

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

PRINTED: 05/04/2022
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495274 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/13/2020 |
| NAME OF PROVIDER OR SUPPLIER VIRGINIA VETERANS CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4550 SHENANDOAH AVE N W ROANOKE, VA 24017 | | |
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| E 000 | Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 10/06/20 through 10/13/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. | E 000 | | | |
| F 000 | INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted 10/06/20 through 10/13/20. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. On 10/06/20, the census in this 196 certified bed facility was 159. Of the 159 current residents, 33 residents were positive for COVID-19. Eleven staff members were also positive. Cumulative testing totals in the facility indicated a total of 50 COVID-19 positive residents, including two (2) deaths. A cumulative total of 28 staff members have tested positive. The final survey sample consisted of four (4) current resident reviews. | F 000 | | | |
| F 880 SS=D | 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 development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. | F 880 | | 11/12/20 | |

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

TITLE

(X6) DATE

Electronically Signed

11/12/2020

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 880 | <p>Continued From page 1</p> <p>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> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</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> | F 880 | | | |

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| F 880 | <p>Continued From page 2</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 observations, staff interviews, clinical records reviews, and facility document reviews, the facility failed to maintain an infection prevention program for preventing and controlling infection and communicable diseases during an identified outbreak of COVID-19 on one of four units, 1 West/VACU.</p> <p>At the time of the survey, there was a cumulative total of 50 COVID-19 positive residents with two deaths.</p> <p>The findings included:</p> <p>Facility staff failed to ensure social distancing and the use of facial coverings for three (3) COVID-19 exposed residents residing on unit 1 West/VACU, which is considered a "Warm Unit".</p> <p>On 10/06/20 at 1:04pm, surveyor, accompanied by the DON (director of nursing) and the assistant administrator, observed three residents (Resident</p> | F 880 | <p>1. Residents were separated and mask were offered again.</p> <p>2. All residents on the unit have the potential to be affected by resident's failure to follow recommendation to wear mask and or social distancing requirements.</p> <p>3. All staff will be re-educated on encouraging and educating residents who resist wearing masks and social distancing by the DON or designee. DON or designee will audit each unit daily 5 times a week for 4 weeks. If variances are observed during the audits, the staff person or resident will be re-educated.</p> <p>4. Director of Education or designee will present audit results to QA committee for review and recommendations.</p> | | |

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| F 880 | <p>Continued From page 3</p> <p>#1, #2, and #3) in the 1 West/VACU solarium sitting within three feet of one another without facial coverings in place. Resident #2 was sitting in a wheelchair at a square table facing the window and Resident #1 sitting in a wheelchair to the right of Resident #2 with a separation of approximately three feet. Resident #1 and #2 were working on a jigsaw puzzle together. Resident #3 was also sitting in a wheelchair within approximately three feet of Resident #1 and #2 facing away from the windows watching television. Surveyor did not observe any staff members intervening to remind or encourage the residents to maintain social distancing or wear a facial covering. The DON stated all three residents were on contact precautions due to each being exposed to a COVID-19 positive staff member. Surveyor discussed the concern of Residents #1, #2, and #3 not being socially distanced from one another and not wearing facial coverings with the assistant administrator and the DON. The DON stated it is their home.</p> <p>Resident #1's diagnosis list indicated diagnoses, which included, but not limited to Unspecified Heart Failure, Chronic Kidney Disease Stage 3, Diabetes Mellitus due to underlying condition with Diabetic Neuropathy, Obstructive Sleep Apnea, and Atherosclerotic Heart Disease of Native Coronary Artery with unspecified Angina Pectoris. The most recent MDS (minimum data set) with an ARD (assessment reference date) of 9/02/20 assigned Resident #1 a BIMS (brief interview for mental status) score of 15 out of 15 in section C, Cognitive Patterns. Resident #1 is also coded as requiring supervision only for transfers and locomotion on and off the unit. Resident #1 has an active physician's order dated 10/01/20 1:11pm stating, "Contact isolation precautions".</p> | F 880 | 5. 11/24/2020 | | |

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| F 880 | <p>Continued From page 4</p> <p>Resident #2's diagnosis list indicated diagnoses, which included, but not limited to Non-ST Elevation (NSTEMI) Myocardial Infarction, Neoplasm of Uncertain Behavior of the Bladder, Abdominal Aortic Aneurysm without Rupture, Chronic Kidney Disease, and Chronic Obstructive Pulmonary Disease. The quarterly MDS with an ARD of 9/09/29 assigned Resident #2 a BIMS score of 15 out of 15 in section C, Cognitive Patterns. Resident #2 is also coded as requiring supervision only for transfers and locomotion on unit and off unit. Resident #2 has an active physician's order dated 10/01/20 1:13pm stating, "Contact isolation precautions".</p> <p>Resident #3's diagnosis list indicated diagnoses, which included, but not limited to Peripheral Vascular Disease, Type 2 Diabetes Mellitus with Foot Ulcer, Spinal Stenosis Lumbosacral Region, and Heart Failure. The quarterly MDS with an ARD of 7/29/20 assigned Resident #3 a BIMS score of 15 out of 15 in section C, Cognitive Patterns. Resident #3 is also coded as requiring extensive assistance for transfers and supervision only for locomotion on unit and off unit. Resident #3 has an active physician's order dated 10/01/20 stating, "Contact isolation precautions".</p> <p>On 10/08/20 at 11:36am, surveyor spoke with the UM (unit manager) for 1 West/VACU concerning the observation of Resident #1, #2, and #3. The UM stated residents are offered a mask every morning, some will accept them and some will not, these three residents usually do not accept a mask. UM stated staff educate the residents and they are told to stay in their rooms. UM stated that they know they need to keep the residents</p> | F 880 | | | |

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| F 880 | <p>Continued From page 5</p> <p>apart. UM further stated these three residents stayed together on their unit before being moved to the warm unit and they need to socialize. UM stated Resident #1, #2, and #3 moved themselves to the solarium.</p> <p>Surveyor requested and received the facility's policy for COVID-19 entitled, "COVID-19 Outbreak Management" which states in part:</p> <p>b. Monitoring</p> <p>vii. Residents who have recently tested negative but were exposed to a positive COVID resident will be</p> <p>treated as though they are positive and considered WARM. These residents will be placed on Contact</p> <p>Precautions and monitored for symptoms. Another COVID-19 test will be administered. They may stay</p> <p>in a single room, or if conditions allow, moved to a WARM section of the COVID unit. WARM residents</p> <p>must wear a mask when outside of their room and practice social distancing. If the resident becomes</p> <p>symptomatic, they will be moved to the COVID unit and retested. After a negative COVID-19 test result</p> <p>and by remaining symptom free for 72 hours, the resident may come off of Contact Precautions or be</p> <p>transferred back to their unit.</p> <p>On 10/13/20, surveyor received an email from the assistant administrator stating in part, "All three residents are cognitively intact (each have a BIMS of 15), they are aware of their isolation, have been offered opportunity to wear face coverings, and have made independent choices</p> | F 880 | | | |

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| F 880 | <p>Continued From page 6 for mask use and social distancing based upon this information and their resident rights".</p> <p>On 10/13/20, surveyor was provided with a copy of a form entitled, "Face Mask (VACU) 1 West" for the date of 10/06/20 indicating Resident #1 accepted a mask, Resident #2 accepted a mask, and Resident #3 refused a mask.</p> <p>No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/13/20.</p> | F 880 | | | |