STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495306	A. BUILDING _____ B. WING _____	C 09/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIDGE THERAPY CONNECTION	**105 LANDMARK DRIVE STUART, VA 24171**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness, COVID-19 Focused Survey, and Medicare/Medicaid abbreviated survey was conducted 09/14/2021 through 09/15/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. On 09/14/2021, the census in this 190 certified bed facility was 136. The facility staff reported 8 Residents and 5 staff were positive for COVID-19.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey and COVID-19 Focused Survey was conducted 09/14/2021 through 09/15/2021. One complaint was investigated during the survey (unsubstantiated). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 190 certified bed facility was 136. The survey sample consisted of 2 current Residents reviews (Resident #1 and #2) and 1 closed record review (Resident #3). On 09/14/2021 the facility staff reported 8 Residents and 5 staff were positive for COVID-19.	F 000		
F 886 SS=D	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum,	F 886		10/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/11/2021

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F 886	Continued From page 1	F 886		

for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:

§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not
limited to:
(i) Testing frequency;
(ii) The identification of any individual specified in this paragraph diagnosed with
COVID-19 in the facility;
(iii) The identification of any individual specified in this paragraph with symptoms
consistent with COVID-19 or with known or suspected exposure to COVID-19;
(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;
(v) The response time for test results; and
(vi) Other factors specified by the Secretary that help identify and prevent the
transmission of COVID-19.

§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;

§483.80 (h)((3) For each instance of testing:
(i) Document that testing was completed and the results of each staff test; and
(ii) Document in the resident records that testing was offered, completed (as appropriate
to the resident's testing status), and the results of each test.

§483.80 (h)((4) Upon the identification of an

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F 886	Continued From page 2 individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19. §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review, the facility staff failed to maintain an infection control program designed to identify and prevent the transmission of COVID-19. The facility staff failed to follow the manufacturer guidelines when obtaining a rapid COVID-19 test for one of one employee. Employee #1. The findings included: The facility staff failed to obtain a COVID-19 rapid test sample per the manufactures instructions. The facility staff only obtained a sample from one nostril when the instructions stated to use the same swab for both nostrils. The facility was using the BinaxNOW COVID-19 Ag Card test system. 09/14/2021 9:38 a.m., the surveyor observed	F 886	CORRECTION TO EMPLOYEE AFFECTED: Employee #1 – The employee was retested with both nostrils per manufacturer directions. The test result was negative. The employee performing the testing completed a competency for rapid testing and return demonstrated testing correctly. IDENTIFICATION OF OTHERS AT RISK: The Director of Nursing or designee will identify others at risk by performing competencies with all staff that perform COVID testing of employees and residents. ROOT CAUSE: After a full review it was found that the competency check off did not specify to	

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F 886	Continued From page 3 (RN) registered nurse #1 obtain a COVID-19 sample from employee #1. RN #1 swabbed employee #1's right nostril and placed the swab into the test card for processing. After this observation, the surveyor asked for the manufacturer's instructions. Page two of these instructions read in part, "...To collect a nasal swab sample, Firmly sample the nasal wall by rotating the swab in a circular path against the nasal wall...Using the same swab, repeat sample collection in the other nostril..." RN #1 confirmed that they only used one nostril when obtaining the sample and stated they were instructed to use one nostril. RN #1 stated I will do both from now on. 09/15/2021 The (IP) infection preventionist provided the surveyor with a signed consent from employee #1 and stated this employee was retested and was negative. The IP also provided the surveyor with a skill check off regarding the BinaxNow COVID-19 Ag Card testing. This skill check off was signed by RN #1. Number 5 on this form read in part, "...Using the same swab repeat the collection procedure with the second nostril..." 09/15/2021 9:40 a.m., the IP stated RN #1 should have sampled both nostrils. No further information regarding this issue was provided to the surveyor prior to the exit conference.	F 886	swab both nostrils. The employee performing the testing did not read the instruction manual located in the testing kit prior to testing Employee #1. SYSTEM CHANGE: The competency check off for rapid COVID testing using the Abbott testing kit was updated per current guidelines. The Director of Nursing or designee will ensure all employees that perform rapid testing of employees or residents will perform the competency correctly and educated on the importance of reading manufacturer instructions located in test kit prior to starting testing. Educational Resource: https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html https://www.fda.gov/media/141570/download MONITORING PROCESS: Director of Nursing or designee will observe 10% of employees being tested via rapid COVID-19 test kits weekly x4 weeks, biweekly x2 weeks, monthly x2 months and then PRN to ensure correct technique is used. Director of Nursing or designee will observe 10% of residents being tested via rapid COVID-19 test kits weekly x4 weeks, biweekly x2 weeks, monthly x2 months and then PRN to ensure correct technique is used. Analysis of monthly data will be completed and findings will be reported to QAPI for additional oversight and guidance.	