

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

PRINTED: 09/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495398	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/06/2022
NAME OF PROVIDER OR SUPPLIER DINWIDDIE HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23803	
(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
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 09/06/2022. One complaint was investigated during the survey. Complaint #VA00056052 was substantiated with related deficient practice. Corrections are not required for compliance with 42 CFR Part 483 Federal Long Term Care requirements as the deficiency was cited as past non-compliance and an acceptable plan of correction was received. The census in this 60 certified bed facility was 56 at the time of the survey. The survey sample consisted of one current resident review (Resident #2) and one closed record review (Resident #1).	F 000	Past noncompliance: no plan of correction required.	
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. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §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	F 880		

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

TITLE

(X6) DATE

Electronically Signed

09/08/2022

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 880	<p>Continued From page 1</p> <p>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> <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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 clinical record review, staff interview and facility document review, the facility staff failed to follow the Tuberculosis (TB) Prevention and Control policy for one of two residents in the survey sample (Resident #1 and Resident #2). Resident #1 was not administered the two step (PPD) at admission.</p> <p>The findings include:</p> <p>The state agency received a facility reported incident (FRI) on 08/10/2022 indicating that on 08/09/2022 the facility was notified by the local health department that Resident #1 tested positive for tuberculosis and was discharged to the local hospital for admission to a negative pressure room.</p> <p>Resident #1 was admitted to the facility on 07/03/2022 with diagnoses that included hypertension, pneumonia, type 2 diabetes, COPD, GERD, CVA (stroke) and dysphagia. The most recent minimum data set (MDS) dated 08/09/2022 was the discharge assessment and assessed the resident as having short term memory problems and moderately impaired for daily decision making.</p> <p>Resident #1's closed clinical record was reviewed on 09/06/2022.</p>	F 880	Past noncompliance: no plan of correction required.		

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F 880	Continued From page 3 Observed was the following progress note: "08/09/2022 12:30 Health Department called and reported that the patient had a positive TB (tuberculosis) culture collected from the local hospital. Regional staff contacted, family, Medical Director, and attending provider notified. Patient transferred to (hospital) for a negative pressure room." Observed was a SNF/NF Hospital Transfer Form dated 08/09/2022. The form documented Resident #1 was transferred to the local hospital on 08/09/2022 at 12:45 p.m. for interventions related to "HD (health department) called and reported TB (tuberculosis) from a culture collected in the hospital." The transfer form documented Resident #1's representative was notified of the clinical situation and transfer. Resident #1's clinical record included the hospital discharge summary dated 07/02/22, which was prior to admission to the facility. Observed on the discharge summary was the following: "Hospital Course: patient admitted and managed primarily by Pulmonology. Underwent Bronchoscopy with BAL (bronchoalveolar lavage) is now and has been asymptomatic for several days; breathing comfortably. Being discharged to Dinwiddie Rehab.... Per (MD name)/Pulmonology: BAL (bronchoalveolar lavage) results are mostly back, cultures negative, Legionella testing is negative, pathology is negative, Aspergillus is negative, forceps biopsies are consistent with acute/chronic inflammation, but otherwise negative for malignancy. Several tests are still pending, but this should not hold up the patient's discharge..."	F 880			

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F 880	Continued From page 4 The hospital's discharge summary documented Resident #1 received a chest CT scan and chest xray prior to discharge and neither of these documented or indicated a positive finding for TB (tuberculosis). On 09/06/2022 at 10:50 a.m., the facility's director of nursing (DON) was interviewed regarding the complaint allegation. The DON stated on 08/09/2022 she was notified by the local health department that Resident #1 had tested positive for TB from a culture taken during his stay at the local hospital. The DON was asked if the facility was aware of the culture being taken at the hospital. The DON stated, "No ma'am the hospital wasn't working him up for this. From my understanding from the health department, he had a biopsy and during that time a sample was collected and then the culture was done and tested positive. He wasn't actively coughing or had any symptoms while here at the facility. I was shocked because we were not aware of any pending cultures or concerns of TB when he was admitted here. The chest x-ray was negative for TB. As soon as they notified me, we made sure he remained in his private room with the door closed and wore a face mask; staff were advised to wear full PPE (personal protective equipment) if they needed to provide care for him. I notified the medical director and the resident's son, called 911 and he was transferred within 15 minutes to the hospital." The DON was asked if she spoke ever spoke with anyone from the hospital about the concern the facility wasn't notified about a pending culture. The DON stated, "The only conversation I had with the hospital was when the ER doctor called and asked me why we were sending the resident to the hospital. I told him I	F 880			

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F 880	<p>Continued From page 5</p> <p>had been notified by the local health department that there was a positive TB culture from a test at his hospital. Other than that there was no other conversations with the hospital. Obviously, I don't think the ER doctor was aware of what was going on until I called and gave report that the resident was being transferred and the reason for the transfer."</p> <p>The DON continued and stated, "A few days before the health department notified us of the positive TB culture, the resident had a chest x-ray after complaining of shortness of breath. The x-ray results are in his record and did not indicate any concerns with TB, but pneumonia. I can only think that the culture the hospital took during the biopsy must have converted to TB positive because it can take 6-8 weeks for this to happen. Of course by then the resident was admitted here, but he did not have any symptoms. We monitored him routinely for signs and symptoms of respiratory issues and none were documented other than his admitting diagnoses which was pneumonia."</p> <p>Resident #1's clinical record included a copy of the chest x-ray dated 08/04/2022. The chest x-ray documented the following:</p> <p>"Findings: See Note: A single image is provided. The left hemithorox looks unremarkable. The right hilum looks large with infiltrate extending superiorly laterally and inferiorly and I am concerned about a post-obstructive process or mass.... Impression: See Note: Abnormal right chest with lack of distinction of the hilum and diffuse of increased density as noted above. Once again I am concerned about a post obstructive pneumonia versus infiltrating</p>	F 880			

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F 880	<p>Continued From page 6 neoplasia.."</p> <p>On 09/06/2022, the DON was asked for a copy of the facility's tuberculosis (TB) policy.</p> <p>A review of the policy titled "Tuberculosis (TB) Prevention and Control Program (Revised: 3/22/22) documented the following:</p> <p>"d. Patients - Detection/Management Process. i. All new patients will have a two-step TST (tuberculin skin test) upon admission, using the purified protein derivative (PPD) Mantoux skin test and will be screened for symptoms of TB, including cough that lasts more than 3 weeks, hemoptysis, chills/fever, fatigue/malaise, weight loss, loss of appetite, and night sweats, unless they have a documentation of a previous positive reaction. Results of symptom evaluation will be documented in the medical record. If the patient has a history of a previous positive TST, or if the TST is positive on initial admission, a chest radiograph will be obtained to rule out active TB disease. The attending medical provider and/or Medical Director will be notified and provide orders if further diagnostic studies are indicated. Results will be documented in the patient's medical record... iv. Any patient suspected of or has infectious TB will be transported to the hospital for further management and may be readmitted when no longer considered infectious... v. TST conversions will be investigated through a coordinated effort with the local health department, IP/DON, and the Medical Director. vi. Serial TB testing may be performed when instructed by the local health department...."</p> <p>Resident #1's clinical record was reviewed.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>Observed was a "TB (Tuberculosis) Screener" form dated 07/03/2022 completed on admission by the DON. The form did not indicate Resident #1 was at risk for tuberculosis.</p> <p>Resident #1's physician orders and medication administration record (MARS) were reviewed for the months of July and August 2022. The physician orders nor the MARS did not include documentation for administration of the 2 step PPD as indicated in the facility's TB policy.</p> <p>On 09/06/2022 at 2:30 p.m., the DON was asked for verification of Resident #1 being administered the PPD. The DON reviewed the clinical record and stated, "It was missed." The DON was asked if the PPD was included in the admission process. The DON stated, "Yes it is part of the admission process, it has to be checked off in the electronic record." The DON was asked how Resident #1 missed being administered the PPD. The DON stated, "I'll be honest I'm not sure, but it was missed. We recognized this when we were reviewing the records after we were notified of the positive TB culture. I could have missed it or the admitting nurse. Either way it was missed."</p> <p>On 09/06/2022 at 3:30 p.m., during a meeting with the facility's administrator, director of nursing, and corporate nurse consultant, the above findings were reviewed. The facility was advised of the concern that Resident #1 did not receive the 2 step PPD at admission per facility policy. The DON and corporate consultant stated the facility recognized this was a concern during contact tracing and developed an action plan on 08/30/2022 to address the issue.</p> <p>The plan of correction included the following</p>	F 880			

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F 880	<p>Continued From page 8 actions:</p> <ol style="list-style-type: none"> 1. Review all resident's charts to ensure TB skin test documentation for 1st and 2nd testing and/or order for 1st and 2nd TB test for resident. 2. Reeducate licensed nurses on policy and procedure and how to order, schedule, and document results in immune section for the TB test. 3. Reeducate licensed nurses on completion of TB screen 4. Review 10% of resident records to ensure TB skin test complete per policy. 5. Monitoring of results by quality assurance process (QAPI) committee. <p>Review during the current survey found no additional residents who did not receive the PPD at admission. Resident's clinical records included documentation of the PPD results.</p> <p>This deficiency was cited as past non-compliance.</p> <p>This was a complaint deficiency.</p>	F 880			