

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

PRINTED 03/18/2022  
FORM APPROVED  
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MERRYFIELD RESIDENCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426</b>		
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E 000	Initial Comments	E 000			
W 000	<p>An unannounced Emergency Preparedness survey was conducted 03/15/2022 through 03/16/2022. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced Focused Fundamental Medicaid re-certification survey was conducted 03/15/2022 through 03/16/2022. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow.</p>	W 000			
W 111	<p>The census in this nine (9) certified bed facility was nine (9) at the time of the survey. The survey sample consisted of nine (9) individual reviews (Individuals #1 through #9).</p> <p>CLIENT RECORDS CFR(s) 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure accurate clinical records for nine of nine individuals. Individual #1 through Individual #9 had treatments, diets, and multiple services, documented as provided on the evening and night shifts of 02/15/2022 and 02/16/2022 by a staff member who was not on site.</p>	W 111			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Glynn Brackemidge* TITLE: *Quality Improvement Manager* (X6) DATE: *3/25/22*

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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W 111	<p>Continued From page 1</p> <p>Findings were</p> <p>On 03/15/2022, at approximately 10 30 a m , incident and accident reports for the previous three months were reviewed Incident reports dated 02/16/2022 for Individuals #1 through #9 contained information regarding documentation errors for all nine individuals</p> <p>Individual #1 was admitted to the facility on 06/15/2021 with the following diagnoses including but not limited to Profound intellectual disability, cerebral palsy, and epilepsy Two incident reports for Individual #1 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR (medication administration record) and TAR (treatment administration record) for multiple services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "Cerave cream, bladder incontinence, showers, diet, teeth brushing, floor mats in place, and ankle foot orthotics "</p> <p>Individual #2 was admitted to the facility on 01/02/2019 with the following diagnoses, including but not limited to Borderline Intellectual functioning, traumatic brain injury, major depressive disorder, and epilepsy Two incident reports for Individual #2 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "bladder incontinence, shower, wheelchair arm support,</p>	W 111	<p>Provider Response</p> <p>1) All ICF staff will be re-educated by the ICF Administrator and ICF nurses on the correct way to sign the MAR after administering a medication or a treatment for all individuals at the ICF All ICF staff will be re-educated on the 5 rights Documentation on Medication and Treatment Administration Records, Policy 6 03, will be reviewed during the ICF staff meetings with all ICF staff to review medications or treatments must not be signed prior to administration for all individuals at the ICF</p> <p>2) All ICF staff will be re-educated by the ICF Administrator and ICF nurses on the correct way to sign the MAR after administering a medication or a treatment for all individuals at the ICF Documentation on Medication and Treatment Administration Records, Policy 6 03, will be reviewed during the ICF staff meetings with all ICF staff to review medications or treatments must not be signed prior to administration for all individuals at the ICF</p> <p>3) Documentation on Medication and Treatment Administration Records, Policy 6 03, will be updated to include "You may not sign prior to actually administering medications, providing a treatment or service or while witnessing the self-administration of a medication, providing a treatment or service as this is considered falsification of a legal document " ICF nurse and nurse coordinator will conduct monthly observation medication passes which includes observation of accurate documentation</p> <p>4) The ICF nurses and nurse coordinator will monitor medication and treatment administration to include accurate documentation during the monthly observation medication pass If areas of improvement are identified during the monthly observation medication pass, immediate remediation will occur by the ICF nurses or nurse coordinator</p>	4/22/22	

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W 111	<p>Continued From page 2</p> <p>raised pie plate, anti-tippers, bed chair alarm, bedside floor mat, and gait belt "</p> <p>Individual #3 was admitted to the facility on 01/20/2014 with the following diagnoses, including but not limited to Moderate intellectual disability, Pulmonary hypertension, generalized anxiety, and Phenylketonuria (PKU) Two incident reports for Individual #3 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "Diet and adaptive equipment "</p> <p>Individual #4 was admitted to the facility on 09/04/2012 with the following diagnoses including but not limited to Mild intellectual disability, attention deficit disorder, depression, and hyperkinesis Two incident reports for Individual #4 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "Medications given in applesauce, diet, glasses, and humidifier "</p> <p>Individual #5 was admitted to the facility on 01/10/2013 with the following diagnoses including but not limited to Severe Intellectual Disability Two incident reports for Individual #5 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple</p>	W 111			

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W 111	<p>Continued From page 3</p> <p>services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "Bed bolster, bedside commode, hooyer lift, weighted blanket, straw in cup, wheelchair, and protective boots "</p> <p>Individual #6 was admitted to the facility on 09/14/2012 with the following diagnoses including but not limited to Moderate Intellectual Disability, anxiety and hypertension Two incident reports for Individual #6 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "Adaptive small spoon to decrease choking, eye glasses and partial dentures "</p> <p>Individual #7 was admitted to the facility on 05/26/2015 with the following diagnoses including but not limited to Moderate Intellectual Disability, constipation, hypertension, muscle spasms, and spinal stenosis One incident report for Individual #7 was reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple services not provided by her during the evening shift on 02/15/2022 Interventions initialed included but were not limited to "Pressure mattress, bed alarm, floor mat, desitin cream, nystatin cream, leg braces, gait belt, and non-slip mat "</p> <p>Individual #8 was admitted to the facility on 01/10/2013 with the following diagnoses including but not limited to Severe Intellectual Disability,</p>	W 111			

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W 111	<p>Continued From page 4</p> <p>intermittent explosive disorder, and expressive language disorder Two incident reports for Individual #8 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "Nectar thick liquids, muscle milk, shower, and bladder incontinence " The medication tech also signed that medications that had been sent to the day program with Individual #8 had been given, however, the medications were not given at the day program and were returned to the facility</p> <p>Individual #9 was admitted to the facility on 01/10/2013 with the following diagnoses including but not limited to Severe Intellectual Disability, Aspergers and pervasive developmental disorder Two incident reports for Individual #9 were reviewed Per the reports dated 02/16/2022, the medication tech on duty on 02/15/2022 initialed ahead of time on the MAR and TAR for multiple services not provided by her during the evening shift on 02/15/2022 and the night shift of 02/16/2022 Interventions initialed included but were not limited to "diet, shower, thick-it to liquids, divided suction plate, wheelchair, and toilet riser "</p> <p>On 03/15/2022 at approximately 1 00 p m , the administrator was asked if the medication tech who had inaccurately documented in the records was available She stated, "No, I let her go for falsification of records "</p> <p>On 03/16/2022 at approximately 9 30 a m the administrator was interviewed about the above</p>	W 111			

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W 111	<p>Continued From page 5</p> <p>information She stated, "She (the med tech) came to work that day and started saying she didn't feel well she left almost as soon as she got here She didn't come back and when they next person took over we saw that she had already documented everything as done "</p> <p>LPN (licensed practical nurse) #1 was interviewed at approximately 10 30 a m She stated, "Everything got done she didn't sign out the medications that were scheduled for the two shifts, she was working 16 (hours) she signed out all the treatments and services though the person that came on just marked through her name on the MAR and put initials under it "</p> <p>The facility policy, "Documentation On Medication and Treatment Administration Records " contained the following "You may not sign prior to actually administering or witnessing the self administration of a medication, as this is considered falsification of a legal document " The QA (quality assurance) manager and LPN #1 were asked at approximately 11 00 a m on 03/16/2022 if the statement in the policy regarding medication administration also applied to Treatments and services They both stated, "Yes "</p> <p>On 03/16/2022, the above information was discussed with the administrator, the QA manager and the QIDP (qualified intellectual disability professional) during an end of survey meeting on at approximately 12 00 p m</p> <p>No further information was obtained prior to the exit conference 03/16/2022</p>	W 111			
W 368	DRUG ADMINISTRATION	W 368			

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W 368	<p>Continued From page 6 CFR(s) 483 460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders This STANDARD is not met as evidenced by Based on staff interview, clinical record review, and facility document review, the facility staff failed to administer medications per physician orders for two of nine individuals, Individual #3 and #4 Individual #3 received Trazadone ordered by the physician to be given at HS (hour of sleep) at 6 30 a m Individual #4 received Clonidine ordered by the physician to be given at HS at 6 30 a m</p> <p>Findings were</p> <p>1 On 03/15/2022, at approximately 10 30 a m , incident and accident reports for the previous three months were reviewed An incident report dated 03/07/2022 for Individual #3 contained the following information, including, but not limited to</p> <p>"Date of Incident 03/01/2022 Source for Critical Incident Data Individual Type of Incident Medication Error Brief Description of Incident Medication given at the wrong time Detailed Description of Incident Medication time error This individual has an order to give Trazadone 100 mg at H S Pharmacy populated the time for 6 30 a m , this was overlooked by Nursing and staff Individual received the medication in the a m X (times) 6 days until discovered by the med tech this morning "</p> <p>"MEDICATION ERRORS What type of med error has occurred Wrong</p>	W 368	<p>Provider Response</p> <p>1) The ICF nurses and/or nurse coordinator will complete the monthly medication check in process to review the physician orders, MARs, and bubble pack to ensure all medications are ordered and listed correctly with the 5 rights for individual #3 and individual #4 A two nurse check will be conducted when completing the monthly medication check in process for individual #3 and individual #4</p> <p>2) The ICF nurses and/or nurse coordinator will complete the monthly medication check in process to review the physician orders, MARs, and bubble packs to ensure all medications are ordered and listed correctly to include the "5 Rights" for all ICF individuals per Policy 6 06, Medication Administration, Training, and Ongoing Competency</p> <p>3) The ICF nurses and/or nurse coordinator will conduct the monthly medication check in process in a quiet environment with minimal distractions The ICF nurses and/or nurse coordinator will immediately communicate with pharmacy and/or medical director of any discrepancies noted during the monthly medication check in process Any discrepancies will be corrected by the ICF nurses or nurse coordinator prior to administration of medications</p> <p>4) Monthly medication audits will be conducted by the ICF nurses and nurse coordinator to ensure physician orders, MAR and bubble pack are accurate as prescribed</p>	4/22/22	

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W 368	<p>Continued From page 7 Time"</p> <p>Individual #3 had the following diagnoses, including but not limited to Moderate intellectual disability, Pulmonary hypertension, generalized anxiety, and Phenylketonuria (PKU)</p> <p>Individual #3's Trazadone orders were observed on the MAR, medication bubble card and in the clinical record, written as "TRAZADONE 100 mg TAKE 1 TABLET BY MOUTH AT BEDTIME FOR INSOMNIA CAUSED BY PATIENT'S ANXIETY AND DEPRESSION SYNDROME "</p> <p>2 An additional incident report dated 03/07/2022 contained the following information regarding Individual #4</p> <p>"Date of Incident 03/07/2022 Source for Critical Incident Data Individual Type of Incident Medication Error Brief Description of Incident Clonidine 0.3 mg given at wrong time Detailed Description of Incident Clonidine 0.3 mg to be administered at bedtime per physician order MAR (medication administration record) reflected an administration time of 0630 (6:30 a.m.) Medication was administered at 0630 March 1st-6th MAR has been corrected to reflect correct administration time "</p> <p>"MEDICATION ERRORS What type of med error has occurred Wrong Time"</p> <p>Individual #4 had the following diagnoses including but not limited to Mild intellectual disability, attention deficit disorder, depression, and hyperkinesia</p>	W 368		



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W 368	Continued From page 8  On 03/15/2022 at approximately 2 30 p m , LPN (Licensed practical nurse) #1 was interviewed about the above incidents She stated, "The pharmacy puts the administration times on the MARs where the staff initials that it is given The time they put on the MAR was incorrect The time on the physician order and on the medication card instructions were correct, but the time on the MAR was not " LPN #1 was asked if checking the medication card against the order and the times was part of the five rights of medication administration used by the facility She stated, "Yes"  The March medication administration records for Individual #3 and Individual #4 were reviewed The physician orders on the MARs, the orders in the clinical record, and the orders transcribed on the medication bubble cards coincided for the medications to be given at HS The time on the "grid" where staff initial medications was incorrectly entered for the medications to be given in the morning  Individual #4's Clonidine orders were observed on the MAR, medication bubble card, and in the clinical record, written as "CLONIDINE 0 3 MG TAKE 1 TABLET BY MOUTH AT BEDTIME FOR HYPERAROUSAL AND IMPULSIVITY"  On 03/16/2022 at approximately 10 00 a m , the facility policy "Medication Administration Training and Ongoing Competency" was reviewed and contained the following "Three Medication Checks prior to Administering Medications  1st Check The first check should occur prior to	W 368			

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W 368	Continued From page 9 any medication being taken from the bubble card Starting at the top of the MAR, check/match the MAR against the medication label on the card for the 5 rights RIGHT PERSON, RIGHT MEDICATION, RIGHT DOSE, RIGHT TIME, AND RIGHT ROUTE 2nd Check The second check will be as you actually "pop" the mediations from the bubble pack of pills Starting back at the top of the MAR, check/match the MAR against the medication label on the card for the 5 rights RIGHT PERSON, RIGHT MEDICATION, RIGHT DOSE, RIGHT TIME, AND RIGHT ROUTE 3rd Check The third check will occur, again starting at the top of the first page of the MAR check/match the MAR against the medication label on the card for the 5 rights RIGHT PERSON, RIGHT MEDICATION, RIGHT DOSE, RIGHT TIME, AND RIGHT ROUTE  An additional policy "Prescription Management Through [Name of Pharmacy], contained the following Error in the Medication, MAR or Label If yo u notice a discrepancy between the prescription order, the physician order, and the medication received from the pharmacy, or the MAR, or label DO NOT ADMINISTER "  On 03/16/2022, the above information was discussed with the administrator, the QA (Quality Assurance) manager and the QIDP (qualified intellectual disability professional) during an end of survey meeting on at approximately 12 00 p m  No further information was obtained prior to the exit conference 03/16/2022	W 368			
W 508	COVID-19 Vaccination of Facility Staff	W 508			

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W 508	Continued From page 10 CFR(s) 483 430(f)(1)-(3)(i)-(x)  § 483 430 Condition of Participation Facility staffing (f) Standard COVID-19 Vaccination of facility staff The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19 For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19 The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients (i) Facility employees, (ii) Licensed practitioners, (iii) Students, trainees, and volunteers, and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement (2) The policies and procedures of this section do not apply to the following facility staff (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section, and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in	W 508	Provider Response 1)The non-vaccinated staff member with an approved exemption will be required to wear a NIOSH approved N95 respirator while working at the ICF per the ICF/IID COVID-19 Vaccine Policies and Procedures The non-vaccinated staff member has been fit-tested for NIOSH approved N95 respirator 2) All non-vaccinated staff with approved exemptions working at the ICF will be required to wear a NIOSH N95 respirator per the ICF/IID COVID-19 Vaccine Policies and Procedures All ICF staff will be fit tested for a NIOSH approved N95 respirator or alternative if an NIOSH approved N95 respirator cannot be worn All new ICF employees will be required to comply with the vaccination requirements outlined in this policy as a condition of employment 3) The ICF/IID COVID-19 Vaccine Policies and Procedures has been developed and implemented to address COVID-19 vaccine status for employment Requirements for all new ICF employees per the ICF/IID COVID-19 Vaccine Policies and Procedures will be reviewed and addressed by the Human Resources Manager, Quality Improvement Manager and ICF Administrator to ensure compliance upon hire 4) Requirements of employment for all new ICF employees will be tracked via a spreadsheet to ensure compliance by the Human Resources Manager All requirements of employment will be reviewed with the employee, ICF Administrator and the Quality Improvement Manager upon hire	4/22/22

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NAME OF PROVIDER OR SUPPLIER  <b>MERRYFIELD RESIDENCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426</b>		
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W 508	Continued From page 11 paragraph (f)(1) of this section (3) The policies and procedures must include, at a minimum, the following components (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients, (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19, (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section, (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC, (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law, (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements, (viii) A process for ensuring that all	W 508			

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W 508	Continued From page 12 documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications, and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications, (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment, and (x) Contingency plans for staff who are not fully vaccinated for COVID-19  Effective 60 Days After Publication (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the	W 508		

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W 508	<p>Continued From page 13</p> <p>vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations,</p> <p>This STANDARD is not met as evidenced by <i>Based on staff interview and facility document review, the facility staff failed to develop policies and procedures outlining a contingency plan for to mitigate the spread of COVID-19 by unvaccinated staff in the facility</i></p> <p>Findings were</p> <p>On 03/15/2022 during the entrance conference at approximately 9 30 a m , information was requested from the administrator regarding staff vaccination status, including but not limited to Policies and procedures regarding vaccinations, percentage of staff vaccinated, type of vaccine received, etc Per the administrator, all staff were vaccinated except one staff member who had an approved religious exemption</p> <p>The policy and procedure "Mandatory COVID-19 Vaccination Policy" was received and reviewed at approximately 11 30 a m The policy contained the following "Reasonable Accommodation Staff requesting an exemption must request and submit a completed Request for Accommodation form to human resources reasonable accommodations may be granted when they do not cause (Agency name) undue hardship or pose a direct threat to the health and safety of others Staff who are granted reasonable accommodations to waive the vaccination requirement against COVID-19 will be required (to) provide weekly proof of a COVID-19 test result taken within 48 hours to human resources</p>	W 508			

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W 508	<p>Continued From page 14</p> <p>by the time and day set forth by human resources, and may be required to follow additional protocols and guidelines as well as other infection control measures as determined by (agency) Supporting Weekly COVID-19 Testing for Approved Exemptions-Update Below (Agency Name) will delay the weekly testing requirement for those who are given medical or religious exemptions until such time as COVID testing becomes more accessible and available in our local community "</p> <p>The administrator, the QA (quality assurance manager), the HR (human resources) manager and director of ID (intellectual disability) services were interviewed at approximately 12 00 p m regarding the policy Per the HR manager, testing for COVID-19 was not available in the local community The director of ID services stated that she had made multiple attempts to get COVID-19 tests and had spoken with multiple individuals at the state level She had been told the testing kits were not available to them at no cost She stated they had contracted with a company that they would be using in the future, but the turn around time for tests was 24 hours The administrator stated, "We have had to send people to West Virginia to get tested in the past " She was asked what type of PPE (personal protective equipment) the non-vaccinated staff member was wearing She stated, "Just a regular mask " She was asked if N95 masks were available to the facility She stated, "Yes, and we have been fit tested " They were asked what was in place to protect the individuals living in the facility from the potential spread of COVID-19 since there was no testing available for the non-vaccinated staff person Per the HR manager, emails had been sent but there was no</p>	W 508			

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W 508	<p>Continued From page 15 policy</p> <p>On 03/15/2022 at approximately 3 00 p m , the QA manager was interviewed She stated, "The staff member who isn't vaccinated doesn't have a lot of contact with our individuals, she does medication training, and other things She is in here off and on we do not have a policy regarding anything else in place other than the testing for her I must have missed that information when it came out but I have it now and we will add it to our policy "</p> <p>On 03/16/2022, the above information was discussed with the administrator, the QA manager and the QIDP (qualified intellectual disability professional) during an end of survey meeting on at approximately 12 00 p m</p> <p>No further information was obtained prior to the exit conference 03/16/2022</p>	W 508			