

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

PRINTED: 11/03/2021  
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>09/23/2020</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>		
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E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Survey was conducted 9/15/20 through 9/23/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted 9/15/20 through 9/23/20. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Immediate Jeopardy was identified at a Scope and Severity Level IV-Isolated. The Immediate Jeopardy process began on 9/21/20 at 6:40pm. The Immediate Jeopardy was removed on 9/22/20 at 4:48pm.  On 9/15/20, the census in this 180 certified bed facility was 111. Of the 111 current residents, 19 residents were positive for COVID-19. Five (5) staff members were also positive. Cumulative testing totals in the facility indicated a total of 71 COVID-19 positive residents, including 14 deaths. A cumulative total of 26 staff members have tested positive. The final survey sample consisted of 12 current resident reviews.	F 000			
F 842 SS=D	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 resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent	F 842			10/21/20

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

TITLE

(X6) DATE

Electronically Signed

10/20/2020

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 842	<p>Continued From page 1</p> <p>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> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <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> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(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.</li> </ul> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained</p>	F 842			



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F 842	<p>Continued From page 2</p> <p>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 staff interviews, review of facility documents, and clinical record reviews, the facility staff failed to ensure complete and accurately documented clinical records for 2 of 12 residents in the survey sample (Resident #1 and Resident #4).</p> <p>The findings included:</p> <p>1. For Resident #1, facility staff failed to contemporaneously document an episode of nausea and vomiting and subsequent physician notification of the change in resident condition occurring on 9/17/20.</p> <p>Resident #1's diagnosis list indicated diagnoses, which included, but not limited to Vascular Dementia without Behavioral Disturbance, Major</p>	F 842	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>1. Resident # 1 and 4 notes were updated at the time of the survey and late entry notes provided to the surveyor.</p> <p>2. Audit was done of all current</p>		

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F 842	<p>Continued From page 3</p> <p>Depressive Disorder Recurrent Severe with Psychotic Symptoms, Delusional Disorders, Essential Hypertension, and Gastro-esophageal Reflux Disease.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 8/19/20 assigned the resident a BIMS (brief interview for mental status) score of 13 out of 15 in section C, Cognitive Patterns. Resident #1 is also coded as requiring supervision only for bed mobility, transfers, walking in room, and toilet use and limited assistance with dressing and personal hygiene.</p> <p>A review of the medical record revealed the following documentation:</p> <p>A physician's order dated 9/17/20 4:02am stated "Zofran Tablet 4 MG (Ondansetron HCL) give 4 mg by mouth every 8 hours as needed for nausea and vomiting for 14 days". Zofran is in a class of medications called serotonin 5-HT3 receptor antagonists that works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. A review of Resident #1's September 2020 MAR (medication administration record) revealed the Zofran had not been administered.</p> <p>On 9/21/20 at approximately 12:30pm, surveyor reviewed Resident #1 nursing progress notes and was unable to locate documentation related to nausea and/or vomiting or resident change in condition leading to the new physician's order for Zofran. An order note dated 9/17/20 at 7:06am stated in part, the system has identified a possible drug interaction with Zofran and Mirtazapine Tablet 15 mg and Sertraline HCL</p>	F 842	<p>residents <input type="checkbox"/> documentation to review for any change in resident status and to assure follow up documentation was in place to address the issue by 10/1/20.</p> <p>3. Licensed staff was in serviced by the Staff Development Coordinator on the change of condition policy and follow up documentation to address changes in resident status by October 23, 2020.</p> <p>4. DON/Designee will review shift report at least 5 times per week in clinical meeting to assure that all changes in resident status are documented and follow up has occurred to address the issue.</p> <p>5. Any non- compliance will be reported to the QAPI committee for tracking and trending and progressive disciplinary action as needed.</p>		



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F 842	<p>Continued From page 4 Tablet.</p> <p>On 9/21/20 at 1:15pm, the onsite surveyor and the remote surveyor present via phone met with the administrator, ADON (assistant director of nursing) and the RNC (regional nurse consultant) and discussed Resident #1 and the lack of documentation of the resident's change in condition leading to the new physician's order for Zofran. Resident #1 is negative for COVID-19 and residing in a room with a COVID-19 positive roommate. The ADON stated Resident #1 was symptomatic for COVID-19 and had projectile vomiting and resident could not be swabbed for PCR COVID-19 test on 9/17/20. ADON stated the NP (nurse practitioner) had seen Resident #1 but was not sure if it was documented. Surveyor requested any documentation related to Resident #1's symptoms of nausea and vomiting. At approximately 2:05pm, surveyor received a copy of the physician's order for Zofran dated 9/17/20 4:02pm, no additional documentation related to nausea and vomiting was provided.</p> <p>On 9/21/20 at 4:47pm, the surveyor was provided with a copy of a late entry progress note with the effective date of 9/17/20 1:30pm stating "(name omitted) NP (nurse practitioner) in facility &amp; did not want resident to have a covid swab done due to episode of vomiting &amp; preferred to have resident swabbed on 9/21/20 with regular scheduled testing". Surveyor requested created date for the late entry progress note and the facility policy and procedure related to monitoring and documentation of resident symptoms.</p> <p>On 9/22/20 at 12:10pm, surveyor was provided with the four following late entry progress notes for Resident #1:</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>(1) Health Status Note with an effective date of 9/17/20 4:15am and created date of 9/21/20 4:31pm stating in part "called on call clinician (name omitted), NP in regards to resident reporting nausea and vomiting x 1. On call then ordered Zofran 4mg PRN (as needed) q (every) 8 hours x 14 days. RP (name omitted) made aware. Zofran not given due to the resident denying feeling nauseated post speaking to the on call. Will continue to monitor".</p> <p>(2) Health Status Note with an effective date of 9/17/20 4:18am and created date of 9/22/20 8:20am stating "Oral T (temperature): 97.2 P (pulse): 86 R (respirations): 18 BP (blood pressure): 114/84 O2 (oxygen saturation): 97% on RA (room air)".</p> <p>(3) Health Status Note with an effective date of 9/17/20 1:30pm and created date of 9/21/20 2:24pm stating "(name omitted) NP in facility &amp; did not want resident to have a covid swab done due to episode of vomiting &amp; preferred to have resident swabbed on 9/21/20 with regular scheduled testing".</p> <p>(4) Encounter Note by the NP with an effective date of 9/16/20 11:00pm and Date of Service of 9/17/20 stating in part, "The patient is being evaluated today at nursing request for episodes of nausea and vomiting overnight. The patient had an acute episode of nausea and vomiting overnight last night and Zofran was ordered by the on call. The patient reports symptoms started after dinner last night and persisted into the night.</p>	F 842			



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F 842	<p>Continued From page 6</p> <p>She feels that nausea is from the greenbeans she ate.</p> <p>She reports she did feel some improvement after vomiting. She denies abdominal pain, diarrhea/constipation, or blood in vomit or stool. She denies any fever or chills. The patient has been exposed to COVID although previous COVID test was negative. She denies any other signs and symptoms including sore throat, cough, headache, dyspnea, chest pain, muscle aches, and change in taste and smell. She has been afebrile on chart review". Note was signed by the NP on</p> <p>9/22/20 11:11am.</p> <p>On 9/22/20 at 12:10pm, the administrator provided the policy "Significant Change in Condition" which stated in part:</p> <p>11. Each change of condition shall be documented in the Progress Notes and Shift Report.</p> <p>No further information regarding this issue was presented to the survey team prior to the exit conference on 9/23/20.</p> <p>2. For Resident #4, the facility staff failed to document an assessment and physician notification following an identified increased temperature on 9/18/20.</p> <p>Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Generalized Muscle Weakness, Major Depressive Disorder Single Episode Severe with Psychotic Features, Unspecified Dementia with Behavioral Disturbance, Atherosclerotic Heart Disease of Native Coronary Artery, and Chronic Pain</p>	F 842			

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F 842	<p>Continued From page 7 Syndrome.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 8/26/20 assigned the resident a BIMS (brief interview for mental status) score of 11 out of 15 in section C, Cognitive Patterns. Resident #4 is also coded as requiring limited assistance for transfers, dressing, and toilet use and supervision only for bed mobility and personal hygiene.</p> <p>On 9/21/20 at 1:15pm, the onsite surveyor and the remote surveyor present via phone met with the administrator, ADON (assistant director of nursing) and the RNC (regional nurse consultant) and discussed Resident #4. The ADON stated Resident #4, who is COVID-19 negative, is residing in a room with a COVID-19 positive roommate due to Resident #4 being symptomatic for COVID-19 due to a recent temperature. Surveyor informed the facility they were unable to locate documentation in the progress notes concerning an increased temperature. Surveyor requested any documentation reflecting Resident #4's symptom of an elevated temperature.</p> <p>On 9/21/20 at approximately 2:05pm, surveyor received a copy of Resident #4's Temperature Summary log. Resident #4's Temperature Summary revealed the following temperatures: 9/18/20 3:01am 97.6 F, 9/18/20 2:59pm 99.1 F, 9/18/20 10:59pm 97.0 F, 9/20/20 6:28am 98.0 F, and 9/21/20 1:05am 97.8. No additional documentation related to an increased temperature was provided to the surveyor.</p> <p>A review of Resident #4's medical record did not reveal any additional documentation related to the temperature of 99.1 F obtained on 9/18/20.</p>	F 842			



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F 842	Continued From page 8  Resident #4's Order Summary Report included an order dated 8/26/20 for Acetaminophen Tablet give 650 mg enterally [sic] every 6 hours as needed for fever. A review of Resident #4's September 2020 MAR (medication administration record) on 9/21/20 revealed Acetaminophen was not administered during September 2020.  On 9/22/20 at 12:10pm, the administrator provided the policy "Significant Change in Condition" which stated in part: 11. Each change of condition shall be documented in the Progress Notes and Shift Report.  No further information regarding this issue was presented to the survey team prior to the exit conference on 9/23/20.	F 842			
F 880 SS=J	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	F 880			10/21/20

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F 880	<p>Continued From page 9</p> <p>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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(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</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <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>	F 880			



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F 880	<p>Continued From page 10</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 interviews, interviews with local health department staff, review of facility documents, and clinical record reviews, the facility staff failed to maintain an infection prevention program for preventing and controlling infection and communicable diseases during an identified outbreak of COVID-19 for 2 of 12 residents in the survey sample (Resident #1 and Resident #4).</p> <p>Facility staff failed to follow facility policy and procedure; CMS (Centers for Medicare and Medicaid) and CDC (Centers for Disease Control and Prevention) guidance related to cohorting COVID-19 positive and negative residents together when vacant rooms were available creating the likelihood of residents being exposed to and contracting COVID-19 for Residents #1 and #4.</p> <p>Facility staff failed to maintain droplet precautions and ensure social distancing between a COVID-19 positive and negative resident residing in the same room increasing the likelihood of Resident #1 being exposed to and contracting COVID -19.</p> <p>At the time of the survey, there was a cumulative</p>	F 880	<ol style="list-style-type: none"> <li>Residents # 1 and 4 rooms were changed at the time of the survey.</li> <li>Current residents that were identified as being positive for COVID at the time of the survey were assessed for proper roommates and room changes were initiated at the time of the survey.</li> <li>Staff were educated on identification of COVID positive residents and to notify administration of the resident status for review of room changes by the Staff Development Coordinator.</li> <li>DON/Designee will review residents with COVID at least 5 times per week in daily clinical meeting to assure that residents are cohorted properly and social distancing is occurring.</li> <li>Any non <input type="checkbox"/> compliance will be reported to the QAPI committee for tracking and trending and progressive disciplinary action as needed.</li> </ol>		

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F 880	<p>Continued From page 11</p> <p>total of 71 COVID-19 positive residents with 14 deaths.</p> <p>Surveyors informed the administrator, assistant director of nursing, and the regional nurse consultant on 9/21/20 at 6:40pm of the Immediate Jeopardy situation. The scope and severity was originally cited at Level IV, Isolated. On 9/22/20 at 4:48pm, the Immediate Jeopardy was abated and lowered to a Level II, Isolated.</p> <p>The findings included:</p> <p>On 9/16/20 at 10:00am, a telephone interview was conducted with the facility IP (Infection Preventionist) and the IP trainee. IP stated that the local health department was in the facility yesterday and directed facility to transition COVID-19 positive residents that are 20 plus days past their COVID-19 positive test and asymptomatic be moved from West Unit to South Unit and any COVID-19 positive residents residing on South be moved to West. IP stated the room moves are starting today. The surveyor asked if there were any COVID-19 positive and negative residents in a room together and the IP stated no.</p> <p>On 9/17/20, a remote review of the facility's line listing for COVID-19 and Resident Daily Census report revealed there were four separate resident rooms in which a COVID-19 positive resident resided with a COVID-19 negative resident. Residents #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>On 9/17/20 at 11:45am surveyor interviewed the district epidemiologist with the local health district and asked if they were aware of the four rooms in the facility with a COVID-19 positive and negative resident residing together. Epidemiologist stated</p>	F 880			



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F 880	<p>Continued From page 12</p> <p>they were unaware but either way the negative resident has been exposed and may be in their pre-symptomatic infectious window and cohorting would be acceptable if there were nowhere else to move them.</p> <p>On 9/17/20 at 1:30pm, surveyor interviewed the ADON (assistant director of nursing) by phone and asked about the four resident rooms with a COVID-19 positive and negative resident residing together. The ADON stated they received guidance from the health department initially that when someone becomes positive, they leave the roommate in the room. ADON stated they talked to the epidemiologist today and have developed a plan, the negative roommates will be tested today and again in 24 hours and after two negative PCR tests are received, the residents will be moved to South (Warm Unit) and South will be a warm unit. ADON stated all COVID-19 positive residents have been moved to West (COVID unit) and they are in the process of moving recovered residents from West to South (warm unit). ADON stated one of the negative roommates is showing symptoms today.</p> <p>On 9/18/20 at 2:08pm, surveyor spoke with the administrator, ADON, and RNC (regional nurse consultant) by phone and discussed concern of cohorting COVID-19 positive residents and negative residents in the same room. Surveyor requested the CMS and/or CDC guidance used by the facility for cohorting COVID-19 positive and negative residents. The regional nurse consultant stated the health department's direction was to keep residents where they were up until now, the epidemiologist will document this, and facility will provide to the surveyor.</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>On 9/19/20 at 12:19pm, surveyor received an email from the epidemiologist stating in part, "There is no official guidance stating a negative individual should ever be cohorted with a positive case. With regards to the [name omitted] facility we recently discussed, there were four non-ill individuals (that you were kind enough to bring to my attention 09/17) in the same rooms as other positive cases on the Western unit of the facility. As these four individuals are considered exposed and potential carriers of COVID, I advised they remain where they were until such time that quarantine measures could be made available on Southern unit, and then be moved to quarantine and be tested with the facility's rapid antigen test available to them via the new CMS testing requirements as a screening precaution. As rapid antigen tests are not as reliable as molecular PCR tests, I advised the facility to pursue two negative tests back-to-back in addition to the 14-day quarantine. Two of these individuals have since tested positive and the other two are under a 14-day quarantine on South Ward with negative results".</p> <p>On 9/21/20 at approximately 1:20pm, the onsite surveyor and the remote surveyor present via phone met with the administrator, ADON, and the RNC and was informed that Resident #7 (COVID-19 positive) has been assessed as recovered from COVID-19 and moved to the South (warm) unit and Resident #8 (COVID-19 negative) was also moved to the South (warm) unit and both residents are residing in the same room. Resident #6 (COVID-19 negative) was moved from the room shared with Resident #5 (COVID positive) to the South (warm) Unit and placed in a room alone on enhanced droplet precautions. The ADON stated Resident #1</p>	F 880			



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F 880	<p>Continued From page 14</p> <p>(COVID negative) was not moved due to nausea and projectile vomiting and was now considered symptomatic. ADON stated that</p> <p>Resident #4 is also symptomatic with a temperature and was not moved. ADON stated the NP (nurse practitioner) has seen Resident #1 and Resident #4 but was not sure it is documented. Surveyor asked if there were any rooms available on South and was informed that yes there were rooms available. During the meeting, the administrator asked the surveyors what regulation in the "big red book" was in question. Surveyors explained they were conducting a focused infection control survey.</p> <p>On 9/21/20 at approximately 1:40pm, the surveyor, accompanied by the RNC, observed Resident #3, who tested positive for COVID-19 on 9/11/20, in bed with the privacy curtain fully pulled separating them from their COVID-19 negative roommate, Resident #4. Resident #4 was sitting in a wheelchair on the other side of the room next to the window. The door was closed and there was a sign on the door for Enhanced Droplet Precautions with a PPE caddy at the door.</p> <p>Resident #3 was tested for COVID-19 on 9/11/20 at 12:00pm and the positive result was called to the administrator on 9/12/20 at 8:41am by the lab.</p> <p>Resident #4 was tested for COVID-19 on 9/14/20 at 11:02am with the final negative result reported on 9/16/20 at 8:01am. The facility reported a rapid point of care COVID-19 test was obtained on 9/18/20 with negative results. Facility also reported additional COVID-19 test was obtained on 9/18/20 and the results were pending at the</p>	F 880			

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F 880	<p>Continued From page 15 time of the observation.</p> <p>Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Generalized Muscle Weakness, Major Depressive Disorder Single Episode Severe with Psychotic Features, Unspecified Dementia with Behavioral Disturbance, Atherosclerotic Heart Disease of Native Coronary Artery, and Chronic Pain Syndrome. The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 8/26/20 assigned the Resident #4 a BIMS (brief interview for mental status) score of 11 out of 15 in section C, Cognitive Patterns.</p> <p>Resident #4 was also coded as requiring limited assistance for transfers, dressing, and toilet use and supervision only for bed mobility and personal hygiene.</p> <p>On 9/21/20 at approximately 1:45pm, the surveyor, accompanied by the RNC, observed Resident #1, who is COVID-19 negative, standing at the foot of Resident #2's bed, who tested positive for COVID-19 on 9/14/20, going through and touching the personal belongings of Resident #2. At the time, Resident #2 was sitting in a wheelchair positioned at the middle of the right side of the bed, approximately 3 feet from Resident #1, also touching the belongings. Neither resident was wearing a face covering. Resident #1 and Resident #2 reside in the same room. Upon observation, the door was closed with a sign on the door for Enhanced Droplet Precautions and a PPE caddy hanging on the door. In the residents' room, the privacy curtain separating the two beds was open allowing full visualization of both residents from the doorway.</p>	F 880			



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F 880	<p>Continued From page 16</p> <p>Resident #2 was tested for COVID-19 on 9/14/20 at 11:04am with a final positive result reported on 9/16/20 at 8:34am.</p> <p>Resident # 1 was tested for COVID-19 on 9/14/20 at 11:03am with the final negative result dated 9/16/20 at 7:58am. The facility reported a rapid point of care COVID-19 test was obtained on 9/18/20 with negative results. Facility also reported an additional COVID-19 test was obtained on 9/18/20 and the results were pending at the time of observation.</p> <p>Resident #1's diagnosis list indicated diagnoses, which included, but not limited to Vascular Dementia without Behavioral Disturbance, Major Depressive Disorder Recurrent Severe with Psychotic Symptoms, Delusional Disorders, Essential Hypertension, and Gastro-esophageal Reflux Disease. The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 8/19/20 assigned the resident a BIMS (brief interview for mental status) score of 13 out of 15 in section C, Cognitive Patterns. Resident #1 is also coded as requiring supervision only for bed mobility, transfers, walking in room, and toilet use and limited assistance with dressing and personal hygiene.</p> <p>On 9/21/20 at approximately 3:40pm, the onsite surveyor and the remote surveyor present via phone informed the administrator, ADON (assistant director of nursing), IP, and the IP trainee of the observations for Residents #1, #2, #3, and #4. The RNC acknowledged the observations.</p> <p>The ADON stated Resident #1 and Resident #4</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>were not separated from their COVID-19 positive roommates because both residents were symptomatic and exposed and would be left in their current rooms until proven differently. Administration stated this was to mitigate risk to other residents. Surveyor asked if there were any vacant rooms on West as of Friday, ADON stated they did not believe so. The administrator stated they could have told the surveyors this on Friday but was not sure now, also stated that the facility does not have private rooms.</p> <p>ADON stated Resident #1 was symptomatic due to projectile vomiting. Surveyor requested any supporting documentation of Resident #1's symptom of vomiting. Facility provided surveyor with only a physician's order dated 9/17/20 4:02am for Zofran Tablet 4 mg, give 4 mg by mouth every 8 hours as needed for nausea and vomiting for 14 days. Review of the September 2020 MAR (Medication Administration Record) revealed the Zofran had not been administered.</p> <p>ADON stated Resident #4 was symptomatic due to an increased temperature. Surveyor requested supporting documentation of the increased temperature. Facility provided surveyor with only a printed Temperature Summary for Resident #4. The Temperature Summary revealed in part, the following temperatures: 9/18/20 2:59pm 99.1 F, 9/18/20 10:59pm 97 F, 9/20/20 6:28am 98 F, and 9/21/20 1:05am 97.8 F. Resident #4's Order Summary Report included an order dated 8/26/20 for Acetaminophen Tablet give 650 mg enterally [sic] every 6 hours as needed for fever. A review of Resident #4's September 2020 MAR (medication administration record) on 9/21/20 revealed Acetaminophen was not administered during September 2020. The ADON stated the</p>	F 880			



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F 880	<p>Continued From page 18</p> <p>temperature of 99.1 F obtained on 9/18/20 was an increase from the resident's baseline temperature.</p> <p>On 9/21/20 at 5:40pm, a conference call was completed with two LTC (long-term care) supervisors and the survey team. It was determined that the facility's failure to maintain an infection prevention program for preventing and controlling infections and communicable disease (COVID-19) resulted in a situation of IJ (immediate jeopardy).</p> <p>On 9/21/20 at 6:40pm, the onsite surveyor and the remote surveyor informed the administrator, ADON, and RNC that immediate jeopardy was identified due to cohorting and lack of social distancing, completed IJ template was provided to the administrator. Surveyors discussed the guidance available from the CDC dated 4/30/20 related to cohorting. Administrator stated they have never been cited from the CDC and not the regulations and told the surveyors that they work for the state and do CMS surveys, not the CDC. The administrator questioned the relevance of any CDC guidance from as long as April 2020.</p> <p>Given that the administrator questioned the relevance of CDC guidance during this public health pandemic, the following information is provided:</p> <p>CMS QSO-20-14-NH DATE: March 13, 2020 documents in part, "Guidance-Facility staff should regularly monitor the CDC website for information and resources. (<a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf</a>)</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>QSO-20-20-All March 23, 2020 On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act. (<a href="https://www.cms.gov/files/document/qso-20-20-all.pdf">https://www.cms.gov/files/document/qso-20-20-all.pdf</a>)</p> <p>"Current emergencies" notice from the CMS website contains information stating that Secretary Azar used his authority in the Public Health Service Act to declare a public health emergency (PHE) in the entire United States on January 31, 2020 giving them the flexibility to support their beneficiaries, effective January 27, 2020. The PHE was renewed on April 21, 2020, July 23, 2020, and October 2, 2020, effective October 23, 2020. (<a href="https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page">https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page</a>)</p> <p>On 9/22/20 at 12:10pm, the onsite surveyor was provided with the four following late entry progress notes:</p> <p>(1) Health Status Note with an effective date of 9/17/20 4:15am and created date of 9/21/20 4:31pm stating in part "called on call clinician (name omitted) NP in regards to resident reporting nausea and vomiting x 1. On call then ordered Zofran 4mg PRN (as needed) q (every) 8 hours x 14 days. RP (name omitted) made aware. Zofran not given due to the resident denying feeling nauseated post speaking to the on call ...".</p>	F 880			



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F 880	<p>Continued From page 20</p> <p>(2) Health Status Note with an effective date of 9/17/20 4:18am and created date of 9/22/20 8:20am stating "Oral T (temperature): 97.2 P (pulse): 86 R (respirations): 18 BP (blood pressure): 114/84 O2 (oxygen saturation): 97% on RA (room air)".</p> <p>(3) Health Status Note with an effective date of 9/17/20 1:30pm and created date of 9/21/20 2:24pm stating "(name omitted) NP in facility &amp; did not want resident to have a covid swab done due to episode of vomiting &amp; preferred to have resident swabbed on 9/21/20 with regular scheduled testing".</p> <p>(4) Encounter Note by the NP with an effective date of 9/16/20 11:00pm and Date of Service of 9/17/20 stating in part, "The patient is being evaluated today at nursing request for episodes of nausea and vomiting overnight. The patient had an acute episode of nausea and vomiting overnight last night and Zofran was ordered by the on call. The patient reports symptoms started after dinner last night and persisted into the night. She feels that nausea is from the greenbeans she ate. She reports she did feel some improvement after vomiting. She denies abdominal pain, diarrhea/constipation, or blood in vomit or stool. She denies any fever or chills. The patient has been exposed to COVID although previous COVID test was negative. She denies any other signs and symptoms including sore throat, cough, headache, dyspnea, chest pain, muscle aches, and change in taste and smell. She has been afebrile on chart review" and "As (he/she) remains afebrile and is otherwise asymptomatic, repeat testing is not warranted at this time". Note was signed by the</p>	F 880			

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F 880	<p>Continued From page 21 NP on 9/22/20 11:11am.</p> <p>On 9/22/20 at 12:30pm, at the request of the administrator, the surveyors attended a conference call with the administrator, ADON, RNC, IP, IP trainee and the local epidemiologist. Administrator informed the epidemiologist that they have made 32 room moves since last week and were told that negative symptomatic residents should stay with their positive roommate. Epidemiologist replied no, a negative symptomatic resident should still be moved from a room with a confirmed positive. Epidemiologist further stated that with an exposed resident it is likely they will become positive; however, you have to go with the benefit of the doubt and separate negative from positive residents. Administrator stated to the epidemiologist that they have had calls with them where the opposite was said to the facility. Epidemiologist stated there is a need for a written plan to avoid future pitfalls and stated willingness to help the facility with the plan of correction. Prior to the call ending the administration stated to the epidemiologist if the facility needs their help, they will call.</p> <p>Administrator provided a copy of a hand written note dated 9/18/20 stating in part, "Call with (epidemiologist name omitted) for follow up. 4 residents negative in rooms with positive residents after PPS. Move all 4 if possible, 2 moved to South with (no) symptoms (negative) POC test. 2 remain with symptoms. Get 2 (negative) tests prior to move. POC ok, PCR done. Waiting for results to move. Put in 14 day quarantine on South if both negative".</p> <p>The administration stated to the surveyors that</p>	F 880			



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F 880	<p>Continued From page 22</p> <p>they do not agree with the IJ as they were under the direction of the health department. Administrator further stated, "I'll fight this as far as I can".</p> <p>A review of the facility's Daily Census reports for 9/18/20, 9/19/20, and 9/20/20 revealed there was one vacant semi-private room on West (COVID unit) and eight vacant semi-private rooms on South (warm unit) available for use each day.</p> <p>Surveyor requested and received the facility's COVID-19 policy, entitled "COVID-19" which states in part:</p> <p>2. Transmission</p> <p>a) The primary route of transmission is by close person to person contact (within 6 feet).</p> <p>b) The virus is thought to be transmitted most readily by respiratory droplets produced when an infected person coughs or sneezes. The droplets from the cough or sneeze of an infected person are propelled through the air and deposited on the mucous membranes of the mouth, nose, or eyes of persons who are nearby.</p> <p>c) It may be possible for transmission to occur when a person touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eyes.</p> <p>11. Containment/Management</p> <p>a) Implement Enhanced Droplet Contact Precautions while patient is in the Center</p> <p>b) Contain the area of potential contamination. Do not use the room for another patient until terminal cleaning has occurred.</p> <p>c) Cohort like patients in a designated area (i.e. a close group of rooms on a certain hall).</p>	F 880			

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F 880	<p>Continued From page 23</p> <p>d) Place patient in a private room and keep the door closed.</p> <p>The facility failed to follow their COVID-19 policy by cohorting COVID-19 positive and negative residents together.</p> <p>Transmission Based Precautions-General Practice Policy and Procedure</p> <p>Surveyor requested and received the policy and procedure for Transmission Based Precautions (TBPs) entitled, "Transmission Based Precautions-General Practice" which states in part:</p> <p>2. Droplet Precautions</p> <p>a) Patient Placement</p> <p>Place patient in a room with a patient(s) who has active infection with the same microorganism, but with no other infection (cohorting). When cohorting is not possible consider placing in a private room, if available or consider placing in a room with a patient considered to be low risk (no open access sites, wounds, IVs, or tubes) while maintaining a spatial separation of at least 3 feet between the infected patients and other patients and visitors. Special air handling and ventilation are not necessary and the door may remain open.</p> <p>The facility failed to follow the provided Transmission Based Precautions-General Practice policy by cohorting COVID-19 positive and negative residents together when vacant rooms were available.</p> <p>"COVID-19 Long-Term Care Facility Guidance" dated April 2, 2020 from the Centers for Medicare and Medicaid contained the following directive to</p>	F 880			



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F 880	<p>Continued From page 24</p> <p>long-term care facilities: "Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control." This CMS document also includes, but is not limited to the following statement where "Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status." (<a href="https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf">https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf</a>)</p> <p>"Responding to Coronavirus (COVID-19) in Nursing Homes" CDC guidance updated 4/30/20 included information reflecting that If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. The guidance further states that roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). Also, exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>)</p> <p>On 9/22/20 at approximately 12:25pm, the administrator presented the following immediate jeopardy abatement plan:</p> <ol style="list-style-type: none"> <li>1. Roommates to resident (name omitted) and (name omitted) were moved into a room together creating a + COVID room. Residents (name omitted) and (name omitted) were left in their</li> </ol>	F 880			

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F 880	<p>Continued From page 25</p> <p>rooms due to being symptomatic and waiting for PCR test results. -----September 21, 2020</p> <p>2. Current residents that are COVID + were assessed for appropriate roommates to assure that no negative resident is in a room with a positive resident by the ADON. ----- September 20, 2020</p> <p>3. Nursing Administration was educated to notify the Administrator if a resident test positive and status of roommate for bed management and movement of resident as needed by ADON. ----- September 21, 2020</p> <p>4. Nursing Administration was educated on monitoring documentation of signs and symptoms residents are exhibiting and appropriate follow up to assure precautions are put in place in a timely manner by the SDC by September 22, 2020.</p> <p>5. DON/designee will review current residents that are positive in daily stand up meeting at least 5 times per week to monitor symptoms and COVID status and status of roommates.</p> <p>6. DON/Administrator will work with Housekeeping staff to assure room moves are completed as soon as possible at time of identification.</p> <p>7. Any non-compliance will be reported to the QA committee for tracking and trending.</p> <p>On 9/22/20 at approximately 2:15pm, the survey team informed the administrator, ADON, and RNC that the facility's plan of correction was accepted. The facility presented credible evidence that the plan of correction had been implemented, including evidence of nurse education as outlined in the POC (plan of correction), audit of the cohorting of residents with an attestation by the ADON stating "all positives cohorted appropriately", and staff email confirmations of a QA Zoom meeting held on</p>	F 880			



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F 880	<p>Continued From page 26 9/22/20 at 9:30am.</p> <p>On 9/22/20 at 3:13pm, surveyor observed Resident #2 (COVID-19 positive) and Resident #3 (COVID-19 positive) residing in a room together on West Unit. An Enhanced Droplet Precautions sign and PPE caddy was present on the door, the door was closed. At 3:16pm, surveyor observed Resident #1 (COVID-19 negative) in a semi-private room alone on West Unit. An Enhanced Droplet Precautions sign and PPE caddy was present on the door, the door was closed. At 3:23pm, surveyor observed Resident #4 (COVID-19 negative) in a semi-private room alone on West Unit. An Enhanced Droplet Precautions sign and PPE caddy was present on the door, the door was closed.</p> <p>Surveyor reviewed the facility's COVID-19 positive line listing and Daily Census Report for 9/22/20 and verified there were no COVID-19 positive and negative residents residing together in the same room. Surveyor also verified inservice training for the nursing administration through comparison of the list of active nurses with the inservice sign-in sheets.</p> <p>Interviews were conducted onsite with LPN (licensed practical nurse) #1, #2, and #5 and Unit Managers #3 and #4; each voiced they would notify the administration for a room change when a resident tested positive for COVID-19 and their roommate was negative. Each nurse also voiced that resident signs and symptoms are to be documented in the medical record.</p> <p>On 9/22/20 at 4:48pm, the surveyors notified the administrator, ADON, and RNC that the</p>	F 880			

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F 880	Continued From page 27 Immediate Jeopardy was abated.  No further information regarding this issue was presented to the survey team prior to the remote exit conference on 9/23/20.	F 880			