-19 positive residents or staff at the facility.</p> <p>Policy #2202 titled, "COVID-19" read in part, "Procedure: 5. New Admissions/Readmissions/Return to Center from outside visits (including hemodialysis patients): Unvaccinated new admissions will be cared for using recommended personal protective equipment and placed on Enhanced Droplet-Contact Precautions. Monitor for signs and symptoms of COVID-19 every day for fourteen (14) days. If no symptoms appear, the patient may be moved out of this designated area and precautions discontinued on day fifteen (15)."</p> <p>No further information was provided prior to the exit conference via phone with the administrator and DON on 8/12/21 at 2:10 p.m.</p>	F 880			