

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/05/2021
NAME OF PROVIDER OR SUPPLIER STANLEYTOWN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 240 RIVERSIDE DRIVE BASSETT, VA 24055		
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E 000	Initial Comments	E 000			
F 000	<p>An unannounced Emergency Preparedness Focused Survey was conducted onsite 02/02/2021 and continued with offsite review through 02/05/2021. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Survey was conducted onsite 02/02/2021 and continued with offsite review through 02/05/2021. The facility was not in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control for COVID-19. Corrections are also required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 120 certified bed facility was 87 at the time of survey. Eleven residents and 2 staff were positive for COVID-19 upon the surveyors arrival to the building. Prior to exiting the building on 02/02/2021 the facility updated their COVID-19 positive resident number to 20 due to receiving results of a recent testing. The survey sample consisted of 9 current residents (Resident #1 through Resident #9) and one closed record review (Resident #10).</p>	F 000			
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure</p>	F 684			3/12/21

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

TITLE

(X6) DATE

Electronically Signed

03/05/2021

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 684	<p>Continued From page 1</p> <p>that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure that residents receive treatment and care by following physician orders in regards to respiratory assessments for 4 of 10 Residents, Residents #1, #2, #10 and #4.</p> <p>The findings included:</p> <p>1. For Resident #1, the facility staff failed to complete respiratory assessments as ordered by the physician.</p> <p>Resident #1's clinical record included the diagnosis, fracture of left femur and diabetes.</p> <p>Resident #1's admission MDS (minimum data set) assessment was in progress and included an ARD (assessment reference date) of 02/01/2021. Section C (cognitive patterns) of this assessment included a BIMS (brief interview for mental status) summary score of 11 out of a possible 15 points.</p> <p>Resident #1's care plan included the focus area 14-day droplet precautions.</p> <p>Resident #1's clinical record included a physicians order dated 02/03/2021 for "Enhanced droplet precautions, r/t (related to) recent admission to facility/COVID-19 x 14 days. Perform Respiratory Evaluations (under Assessment tab) Q (every) shift x 14 days. Monitor O2 (oxygen) sats., Temp, breath sounds,</p>	F 684	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F-684</p> <p>1. Resident # 4 and # 10 has been discharged from the facility.</p> <p>2. Residents # 1 and # 2 have had a respiratory assessment completed and documented with no deficient areas noted.</p> <p>3. Current residents that are admitted are placed in enhanced precautions for 14 day and monitored for signs and symptoms of COVID and respiratory assessments will be completed every shift for 14 days.</p> <p>4. Licensed staff will receive education on placing residents in enhanced precautions and doing resident assessments for 14 days every shift by</p>		

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F 684	<p>Continued From page 2</p> <p>cough/congestion, shortness of breath."</p> <p>When reviewing the clinical record the surveyor was unable to locate these assessments. The facility staff had documented Resident #1's temperatures, O2 saturations, and respirations (breaths per minute). These were located under vital signs.</p> <p>A review of Resident #1's eTARs (electronic treatment administration records) revealed that the facility staff had documented Resident #1's temperatures and O2 saturations on 02/03/2021 for day shift and evening shift, night shift was blank. For 02/04/2021, the facility staff had documented Resident #1's temperature and O2 saturations for night shift, day shift, and evening shift were blank. The same nursing staff had documented on Resident #1 and Resident #2.</p> <p>The facility policy titled, "COVID-19" read in part, "...New Admissions/Readmissions: Place new admissions/readmissions on a designated area of the Center. Monitor for signs and symptoms of COVID-19 every day for fourteen (14) days..."</p> <p>On 02/05/2021 at 9:00 a.m., during a phone interview with the DON (director of nursing). The DON reviewed the clinical record and verbalized to the surveyor that there was not a respiratory assessment for this resident.</p> <p>On 02/05/2021 at 9:55 a.m., the administrator, RNC (regional nurse consultant), and DON were notified of the missing respiratory assessments.</p> <p>On 02/05/2021 at 10:10 a.m., the RNC verbalized to the surveyor that since this resident was not on the COVID-19 unit respiratory assessments</p>	F 684	<p>the SDC/ Designee by 3/10/21.</p> <p>5. Unit managers will monitor new admissions at least daily to assure that respiratory assessments are completed every shift.</p> <p>6. Any noncompliance will be reported to the QAAP committee for tracking and trending and progressive disciplinary action as needed.</p> <p>7. Completed 3/12/21</p>		

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F 684	<p>Continued From page 3</p> <p>would not be completed. The surveyor reiterated that there was a specific order for respiratory assessments and this resident.</p> <p>No further information regarding this issue was provided prior to the exit conference on 02/05/2021.</p> <p>2. For Resident #2, the facility staff failed to complete respiratory assessments as ordered by the physician.</p> <p>Resident #2's clinical record included the diagnosis, osteomyelitis, diabetes, and severe protein calorie malnutrition.</p> <p>Resident #2's admission MDS (minimum data set) assessment was in progress and included an ARD (assessment reference date) of 02/02/2021. Section C of this assessment included a BIMS (brief interview for mental status) summary score of 15 out of a possible 15 points.</p> <p>Resident #2's care plan included the focus area 14-day droplet precautions.</p> <p>Resident #2's clinical record included a physicians order dated 02/03/2021 for "Enhanced droplet precautions, r/t (related to) recent admission to facility/COVID-19 x 14 days. Perform Respiratory Evaluations (under Assessment tab) Q (every) shift x 14 days. Monitor O2 (oxygen) sats., Temp, breath sounds, cough/congestion, shortness of breath."</p> <p>When reviewing the clinical record the surveyor was unable to locate these assessments. The facility staff had documented Resident #2's temperatures, O2 saturations, and respirations</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>(breaths per minute). These were located under vital signs.</p> <p>A review of Resident #2's eTARs (electronic treatment administration records) revealed that the facility staff had documented Resident #2's temperatures and O2 saturations on 02/03/2021 for day shift and evening shift, night shift was blank. For 02/04/2021, the facility staff had documented Resident #2's temperature and O2 saturations for night shift, day shift, and evening shift were blank. The same nursing staff had documented on Resident #1 and Resident #2.</p> <p>The facility policy titled, "COVID-19" read in part, "...New Admissions/Readmissions: Place new admissions/readmissions on a designated area of the Center. Monitor for signs and symptoms of COVID-19 every day for fourteen (14) days..."</p> <p>On 02/05/2021 at 9:00 a.m., during a phone interview with the DON (director of nursing). The DON reviewed the clinical record and verbalized to the surveyor that there was not a respiratory assessment for this resident.</p> <p>On 02/05/2021 at 9:55 a.m., the administrator, RNC (regional nurse consultant), and DON were notified of the missing respiratory assessments.</p> <p>On 02/05/2021 at 10:10 a.m., the RNC verbalized to the surveyor that since this resident was not on the COVID-19 unit respiratory assessments would not be completed. The surveyor reiterated that there was a specific order for respiratory assessments and this resident.</p> <p>No further information regarding this issue was provided prior to the exit conference on</p>	F 684			

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F 684	<p>Continued From page 5 02/05/2021.</p> <p>3. For Resident #10, the facility staff failed to complete respiratory assessments as ordered by the physician. This was a COVID-19 positive resident and had been discharged from the facility.</p> <p>The residents clinical record included the diagnosis, COVID-19, diastolic heart failure, and chronic kidney disease.</p> <p>Section C of the residents admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 01/18/2021 included a BIMS (brief interview for mental status) summary score of 5 out of a possible 15 points.</p> <p>A COVID-19 test was collected on 01/25/2021 the results of this test were documented as positive and were reported to the facility on 01/26/2021.</p> <p>Resident #10's clinical record included a physicians order dated 01/26/2021 for "Enhanced droplet precautions, r/t (related to) testing positive for COVID X 14 days. Perform Respiratory Evaluation (under Assessment tab) Q (every) 8 hrs. (hours) X 14 days. Monitor O2 (oxygen) sats, temp, breath sounds, cough/congestion, shortness of breath."</p> <p>When reviewing the clinical record the surveyor was unable to locate these assessments. The clinical record did include temperatures, O2 saturations, and respirations (breaths per minute). These had been documented under vital signs.</p> <p>A review of Resident #10's eTARs (electronic</p>	F 684			

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F 684	<p>Continued From page 6</p> <p>treatment administration records) revealed that the facility staff had documented Resident #10's temperatures and O2 sats on 01/26/2021 and 01/27/2021 on night shift only. The same nursing staff had completed this documentation on both nights.</p> <p>The facility policy titled, "COVID-19" read in part, "...New Admissions/Readmissions: Place new admissions/readmissions on a designated area of the Center. Monitor for signs and symptoms of COVID-19 every day for fourteen (14) days..."</p> <p>On 02/05/2021 at 9:00 a.m., during a phone interview with the DON (director of nursing). The DON reviewed the clinical record and verbalized to the surveyor that there was not a respiratory assessment for this resident.</p> <p>On 02/05/2021 at 9:55 a.m., the administrator, RNC (regional nurse consultant), and DON were notified of the missing respiratory assessments.</p> <p>No further information regarding this issue was provided prior to the exit conference on 02/05/2021.</p> <p>4. For Resident #4, the facility nursing staff left the physician ordered supplement prostat in the residents room and exited the room before ensuring the resident had consumed it.</p> <p>Resident #4's clinical record included the diagnoses, pressure ulcer of buttock, diabetes, pressure ulcer of sacral region, and anemia.</p> <p>Section C (cognitive patterns) of the residents significant change in status MDS (minimum data</p>	F 684			

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F 684	<p>Continued From page 7</p> <p>set) assessment with an ARD (assessment reference date) of 12/17/2020 included a BIMS (brief interview for mental status) summary score of 15 out of a possible 15 points.</p> <p>The residents comprehensive care plan included the focus area has pressure ulcer. Interventions included, but were not limited to; provide supplements as ordered, monitor intake and record.</p> <p>On 02/02/2021 at approximately 9:50 a.m., after receiving permission from the resident the surveyor entered the residents room. Upon approaching Resident #4, the surveyor observed a clear medication cup that contained a liquid substance. This cup was observed to be sitting in front of Resident #4 on a table. Resident #4 was observed to pick this cup up and drink part of the liquid substance. The surveyor asked Resident #4 what this liquid was for the resident replied they say it is to help my bedsores.</p> <p>On 02/02/2021, upon leaving this room the surveyor approached LPN (licensed practical nurse) #5. The surveyor asked LPN #5 what was in the medication cup in Resident #4's room. LPN #5 identified this substance as prostat and stated that they normally did not leave anything in the room.</p> <p>The residents clinical record included a physicians order for prostat SF (sugar free) AWC three times a day-extra protein to promote wound healing.</p> <p>A review of Residents #4's eMARs (electronic medication administration records) revealed that the prostat was scheduled to be administered at</p>	F 684			

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F 684	<p>Continued From page 8 8:00 a.m.</p> <p>On 02/04/2021, the facility administrator provided the surveyor with a document titled, Medication Administration FAQ's (frequently asked questions) with a review date of 11.05.19. This document read in part, "...The nurse must remain with the patient and assure that the medication was swallowed; do not leave any medication with the patient..."</p> <p>On 02/05/2021 at 9:55 a.m., the administrator, DON (director of nursing), and RNC (regional nurse consultant) was made aware of the issue regarding the prostat being left in the residents room and not in observation of the nurse until the resident consumed it.</p> <p>On 02/05/2021 at 10:10 a.m., the RNC stated she had spoken with the nurse regarding this issue.</p> <p>No further information regarding this issue was provided to the surveyor prior to the exit conference.</p>			F 684			
F 761 SS=D	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and</p>			F 761			3/12/21

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F 761	<p>Continued From page 9</p> <p>Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to ensure a discharged resident's IV (intravenous) medication was stored upon discharge for 1 of 10 residents, Resident #10.</p> <p>The findings included:</p> <p>1. For Resident #10, the facility staff failed to ensure storage of Resident #10's IV medication (sodium chloride) when the resident was discharged from the facility. The resident was discharged on 01/28/2021. On 02/02/2021, the surveyor observed this medication in the hallway on the COVID-19 unit.</p> <p>Resident #10's clinical record included the diagnosis, COVID-19, diastolic heart failure, and chronic kidney disease.</p> <p>Section C of Resident #10's admission MDS (minimum data set) assessment with an ARD</p>	F 761	<p>F-761</p> <ol style="list-style-type: none"> 1. IV bag and pole were removed from the hall at the time of survey. 2. Current residents with IV solutions were audited for proper solution and when discontinued they are monitored to assure, they are removed from the unit and destroyed. 3. Housekeeping staff were in serviced by SDC/Designee on proper removal of equipment when cleaning rooms after discharge and to place used items in dirty utility room until they can clean them by 3/19/21. 4. Housekeeping Director will make rounds on a daily basis for the next 3 weeks, then 2 times a week for 3 weeks then random rounds monthly and report that all rooms are cleaned on resident discharge and equipment removed and destroyed appropriately. 5. Any noncompliance will be reported to the QAAP committee for tracking and 		

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F 761	<p>Continued From page 10</p> <p>(assessment reference date) of 01/18/2021 included a BIMS (brief interview for mental status) summary score of 5 out of a possible 15 points.</p> <p>Resident #10's clinical record included an order for "Sodium Chloride Solution 0.9%." The order date was documented as 01/27/2021.</p> <p>On 02/02/2021 at approximately 10:40 a.m., the surveyor and administrator entered the COVID-19 positive unit. The surveyor observed an IV pole in the hallway of this unit with a partially used bag of 1000 ml sodium chloride 0.9% solution hanging from the IV pole. This IV pole had been lowered down making the IV solution easily accessible. The surveyor was able to read the residents name and a date of 01/27/21. The surveyor observed 4 residents on the upper end of the hallway all with mask in place. No staff person was observed to be in the hallway. The administrator notified LPN (licensed practical nurse) #2 of the IV medication. LPN #2 stated this resident was no longer on the COVID-19 unit.</p> <p>The residents clinical record included a progress note dated 01/29/2021 that had been transcribed by the discharge planner that read in part, "RES D/C (discharged) TO HOSPITAL 1/28/21..."</p> <p>On 02/03/2020, the facility administrator provided the surveyor with the following policies. Storage and Expiration of Medications, Biological's, Syringes and Needles. This policy read in part, "...Facility should ensure that medications and biologicals that have...been contaminated or deteriorated are stored separate from other medications until destroyed or returned to the pharmacy or supplier..."</p> <p>General Dose Preparation and Medication</p>	F 761	<p>trending and progressive disciplinary action as needed.</p> <p>6. Completed 3/12/21</p>		

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/05/2021
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F 761	Continued From page 11 Administration. This policy read in part, "...Dispose of unused medication portions in accordance with the facility policy..." On 02/05/2021 at 9:55 a.m., during a phone conference with the administrator, DON (director of nursing), and RNC (regional nurse consultant) the issue with the IV being left on the COVID-19 hallway was reviewed. On 02/05/2021 at 10:10 a.m., the RNC verbalized to the surveyor that the housekeeping staff were cleaning the rooms on the COVID-19 unit and moved this IV out into the hallway. On 02/05/2021 at 10:25 a.m., during an interview with the ESD (environmental service director) this staff verbalized to the surveyor that the rooms on the COVID-19 unit were cleaned once they became empty. However, if it's not needed right away the housekeeper will clean the other rooms first. When asked if the housekeeping staff would go days without cleaning a room the ESD stated no they might go in the next day if it was after hours but they had a person that worked evenings so that would eliminate that. No further information regarding this issue was provided to the surveyor prior to the exit conference.	F 761			
F 880 SS=E	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	F 880		3/12/21	

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

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F 880	<p>Continued From page 12</p> <p>development and transmission of communicable diseases and infections.</p> <p>§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:</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> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. 	F 880			

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

PRINTED: 04/29/2022
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OMB NO. 0938-0391

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F 880	<p>Continued From page 13</p> <p>(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</p> <p>(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, resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to maintain an effective infection control program to prevent the spread of COVID-19 for 3 of 10 residents, Resident #1, #2, and #6. Contact precautions orders were not provided at the time of admission for one resident (Resident #2).</p> <p>The findings included:</p> <p>1. For Residents #1 and #2, the facility staff failed to ensure the residents were placed on enhanced precautions when they were admitted to the facility and failed to follow their policy in regards to new admissions/readmits.</p>	F 880	<p>F-880</p> <p>1. Resident # 1 was moved to the admission unit at the time of the survey and placed in Enhanced Precautions with MD orders and resident # 2 was also moved at the time of the survey and is no longer in the facility.</p> <p>2. Residents # 6 and #7 are no longer in the facility but were moved at the time of the survey to appropriate rooms.</p> <p>3. Licensed Staff, Admission Director and Discharge Planner was educated by the SDC/ Designee on policy for proper bed placement for all admissions and residents that test positive by 3/10/21 New admissions will have room placement done after review by</p>		

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

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FORM APPROVED
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F 880	<p>Continued From page 14</p> <p>Resident #1's clinical record included the diagnosis, fracture of left femur and diabetes.</p> <p>Resident #1 was admitted 1/29/21. Resident #1's admission MDS (minimum data set) assessment was in progress and included an ARD (assessment reference date) of 02/01/2021. Section C (cognitive patterns) of this assessment included a BIMS (brief interview for mental status) summary score of 11 out of a possible 15 points.</p> <p>Resident #2's clinical record included the diagnosis, osteomyelitis, diabetes, and severe protein calorie malnutrition.</p> <p>Resident #2 was admitted 1/30/21. Resident #2's admission MDS assessment was in progress and included an ARD of 02/02/2021. Section C of this assessment included a BIMS summary score of 15 out of a possible 15 points.</p> <p>Resident#1's care plan was created on 01/31/2021 and included a revision date of 02/01/2021 Residents #2 care plan was created on 12/02/2020 and included a revision date of 02/01/2021. The care plans included the focus area 14-day droplet precautions.</p> <p>Resident #1 or #2's admission physician orders did not include orders for droplet precautions. On 02/03/2021, the facility staff obtained physician orders for EDP (enhanced droplet precautions) related to recent admission to facility/COVID-19 X 14 days for both residents.</p> <p>Resident #2's physician orders did not include an order for contact precautions until 02/03/2021. On 02/03/2021, the facility staff transcribed an order for contact precautions related to MRSA (type of</p>	F 880	<p>DON/Designee to determine appropriate bed placement and room assignment based on condition. New admission charts will be audited daily to assure that orders for Enhanced precautions are in place as needed per policy.</p> <p>4. DON/Designee will audit daily census sheet to assure that residents are in appropriate rooms daily times 3 weeks, then 2 times per week times 2 weeks then monthly</p> <p>5. Any noncompliance will be reported to the QAPA committee for tracking and trending and progressive disciplinary action as needed.</p> <p>6. Completed 3/12/21</p>		

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

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FORM APPROVED
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F 880	<p>Continued From page 15</p> <p>infection) left foot. The start date was documented as 02/03/2021 end date 02/17/2021. This order had been transcribed to the eTARs (electronic treatment administration records) on 02/03/2021.</p> <p>On 02/02/2021, the surveyor arrived at the facility parking lot at 8:50 a.m. The surveyor met with the administrator and asked questions regarding the facility census, number of positive COVID-19 cases, and how the residents were placed in the facility. The administrator verbalized to the surveyor that they had an observation unit (warm unit) for residents that were new admits and/or readmits and these residents were placed on 14-day droplet precautions. The administrator also stated they had one COVID-19 unit (hot unit). The surveyor started initial tour on unit 1 (cold unit).</p> <p>Upon leaving the lobby area, housekeeper #1 was observed cleaning Resident #1's room. The housekeeper was observed to have on gloves, N95 mask, and a mask over the N95 mask. Resident #1 was speaking to housekeeper #1.</p> <p>On 02/02/2021 at approximately 9:15 a.m., Resident #1 was interviewed and verbalized that they had just been admitted "maybe the weekend." There was no signage outside this room regarding any type of TBP (transmission-based precautions). There was a bag on the handrail outside the residents room that contained disposable gowns. No other PPE (personal protective equipment) was observed outside this room. This was a private room.</p> <p>On 02/02/2021 at approximately 9:25 a.m., LPN (licensed practical nurse) #3 was interviewed.</p>	F 880			

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

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F 880	<p>Continued From page 16</p> <p>This nurse verbalized that Resident #1 had been admitted to the facility on 01/29/2021 and the resident across the hall (Resident #2) had been admitted on 01/30/2021. There was no PPE outside Resident #2's room and no signage to indicate this resident was on any type of TBP. This was a private room and the door was shut. The administrator verbalized that they put new admissions throughout the facility. However, EDP should be used.</p> <p>On 02/02/2021 at approximately 9:28 a.m., housekeeper #1 was interviewed. This staff person verbalized that they had not been directed to wear a gown or any other PPE when entering Resident #1's room.</p> <p>On 02/02/2021 at approximately 9:31 a.m., CNA (certified nursing assistant) #1 placed a PPE caddy on the doorway of Resident #2. When was asked if they would have known Resident #1 or #2 were on precautions with no signage or PPE outside the rooms. CNA #1 verbalized "probably not."</p> <p>On 02/02/2021 at 9:40 a.m., LPN #3 was interviewed, when asked if they were aware Resident #1 and Resident #2 were on any type of precautions they replied, no. LPN #3 then added that theses residents were not showing any symptoms of COVID-19 and that most of the time the residents that were admitted went to unit 2.</p> <p>On 02/02/2021 at 9:43 a.m., the administrator was interviewed in regards to Resident #1 and Resident #2 being placed on the cold unit versus being placed on the warm unit (observation unit). The administrator verbalized that the residents</p>	F 880			

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

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F 880	<p>Continued From page 17</p> <p>were placed in private rooms; they had a negative test prior to admit and were having weekly testing.</p> <p>On 02/02/2021 at approximately 9:44 a.m., LPN #5 was interviewed. When asked if they were aware Resident #1 was on any kind of precautions LPN #5 stated, "Honestly, I did not."</p> <p>On 02/02/2021 at approximately 10:00 a.m., LPN #3 stated regarding Resident #1 and Resident #2. We are all wearing N95 masks and a mask over the top of it.</p> <p>On 02/02/2021 at approximately 10:30 a.m., the DCP (discharge planner) was interviewed; this staff was asked why Resident #1 and Resident #2 were placed in their current rooms. This staff verbalized that Resident #1 had requested a private room and Resident #2 had MRSA in a wound and could not go in a room with another resident. The DCP then added there were no other private rooms when they were admitted, they were currently making room changes and would be incorporating more rooms into the COVID-19 unit.</p> <p>On 02/02/2021 at approximately 10:37 a.m., the admissions director was interviewed; this staff stated that Resident #1 had requested a private room and they did not have another room to place them in. In regards to Resident #2, the resident had MRSA in their lower extremity and needed a private room. This staff stated they had no idea why no PPE or signage was placed outside these resident rooms.</p> <p>Prior to the surveyor exiting the building on 02/02/2021, the facility staff were observed to be</p>	F 880			

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

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F 880	<p>Continued From page 18</p> <p>making room changes. During these room changes, CNA #2 was observed on the COVID-19 unit in a resident room with one strap of their N95 mask dangling down. When this was brought to their attention this CNA stated they did not realize it and secured their N95 mask with the loose strap.</p> <p>On 02/02/2021 at 11:43 a.m., the local epidemiologist was interviewed via phone, the issues regarding Resident #1 and Resident #2 not being placed on the observation unit when being admitted, no PPE outside of rooms, and no signage was reviewed. The epidemiologist stated that the facility were told they needed to follow the guidance and as for the 2 residents that were admitted (Resident #1 and Resident #2), the facility needed to follow precautions and their procedures.</p> <p>On 02/02/2021 at 7:20 p.m., LPN #1 was interviewed via phone. LPN #1 verbalized that they had admitted Resident #1 and they was not sure why they were not placed on precautions-they usually do 14-day precautions. LPN #1 stated, "May have missed that one (order)." This nurse confirmed that this resident had been moved to the observation unit.</p> <p>On 02/03/2021 at 10:50 a.m., the administrator confirmed that Resident #1 and #2 had been moved to the observation unit, were in private rooms, and the correct signage was in place.</p> <p>On 02/03/2021 at 2:45 p.m., the DCP confirmed that Resident #1 and #2 were moved as soon as the rooms were cleaned and neither resident had a roommate.</p>	F 880			

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

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F 880	<p>Continued From page 19</p> <p>On 02/04/2021 at 9:35 a.m., the MDS nurse was interviewed via phone, this nurse was asked the procedure when a resident was admitted to the facility. This staff stated the procedure should be to put them on precautions.</p> <p>On 02/04/2021 at 10:30 a.m., the IP (infection preventionist) was interviewed via phone. The IP verbalized that Resident #1 and Resident #2 should have been placed on EDP when they were admitted, signage, and PPE should have been placed outside the resident(s) rooms, and both of these residents should have been placed on the warm unit (observation) when admitted.</p> <p>Resident #1's and Resident #2's clinical records included progress notes documented on 02/03/2021 by the DCP indicating that both residents had been moved on 02/02/2021 due to clinical need. The surveyor was not able to determine a time that the residents were physically moved.</p> <p>Resident #1's clinical record included a negative COVID-19 test dated 01/29/2021. The facility also provided documentation of a negative COVID-19 test prior to Resident #2's admit to the facility dated 01/27/2021. Results of testing completed at the facility were pending as of the exit date of 02/05/2021.</p> <p>The facility staff provided the surveyor with a facility map indicating their warm unit (observation) included rooms 201-219. A review of the "Daily Census" reports dated 01/29/2021 and 01/30/2021 revealed that the facility had empty rooms on the observation unit on 01/29/2021 and 01/30/2021.</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 20</p> <p>The facility policy titled, "COVID-19" read in part, "...New Admissions/Readmissions: Place new admissions/readmissions on a designated area of the Center. Monitor for signs and symptoms of COVID-19 every day for fourteen (14) days...New admissions/readmissions within the fourteen (14) day monitoring period will be cared for using recommended personal protective equipment and placed on Enhanced Droplet-Contact Precaution...Cohort like patients in a designated area. Place patient in a private room and keep the door closed..."</p> <p>The facility policy titled, Transmission Based Precautions read in part, "...Droplet precautions. In addition to standard precautions, use droplet precautions, for a patient known or suspected to be infected with microorganisms transmitted by droplets...Place patient in a room with a patient(s) who has the same microorganisms, but with no other infection...In addition to standard precautions, wear a mask when working within 3 feet of the patient. Contact precautions...perform hand hygiene before entering room and after removing PPE upon room exit. Wear gloves when entering room and whenever touching the patient's intact skin, surfaces or articles in close proximity...wear a gown...when entering the room. Remove the gown before leaving the patient's environment..."</p> <p>On 02/05/2021 at 9:55 a.m., the administrator, DON (director or nursing), and RNC (regional nurse consultant) were made aware of the issues regarding Resident #1 and Resident #2.</p> <p>On 02/05/2021 at 10:10 a.m., the RNC verbalized that in regards to the staff persons N95 strap dangling this CNA was totally unaware.</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 21</p> <p>No further information regarding these issues were provided to the surveyor prior to the exit conference on 02/05/2021.</p> <p>On 02/06/2021, the facility provided negative COVID-19 tests for both of these residents. The tests were obtained on 02/01/2021 and reported to the facility on 02/06/2021.</p> <p>2. For Resident #6, the facility staff placed a resident who was COVID-19 negative on the COVID-19 positive unit and in the room with a COVID-19 positive resident (Resident #7). Resident #7 was the residents roommate on another unit and they were both moved the same day into the same room.</p> <p>Resident #6 had been admitted from an acute care hospital. The clinical record included the diagnosis, fracture of left pubis, Parkinson disease, and hypertension.</p> <p>Section C (cognitive patterns) of the residents admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 01/14/2021 included a BIMS (brief interview for mental status) summary score of 11 out of a possible 15 points. Section G (functional status) was coded to indicate Resident #6 required extensive assistance of one person for bed mobility and extensive assistance of two people for transfer and toilet use. Section H (bladder and bowel) had been coded to indicate the resident was occasionally incontinent of bowel and bladder.</p> <p>Resident #6's clinical record included a negative COVID-19 test dated 02/02/2021. Resident #6</p>			F 880			

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

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F 880	<p>Continued From page 22</p> <p>had their first COVID-19 vaccine on 01/24/2021.</p> <p>Resident #7 had been admitted from an acute care hospital. The clinical record included the diagnosis, displaced fracture of the left femur, pulmonary fibrosis, and muscle weakness.</p> <p>Section C of Resident #7's admission MDS assessment with an ARD of 01/14/2021 included a BIMS summary score of 15. Section G had been coded to indicate the resident required limited assistance of one person for bed mobility, walk in room, transfers, and toilet use. Section H had been coded to indicate the resident was always continent of bowel and was occasionally incontinent of bladder.</p> <p>Resident #7's clinical record included a positive COVID-19 test dated 02/02/2021.</p> <p>On 02/02/2021, the facility staff were observed making room changes due to the results of recent COVID-19 testing completed at the facility.</p> <p>During record reviews and interviews, the surveyor was able to identify that Resident #6 was negative for COVID-19 and Resident #7 was positive for COVID-19, that these residents were both moved to the COVID-19 unit on 02/02/2021, were roommates prior to the room changes, and remained roommates after being moved to the COVID-19 unit.</p> <p>Resident #6's clinical record included a progress note dated 02/02/2021 at 6:26 p.m. by the DCP (discharge planner) that indicated resident #6 moved from room _____ B to room _____ B for clinical need. Resident and family in agreement with room change. Resident moved with current</p>	F 880			

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F 880	<p>Continued From page 23 roommate.</p> <p>Resident #7's clinical record included a progress note by the DCP dated 02/02/2021 at 6:25 p.m. that indicated resident #7 was moved from room ____ A to ____ A on 02/02/2021 for clinical need. Resident and family in agreement with room change. Resident moved with current roommate.</p> <p>On 02/03/2021 at 9:28 a.m., the DCP was interviewed via phone and stated Resident #6 was moved yesterday when their roommate (Resident #7) had tested positive and they really did not have any further explanation. The DCP stated Resident #6 was a planned discharge for today or they would have moved them.</p> <p>On 02/03/2021 at 9:38 a.m., Resident #6 was interviewed via phone, this resident stated they were doing okay and were being discharged today. When asked if they were on the COVID-19 unit, they stated they were and that it seemed to be working out. Resident #6 stated they did not know exactly where they were going when they were being moved, they had been tested for COVID-19 and were negative, and they wanted to be tested again prior to their discharge. Resident #6 named Resident #7 as being their roommate and that they had been told they were going to be moved and they would be together.</p> <p>On 02/03/2021 at 9:43 a.m., the residents daughter was interviewed via phone, the daughter stated that the facility had called and stated they were moving Resident #6, their COVID-19 test was negative, and they thought they were going to be in a room by themselves. This family member stated they had spoken with Resident #6 via phone and they were in a room with Resident</p>	F 880			

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F 880	<p>Continued From page 24</p> <p>#7, there was no plastic between the two residents, and they were jeopardizing Resident #6. The daughter stated they did not know why they had put these two residents in a room together.</p> <p>On 02/03/2021 at 9:50 a.m., the administrator was interviewed via phone. The administrator was notified that Resident #6, who was COVID-19 negative, was moved to the COVID-19 positive unit on 02/02/2021 and placed in the room with a positive COVID-19 resident. The administrator verbalized that Resident #6 was being discharged today, they were moved to the COVID-19 unit because they had already been exposed to their roommate who was positive, and when the roommate was moved, they were moved together. After they were moved, they realized Resident #6 was negative. The administrator was asked if it was correct that there was no barrier between these two residents to which they replied, that is correct.</p> <p>On 02/03/2021 at 10:05 a.m., Resident #6 was interviewed via phone, this resident stated there was no curtain pulled between them and their roommate at the moment and it was not pulled all the time. When asked if there was ever a time when they could totally see their roommate, they stated, yes when Resident #7 was up in the chair. Resident #6 stated there was probably 6-7 feet between them and they did share a bathroom.</p> <p>On 02/03/2021 at 10:18 a.m., the RNC (regional nurse consultant) was interviewed via phone, the RNC stated they thought the staff were trying to be overly cautious and they had told the facility to get the family in there within the hour for Resident #6's discharge or move the resident to another</p>			F 880			

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F 880	<p>Continued From page 25 room.</p> <p>On 02/03/2021 at 10:35 a.m., the DCP and Resident #6 called the surveyor. Resident #6 stated they were in their new room, they did not have a roommate, and they were feeling okay.</p> <p>On 02/03/2021 at 2:10 p.m., LPN (licensed practical nurse) #4 and CNA (certified nursing assistant) #3 were interviewed via phone. These staff stated that they had moved the residents, they had a form/list of who was to be moved, and they just went by the list. CNA #3 stated they thought they were doing ok because Resident #6 had also been exposed. LPN #4 stated they knew Resident #7 was positive but thought that because they had been in a room together they were just being moved together because Resident #6 had been exposed.</p> <p>On 02/03/2021 at 2:45 p.m., the DCP was interviewed via phone. The DCP stated they had received the results of the rapid COVID-19 tests back yesterday, we drew up a paper to know who needed to be moved, we moved the (2) residents together and Resident #6 was okay with that. The DCP stated Resident #6 was still being discharged today.</p> <p>On 02/03/2021, the DCP documented a discharge planning progress note that read in part, talked with resident's daughter today in preparation of discharge home, informed daughter that resident was moved to room ____ today while waiting for discharge and would be in the room alone until their departure. Daughter stated that the health inspector had called her to recall events from the day before surrounding room change and her concern was not about her</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>_____ being moved with their current roommate who tested positive for COVID, but about COVID itself and being discharged home. Daughter stated to DCP that she understood that the roommate had not felt well for more than a week and the exposure had already occurred..."</p> <p>On 02/03/2021, the facility nursing staff transcribed the following "resident discharge home at this time with daughter via wheelchair resident understands all dc (discontinue) instructions and has 43 pain pills sent with her as well. resident has all personal belongings and her follow up info for home health from...is appreciative of...care, and...was swabbed again today with the rapid test, and was negative."</p> <p>The facility provided the surveyor with the following policies: Room Changes-"The Discharge Planner is responsible for providing appropriate written notices using the standard company form and coordinating internal room changes to assure timely and effective bed management..." COVID-19-"...Cohort like patients in a designated area. Place patient in a private room and keep the door closed..." Transmission Based Precautions-"...Patient Placement. Place patient in a room with a patient(s) who has active infection with the same microorganism..."</p> <p>On 02/04/2021 at 9:55 a.m., the administrator, DON (director of nursing),and RNC (regional nurse consultant) were notified of the issues regarding Resident #6 being placed on the COVID-19 positive unit and in a room with a COVID-19 positive resident.</p>	F 880			

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F 880	Continued From page 27 No further information regarding this issue was provided to the surveyor prior to the exit conference on 02/05/2021.	F 880			