

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

PRINTED: 06/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495417		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2021	
NAME OF PROVIDER OR SUPPLIER RURAL RETREAT CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 514 NORTH MAIN STREET RURAL RETREAT, VA 24368			
(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	<p>An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 02/02/21. Emergency Preparedness information had also been reviewed off site on 02/03/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Infection Control Survey was conducted onsite 02/02/21. Infection Control information was also reviewed off site on 02/03-02/04/21.</p> <p>Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).]</p> <p>On 02/02/21, the census in this 120 certified bed facility was 83. Of the 83 current residents, thirteen residents had tested positive for the COVID-19 virus. Nine staff had also tested positive. The survey sample consisted of five current resident reviews (Residents #1 - #5).</p>			F 000			
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§483.80(a) Infection prevention and control program.</p>			F 880			

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

TITLE

(X6) DATE

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 observation, staff interview and facility document review the facility staff failed to maintain an effective infection control program as evidenced by a facility staff failing to don proper PPE (personal protective equipment) prior to entering a care area for a resident residing on a COVID hall in the facility.</p> <p>The findings included:</p> <p>For the 500 hall (COVID hall), a facility staff failed to don a face shield/goggles prior to entering a resident care area.</p> <p>On 02/02/21 at approximately 11:45 am, surveyor observed LPN (licensed practical nurse) #1 donning PPE to prior to entering a resident's room, Resident #3. LPN #1 was already wearing an N95 respirator, and donned a gown, gloves, and hair cover. Surveyor did not observe LPN #1 don a face shield or goggles prior to entering the resident's room. When LPN #1 exited the</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>resident's room, surveyor asked them if they should have worn a face shield or goggles and LPN #1 stated they should have, and also stated, "I just didn't have it on me".</p> <p>Surveyor spoke with the DON (director of nursing) on 02/02/21 at approximately 12:05 pm regarding LPN #1 not donning a face shield and DON stated that LPN #1 should have worn a face shield and also should have had it with them.</p> <p>Surveyor reviewed Resident #3's clinical record on 02/03/21. Resident #3 had tested positive for COVID-19 on 01/20/21.</p> <p>Surveyor reviewed a facility policy entitled "Novel Coronavirus Prevention and Response". This policy read in part, "Policy: This facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of the virus. Policy Explanation and Compliance Guidelines: 7. Procedure when COVID-19 is suspected: f. Implement standard, contact and airborne precautions (droplet precautions if no airborne isolation room available). Wear gloves, gloves, goggles/face shields, and masks (respirators) upon entering room and when caring for the resident".</p> <p>Surveyor spoke with the DON and the interim DON on 02/02/21 at approximately 12:30 pm. Interim DON stated that Resident #3 was beyond their 10 days for being on the COVID hall, but had not been moved to another hall due to staffing issues.</p> <p>The concern of the facility staff failing to maintain an effective infection control program was</p>	F 880			

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F 880	Continued From page 4 discussed with the administrative team (administrator, DON and interim DON) during a brief exit conference conducted via telephone on 02/04/21 at approximately 1:35 pm. No further information was provided prior to exit.	F 880			