

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

PRINTED: 04/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2022
NAME OF PROVIDER OR SUPPLIER NOVA HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 377 CLONCE ST WEBER CITY, VA 24290		
(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 survey was conducted 02/01/22 through 02/03/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid survey was conducted 2/01/22 through 2/03/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated during the survey. The Life Safety Code survey/report will follow.	F 000			
F 812 SS=E	The census in this 90 certified bed facility was 79 at the time of the survey. The survey sample consisted of 19 current resident reviews and 4 closed record reviews. Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents	F 812		2/26/22	

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

TITLE

(X6) DATE

Electronically Signed

02/15/2022

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 812	<p>Continued From page 1</p> <p>from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility document review facility staff failed to ensure food was stored under safe and sanitary conditions in one of one walk-in refrigerators and one of one dry storage rooms.</p> <p>The findings were:</p> <p>During the initial kitchen tour on 02/01/2022 at 2:03 p.m., accompanied by one of the facility's cooks, expired items were found within the walk-in refrigerator and dry storage room. One unopened box of individual sour cream packets had a printed expiration date of 11/19/2021, one unopened container of Ricotta cheese had a printed expiration date of 01/02/2022. In the dry storage room there were 2 (two), unopened, opaque, one-quart paper containers of honey thick lemon water with a printed expiration date of 01/27/2022. The cook stated that he/she must have missed those two containers when he/she checked for expired dates.</p> <p>The facility's dietary manager (DM) arrived on 02/01/2022 at approximately 2:45 p.m. as the initial tour was concluding. On 02/01/2022 at approximately 2:50 p.m. the DM acknowledged the sour cream was expired and threw the box away. The DM acknowledged the cook had reported the 2(two) one-quart containers of honey thick lemon water had expired.</p>	F 812	<p>Disclaimer: This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by State and Federal Law.</p> <p>F812</p> <p>No residents were affected by the unopened boxes or containers with expired dates. All boxes or containers with expired dates were discarded.</p> <p>No other residents have the potential to be affected by the unopened boxes or containers with expired dates since they were discarded.</p> <p>The Dietary Staff were re-educated on weekly observing and monitoring for expiration dates including unopened boxes or containers as well as those that are being rotated or pulled forward.</p> <p>The Dietary Manager/designee and/or Administrator will monitor the expiration dates on the food stock inventory including any unopened boxes or</p>		

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F 812	<p>Continued From page 2</p> <p>On 2/01/2022 at 4:05 p.m., when asked about the facility's process of observing for expiration dates on food/products, the DM stated the whole kitchen staff looked for expiration dates on food products. The DM reported typically the night cook went through the refrigerators and added that looking for expired products was everybody's responsibility.</p> <p>After the surveyor requested a policy on the facility's process for managing food expiration dates, on 02/02/2022 at 1:45 p.m., the DM provided 1 (one) untitled piece of paper with typed information describing the process for receiving food products. The document did not identify the facility or corporation or where it originated. The document read in part, "Dating/Labeling/Rotating: Everything that is delivered is to be clearly marked with a marker with the received date. This is the only ways [sic] we can prove rotation. FIFO-first in first out. Everything is to re[sic] be rotated so the new is to the back and the older gets pulled to the front so it gets used first. When you open any item it is to have an Open [sic] date and a use by date. Example: I open pudding and put it in a half gallon container, I will put a O or opened 6/3 EXP or UB 6/5..."</p> <p>Both the administrator and director of nursing (DON) were notified of the above observations on 02/02/2022 at 4:45 p.m. during an end of day meeting with the survey team in the conference room.</p> <p>There was no further information provided prior to the exit conference.</p>	F 812	containers weekly times 12 weeks. The Dietary Manager/designee will report the results of the monitoring to the QA committee for review and recommendations for the monitoring period or as it is amended by the committee.		
F 888 SS=D	COVID-19 Vaccination of Facility Staff	F 888		2/26/22	

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F 888	<p>Continued From page 3</p> <p>CFR(s): 483.80(i)(1)-(3)(i)-(x)</p> <p>§483.80(i) 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.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident 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 residents:</p> <ul style="list-style-type: none"> (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 residents, under contract or by other arrangement. <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i) (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 residents and other staff specified in 	F 888			

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F 888	Continued From page 4 paragraph (i)(1) of this section. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(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 residents; (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 (i)(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;	F 888			

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F 888	<p>Continued From page 5</p> <p>(viii) A process for ensuring that all 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:</p> <p>(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</p> <p>(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;</p> <p>(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</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for</p>	F 888			

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F 888	<p>Continued From page 6</p> <p>those staff 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; This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to implement the COVID-19 vaccination process in the attempt to prevent the transmission of COVID-19 for 2 of 93 employees. The staff vaccination rate was 97.8%.</p> <p>The findings included:</p> <p>The facility policy titled, "Employee COVID-19 Vaccination Policy" with a revision date of 01/27/22 read in part, "The goal of the facility is to safeguard the health of our employees and their families; our residents and visitors; and the Facility at large from COVID-19. All employees are required to receive a FDA authorized and/or approved COVID-19 vaccination as required by the Interim Final Rule of the Centers for Medicare Services (CMS) regarding healthcare staff COVID-19 vaccination, unless a reasonable accommodation from this requirement due to disability, medical condition, or sincerely held religious belief, practice or observance requested and approved ..."</p> <p>The facilities contingency plan for unvaccinated staff read in part, "Employee vaccination rate is not at 100% compliance at this time. Our goal is to be 100% by 3/27/2022 unless the employee has received an exemption...we will continue to educate/encourage unvaccinated staff members to try to take the vaccine and that they</p>	F 888	<p>In order to achieve 100% compliance, the 2 therapy staff members who have not had their 1st Covid-19 vaccination will be placed on unpaid leave on 2/20/2022.</p> <p>No other staff members are affected since they have had at least one or both of their Covid-19 vaccinations or otherwise have an approved exemption.</p> <p>If these 2 staff members have still not had there 1st Covid-19 vaccination by 2/20/2022, then they will be placed on unpaid leave until 2/25/2022 to allow time to change their mind and bring proof of vaccination whereby then they will be able to continue their employment. If not, however, then they will be termed on the 25th.</p> <p>Applicants will be notified of the vaccination policy. After an offer of employment has been made, but prior to the individual starting work, the individual must provide proof of vaccination, or receive the first dose of the vaccine, or request and receive an approved accommodation. The individual will not begin work until the first dose is received or an approved accommodation has been given.</p>		

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F 888	<p>Continued From page 7</p> <p>understand that they will not have employment at this facility if they do not comply with the mandate."</p> <p>On 02/01/22, the facility provided a copy of their "COVID-19 Staff Vaccination Status for Providers" matrix. Employee #1 and employee #2 were marked as "Not vaccinated without exemptions/delay."</p> <p>As of 02/03/22, the facility had no positive COVID-19 resident's in house and 3 current positive staff. These staff were currently not working at the facility.</p> <p>1. Employee #1, was a therapy employee-hire date 06/05/2019. Employee #1 had requested a "Religious Accommodation from COVID-19 Vaccination" this exemption was denied.</p> <p>The facility provided paperwork to indicate the employee had requested this exemption on 11/15/21. The company denied the exemption on 11/16/21 as "The accommodation would cause an undue hardship based on imposing a direct threat to the health and safety of the employee and those living and working in the workplace."</p> <p>On 02/03/22 at 9:56 a.m., employee #1 stated their exemption was denied as they were a "direct threat." Employee #1 stated they worked directly with residents of the facility, generally worked with from 4 to 8 residents daily, and they did not attempt to appeal the exemption, as they did not know that was an option. Employee #1 stated the company seemed very resolute in their decision, they had been educated multiple times on the COVID-19 vaccine, they wore an N95 face mask and eye wear when working with the residents,</p>	F 888	<p>IP/HR/designee will review employee/applicant Covid-19 vaccination status or an approved accommodation status weekly times 12 weeks and/or as needed to maintain compliance with the vaccine mandate and/or any CMS changes or amendments. IP/HR/designee will report the results of the monitoring to the QA committee for review and recommendations for the monitoring period or as it is amended by the committee.</p>		

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F 888	<p>Continued From page 8</p> <p>and they were being tested twice a week by the facility for COVID-19.</p> <p>The facility provided a negative rapid test for this staff dated 02/03/22.</p> <p>On 02/03/22 at 2:40 p.m., the DON stated they would continue to provide education in regards to the COVID-19 vaccine and continue to schedule vaccine clinics.</p> <p>No further information regarding employee #1 and the COVID-19 vaccine was provided to the survey team prior to the exit conference.</p> <p>2. Employee #2, was a PRN (as needed) therapy employee-hire date 04/08/2014. This employee tested positive for COVID-19 on 01/22/22 and was not currently working in the facility.</p> <p>On 02/03/22 at 10:51 a.m., the DON (director of nursing) stated employee #2 last worked with residents of the facility on 01/15/22, was at the facility to complete training on 01/20/22 and 01/22/22, tested positive for COVID-19 on 01/22/22 and had not worked since. The DON stated this staff person would have to be vaccinated before they were allowed back in the building. When asked if there was a reason this staff person was not vaccinated the DON stated they were not sure.</p> <p>On 02/03/22 at 11:03 a.m., director of rehab stated they did not know why staff #2 was not vaccinated.</p> <p>On 02/03/22 at 2:40 p.m., meeting with the DON and administrator, the DON stated employee #2 was eligible for the COVID-19 vaccine, they</p>	F 888			

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F 888	Continued From page 9 would continue to provide education in regards to the COVID-19 vaccine and continue to schedule vaccine clinics. No further information regarding employee #2 and the COVID-19 vaccine was provided to the survey team prior to the exit conference.	F 888			