

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

PRINTED: 05/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARTINSVILLE HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1607 SPRUCE STREET MARTINSVILLE, VA 24112</b>		
(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			
F 000	An unannounced Emergency Preparedness survey was conducted 09/15/2020 through 09/21/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	F 000			
F 773 SS=F	INITIAL COMMENTS  A unannounced COVID-19 Focused Infection Control Survey was conducted onsite on 09/15/2020 and offsite 09/15/2020 through 09/21/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Corrections are not required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).  The census in this 142 certified bed facility was 93 at the time of the onsite survey. Of the 93 residents 23 were positive for COVID-19 during the onsite portion of the survey. Lab Srvcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii)  §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced	F 773		11/12/20	

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

TITLE

(X6) DATE

Electronically Signed

10/01/2020

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 773	<p>Continued From page 1</p> <p>by: Based on staff interview, clinical record review, and facility document review, the facility staff failed to obtain a physicians order prior to obtaining COVID19 laboratory tests for 3 of 3 residents (Resident #1, #2, and #3).</p> <p>The findings included:</p> <p>The facility failed to obtain a physicians order prior to obtaining COVID19 laboratory tests for the residents of the facility.</p> <p>On 09/17/2020 during the clinical record review, the surveyor was unable to locate any orders for COVID19 laboratory testing.</p> <p>On 09/17/2020 at approximately 9:15 a.m., during a phone conference with the administrator, DON (director of nursing), and IP (infection preventionist). The DON verbalized to the surveyor that they were in outbreak status and were testing the residents of the facility for COVID19 every 3 to 7 days.</p> <p>On 09/17/2020 at approximately 2:55 p.m., during a phone call with the administrator, DON, and IP nurse. These staff were asked about the missing orders. Oorders could not be found for Resident #1, #2, and #3.</p> <p>On 09/18/2020 at approximately 9:20 a.m., during a phone call with the administrator, DON, and IP nurse. The DON stated there were no orders for COVID19 testing.</p> <p>On 09/18/2020, the facility provided the surveyor with a copy of their policy/procedure titled, "Facility COVID-19 Testing." This document read</p>	F 773	<p>F-773</p> <p>This plan of correction is being submitted in compliance with specific regulatory requirements, and preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies.</p> <ol style="list-style-type: none"> <li>COVID testing orders per facility testing protocol for residents 1, 2 and 3 were obtained and entered.</li> <li>Residents throughout the building had the potential to be affected by this. A review of current resident orders was completed, and residents were evaluated and ensured to have an active COVID testing order obtained and entered as per facility testing protocol.</li> <li>Licensed staff were re-educated by the Director of Nursing/ designee regarding obtaining appropriate orders and order entry prior to obtaining COVID specimens.</li> <li>Unit Managers or designee will do a weekly audit for 6 weeks to ensure continued compliance and re-educate as needed. Results will be discussed in Quality Assurance Performance Improvement meetings.</li> </ol>		

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F 773	<p>Continued From page 2</p> <p>in part, "...Symptomatic Testing...Secure order and get written consent to test any staff or resident with symptoms of COVID-19...Outbreak testing...Secure order and get written consent for each resident and staff member..."</p> <p>The administrator was made aware of the above issue regarding no physician order(s) in regards to COVID19 testing during the exit conference on 09/21/2020. The administrator stated the DON was working on getting these orders.</p> <p>No further information regarding this issue was provided to the surveyor prior to the exit conference.</p>	F 773		