

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

PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/04/2020
NAME OF PROVIDER OR SUPPLIER GRAYSON REHABILITATION AND HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH INDEPENDENCE AVENUE INDEPENDENCE, VA 24348		
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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 9/01/20 through 9/04/20. 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 9/01/20 through 9/04/20. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). On 9/01/20, the census in this 120 certified bed facility was 102. Of the 102 current residents, 102 have been tested and 25 were positive for COVID-19. One hundred and eight staff members have been tested and 16 were positive for COVID-19. The facility conducted point prevalence testing on 6/24/20, 8/26/20, and 9/01/20. By closure of the survey, an additional 14 residents and 8 staff members were reported positive for a total of 39 residents and 24 staff members currently 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 diseases and infections.	F 880		10/6/20	

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

TITLE

(X6) DATE

Electronically Signed

09/30/2020

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 880	<p>Continued From page 1</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review, the facility staff failed to maintain an infection prevention and control program designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections for one (Resident #4) of nine (9) residents.</p> <p>The findings included:</p> <p>For Resident #4 (described by the physician as symptomatic and felt that the COVID result was a false negative), the facility staff failed to ensure the privacy curtain remained pulled separating Resident #4 from their COVID-19 positive roommate for the purpose of droplet precautions.</p> <p>Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Rheumatoid Arthritis, Anxiety Disorder, Epilepsy, Chronic Pain</p>	F 880	<p>1. On 9-3-20 Resident #4 privacy curtain was pulled to provide barrier between Resident #5. Resident #4 COVID -19 results were received on 9-3-20 and noted to be positive. The attending physician and responsible party were notified of the results. Resident #4 was re- assessed by attending physician on 9-3-20 and it was determined appropriate to remain on the COVID unit with enhanced droplet contact precautions to include staff wearing additional Personal Protective Precautions (PPE) of gowns, gloves, and face shields/googles when having encounters with resident #4.</p> <p>2. On 9/3/2020 the Director of Nursing and Assistant Director of Nursing reviewed current facility residents to ensure that resident that were COVID 19</p>		

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F 880	<p>Continued From page 3</p> <p>Syndrome, Major Depressive Disorder, Gastro-esophageal Reflux Disease, and Hyperlipidemia.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 8/18/20 assigned the resident a BIMS (brief interview for mental status) score of 13 out of 15 in section C, Cognitive Patterns.</p> <p>Resident #4 is also coded as requiring extensive assistance with bed mobility. A review of Resident #4's medical record revealed the following documentation: A final lab report dated 8/28/20 for Resident #4 indicated a COVID-19 nasopharyngeal specimen was collected on 8/25/20 and the results were released on 8/28/20 indicating "2019-n COV RNA (ribonucleic acid) Not Detected".</p> <p>Resident #5's, the roommate of Resident #4, medical record revealed a final lab report dated 8/28/20 which indicated the a COVID-19 nasopharyngeal specimen was collected on 8/25/20 and the results were released on 8/28/20 indicating "Positive; 2019-nCoV RNA Detected".</p> <p>Resident #4's Orders Report dated 9/03/20 includes an order dated 8/28/20 for "droplet precautions".</p> <p>Surveyors requested and received the policy "Isolation - Categories of Transmission-Based Precautions" which stated in part:</p> <p>Droplet Precautions</p> <p>2. Residents on droplet precautions will be placed in a private room if possible.</p> <p>b. When a private room is not available and</p>	F 880	<p>positive remained on the COVID unit and residents who were symptomatic but COVID negative or had been exposed were placed on quarantine unit. The COVID unit and quarantine unit were observed to ensure that plastic barrier remained in place on 9/3/20 by the Executive Director.</p> <p>3. On 9/3/2020 the Director of Nursing and the Assistant Director of Nursing initiated staff re- education to include Nursing Department(licensed nurses and nursing assistants), Therapy Department, Housekeeping Department, Dietary Department and Administrative Team on infection control to include transmission based precautions and procedures for co-horting residents. The re- education also includes criteria for residents who are on COVID unit and quarantine unit. Newly hired employees will receive the education during new hire orientation. Any employee identified not receiving the re- education will not be allowed to work until they completed the re- education.</p> <p>4. The Director of Nursing and/or designee will complete Quality Monitoring audit weekly for three months for residents who are on transmission based precautions to ensure correct procedures are being followed and residents are placed on COVID and quarantine units appropriately. The Results of the Quality Monitoring will be reported to Quality Assurance Improvement Committee monthly for three months. The committee will review the results to determine if</p>		

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F 880	<p>Continued From page 4</p> <p>cohorting is not achievable, a curtain will be used and a distance of at least 3 feet of space will be maintained between the infected resident his or her roommate.</p> <p>On 9/03/20 at 2:15pm, the onsite surveyor, accompanied by LPN (licensed practical nurse) #4, noted the privacy curtain in Resident #4's room to be open, the curtain was not pulled between Resident #4 and their COVID-19 positive roommate.</p> <p>On 9/03/20 at 2:48pm, surveyors spoke with the IP (Infection Preventionist) and DON (Director of Nursing) who stated they looked at moving negative residents but felt it was more of a risk to move them. The DON stated when a positive and negative resident are in the same room, the curtain is pulled.</p> <p>On 9/03/20 at 4:59 pm, surveyors spoke with Resident #4's physician who stated they assessed Resident #4 on 8/28/20 and the resident was symptomatic and felt that the COVID result was a false negative. The 8/28/20 physician's progress note states in part, "On rounds today due to hypoxia of 89-90% RA (room air) today and yesterday a temperature 100.0, 99.2, O2 (oxygen) sat (saturation) 90%" and "Rec (recommend) reswab for COVID when swabs available, remains high risk with a recent pos (positive) roommate and pos cases in facility ...".</p> <p>On 9/03/20 at 4:36 pm, the administrator and DON were made aware that the privacy curtain was not pulled separating Resident #4 from (Resident #5) their COVID-19 positive roommate.</p> <p>On 9/04/20 at 10:59am, the administrator and DON informed the surveyors that the results from</p>	F 880	<p>further action is needed.</p> <p>5. Date of Compliance: October 6, 2020</p>		

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F 880	Continued From page 5 the 9/01/20 PPS (point prevalence survey) testing returned last evening and Resident #4 is now positive. The administrator provided results from the 9/01/20 PPS testing indicating Resident #4 is positive for COVID-19. No further information regarding this issue was presented to the survey team prior to the exit conference on 9/04/20.	F 880			