

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HALL WISE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9434 COEBURN MOUNTAIN ROAD WISE, VA 24293</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) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 08/14/21 through 08/16/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required.  The census in this 97 bed facility was 87 at the time of the survey. The survey sample consisted of 18 current resident reviews and 3 closed records.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:  Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 and F759  12 VAC 5-371-220 (A) - cross reference to F689  Pharmaceutical Services 12 VAC 5-371-300 (B) - cross reference to F761  Dietary and Food Service Program 12 VAC 5-371-340 (D) - cross reference to F808  Clinical Records 12 VAC 5-371-360 (E) - cross reference to F842  Infection Control 12 VAC 5-371-180 (A) - cross reference to F880	F 001	<b>F001</b>  <b>Nursing Services</b> 12 VAC 5-371-220 (B) - cross reference to F684 and F759 <i>Cross Reference to POC for F Tag 684</i> <i>Cross Reference to POC for F Tag 759</i>  <b>Nursing Services</b> 12 VAC 5-371-220 (A) - cross reference to F689 <i>Cross Reference to POC for F Tag 689</i>  <b>Pharmaceutical Services</b> 12 VAC 5-371-300 (B) - cross reference to F761 <i>Cross Reference to POC for F Tag 761</i>  <b>Dietary and Food Service Program</b> 12 VAC 5-371-340 (D) - cross reference to F808 <i>Cross Reference to POC for F Tag 808</i>	

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

TITLE

(X6) DATE

STATE FORM

6899

PZZ711

Administrator **RECEIVED** 9/2/21

If continuation sheet 1 of 2

**SEP 10 2021**

**VDH/OLC**

State of Virginia

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			<b>Clinical Records</b> <b>12 VAC 5-371-360 (E) - cross</b> <b>reference to F842</b> <i>Cross Reference to POC for F Tag 842</i>  <b>Infection Control</b> <b>12 VAC 5-371-180 (A) - cross</b> <b>reference to F880</b> <i>Cross Reference to POC for F Tag 880</i>  <b>Completion Date: 9/30/21</b>		



# Heritage Hall Wise DPOC

Survey date: 8/14/21 thru 8/16/21

Corrective Action	<ul style="list-style-type: none"> <li>Resident #44's attending physician has been notified that facility staff failed to implement infection control practices to prevent the spread of infection when a staff member (RN #1) failed to sanitize her hands during the medication administration observation on 8/14/21</li> <li>Employee #25 has received one on one education regarding handwashing during medication administration.</li> </ul>
Identification of deficient practice(s) and corrective action(s)	<ul style="list-style-type: none"> <li>The infection preventionist will complete a review of all nursing staff for handwashing.</li> <li>The DON will complete a treatment observation of all nurses who regularly complete medication administration to ensure compliance with handwashing</li> <li>Any negative findings will be addressed immediately, and disciplinary action taken as needed.</li> </ul>
Systemic Changes	<ul style="list-style-type: none"> <li><b><i>Training of all HCP (Healthcare Professional) regarding Standard versus Transmission - Based Precautions and hand hygiene has been completed</i></b></li> <li>The infection preventionist has inserviced all staff on handwashing.</li> <li><b><i>A Root Cause Analysis (RCA), has been completed with the assistance from the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee and Governing Body. Findings of the RCA have been incorporated into the intervention plan.</i></b></li> <li><b><i>Provide evidence of current Infection Control policy &amp; procedures to include the guidance related to COVID-19 from CMS and the Center for Disease Control; additionally, all staff have been educated on this policy</i></b></li> </ul>
Monitoring	<ul style="list-style-type: none"> <li>The infection preventionist will complete QA audits no less than 3 times weekly monitor for compliance.</li> <li>Any negative findings will be corrected at the time of discovery and disciplinary action taken as needed</li> <li>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</li> </ul>
Completion Date	9/30/21

**Bold/Italics text indicates items required for the Directed Plan of Correction**

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SEP 10 2021

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