

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

PRINTED: 04/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
NAME OF PROVIDER OR SUPPLIER TIMOTHY AND BETHANY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 3011 ROUNDELAY ROAD LYNCHBURG, VA 24502	
(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	E 000		
W 000	An unannounced Emergency Preparedness survey was conducted 04/12/2022. 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.	W 000		
W 508	INITIAL COMMENTS An unannounced Focused Fundamental Medicaid re-certification survey was conducted 04/12/2022. 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. The census in this eight (8) certified bed facility was seven (7) at the time of the survey. The survey sample consisted of three (3) individual reviews (Individuals #1 through Individual #3). COVID-19 Vaccination of Facility Staff 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.	W 508	1) Address the corrective action taken for the problem: Provisions will be outlined in the existing policy, CMS COVID-19 Vaccine Mandate, TM 200.08.09 to communicate procedures for additional precautions to mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.	05/13/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Lisa M. Fairhead* TITLE *Program Manager* (X6) DATE *4/27/22*

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 508	<p>Continued From page 1</p> <p>(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:</p> <p>(i) Facility employees;</p> <p>(ii) Licensed practitioners;</p> <p>(iii) Students, trainees, and volunteers; and</p> <p>(iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.</p> <p>(2) The policies and procedures of this section do not apply to the following facility staff:</p> <p>(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</p> <p>(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 paragraph (f)(1) of this section.</p> <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(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</p>	W 508	<p>Continued from page 1</p> <p>2) Address how the facility will identify similar occurrences of the problem:</p> <p>All new, hired staff will be assigned CMS COVID-19 Vaccine Mandate, TM 200.08.09 policy in the agency's electronic training system (SABA) to review. The provisions will be outlined in the policy to communicate procedures for additional precautions to mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.</p> <p>3) Identify measures/systemic changes to ensure deficient practices will not recur:</p> <p>The Residential Manager and/or the Residential Instructor Counselor will monitor the training system (SABA) to ensure all staff are in compliance with their orientation training including the CMS COVID-19 Vaccine Mandate, TM 200.08.09 policy.</p> <p>4) Indicate how facility will monitor its performance:</p> <p>The Residential Manager and/or the Residential Instructor Counselor will communicate with the agency's training coordinator to ensure the CMS COVID-19 Vaccine Mandate, TM 200.08.09 policy is assigned annually for all staff or if there are revisions to the policy.</p> <p>5) Completion Date: 05/13/22</p>	05/13/2022

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W 508	Continued From page 2 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 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	W 508		

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W 508	<p>Continued From page 3</p> <p>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:</p> <p>(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 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: Based on observation, staff interview, and facility document review, the facility failed to develop policies and procedures for additional precautions to mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.</p> <p>Findings were:</p> <p>On 04/12/2022 during the entrance conference at approximately 11:15 a.m., information was</p>	W 508		

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W 508	<p>Continued From page 4</p> <p>requested from the Instructor/Councilor regarding regarding staff vaccination status, policies and procedures regarding vaccinations, percentage of staff vaccinated, type of vaccine received, etc. Per the Instructor/Councilor she did not know how many staff were or were not vaccinated. She stated, "That is all handled by Talent Management."</p> <p>A list of all staff members and their vaccination status was presented at approximately 12:30 p.m.. Five (5) staff members and one (1) contract worker were listed as unvaccinated with approved religious exemptions. All other staff/contract workers were listed as fully vaccinated with the type, and dates of vaccines listed.</p> <p>The policy "CMS COVID-19 VACCINE MANDATE TM 200.08.09" was also presented. Section "J. Mitigation of transmission and spread of COVID-19 for all staff and visitors. (Agency) workplace safety standards and protocols to mitigate risk of infection for staff and visitors are addressed in detail in the following policies and procedural documents:</p> <ul style="list-style-type: none"> * (Agency) COVID -19 (COOP Addendum) * (Agency) Infectious Disease Response Plan-COVID-19 * (Agency) Infection Control Policy and Procedures * (Agency) Exposure Control Plan * (Agency) Succession Plan * (Agency) ICF Disaster Preparedness Plan <p>All employees are informed and trained regarding these documents and each of these cited plans is posted on (Agency) intranet to ensure they are available to all employees."</p>	W 508		

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W 508	<p>Continued From page 5</p> <p>There was nothing in the policy detailing additional precautions to mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated. During the survey, all staff, including a staff member listed as "Unvaccinated" were wearing surgical masks. There were no additional precautions observed being implemented by unvaccinated staff.</p> <p>The Program Manager was interviewed at approximately 1:30 p.m. She stated, "We just got the report back from the other house today, we haven't changed the policy yet." She was asked if any of the policies and procedures listed on the vaccine policy contained any information regarding additional precautions that were to be implemented by unvaccinated staff to mitigate the spread of COVID-19. She and the Residential Manager reviewed the policies. She reported back that there was nothing in the policies addressing additional precautions to be taken by unvaccinated staff.</p> <p>No further information was received prior to the exit conference on 04/12/2022.</p>	W 508			