

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

PRINTED: 09/08/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WONDER CITY REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>905 COUSINS AVENUE</b> <b>HOPEWELL, VA 23860</b>		
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{E 000}	Initial Comments	{E 000}			
{F 000}	N/A INITIAL COMMENTS	{F 000}			
	A Medicare/Medicaid revisit to the COVID-19 Focused Infection Control Survey conducted onsite 07/20/22 through 07/25/22 was conducted on 8/24/22. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. No complaints were investigated.				
	The census in this 130 certified bed facility was 117 at the time of the survey. The survey sample consisted of 10 current Resident reviews, and 8 staff reviews.				
{F 886} SS=D	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6)	{F 886}		9/12/22	
	§483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:				
	§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;				

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

TITLE

(X6) DATE

Electronically Signed

09/07/2022

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 886}	<p>Continued From page 1</p> <p>(iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;</p> <p>(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;</p> <p>(v) The response time for test results; and</p> <p>(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</p> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <p>(i) Document that testing was completed and the results of each staff test; and</p> <p>(ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in</p>	{F 886}			

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{F 886}	<p>Continued From page 2</p> <p>emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and facility documentation review, the facility staff failed to conduct testing of staff for COVID-19 for one staff member (Staff 21) out of a sample size of 3 staff members. Specifically, Staff 21's vaccination status was not up-to-date on COVID-19 and the facility staff failed to ensure that Staff 21 was tested for COVID-19 in accordance with The Centers for Disease Control and Prevention (CDC) guidance.</p> <p>The findings included:</p> <p>Review of the CDC document entitled, "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes" updated on 02/02/2022, was reviewed. An excerpt of the document read, "In nursing homes, HCP [healthcare providers] who are not up-to-date with all recommended COVID-19 vaccine doses should continue expanded screening testing based on the level of community transmission as follows: In nursing homes located in counties with substantial to high community transmission, these HCP should have a viral test twice a week."</p> <p>A review of the facility's community transmission log revealed that the community transmission rate was ranked as "high" from 08/15/2022 through 08/24/2022.</p>	{F 886}	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F886</p> <ol style="list-style-type: none"> <li>1. Staff #21 is currently being tested for Covid-19 in accordance with The Centers for Disease Control and Prevention guidance.</li> <li>2. Current Residents and staff have the potential to be affected.</li> <li>3. The Director of Nursing educated facility staff on testing before clocking in for work and remaining in the lobby until testing is complete if not up to date with vaccination status. The door to the facility is secured and entry is monitored by facility staff.</li> <li>4. The Assistant Director of Nursing/designee will review testing logs</li> </ol>		

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{F 886}	<p>Continued From page 3</p> <p>On 08/24/2022, a review of the facility's staff vaccination matrix revealed that Staff #21 received the first COVID-19 vaccination on 09/14/2021, the second COVID-19 vaccine on 10/18/2021, and declined the booster.</p> <p>On 08/24/2022 at 12:45 P.M., Staff #21, was interviewed. Staff #21 verified he has worked at the facility for about a year. Staff #21 also confirmed he was fully vaccinated but declined a booster. When asked how often he gets tested for COVID-19, Staff #21 stated he gets tested twice a week.</p> <p>On 08/24/2022 at 1:30 P.M., the Director of Nursing (DON) provided the testing logs as requested. The DON confirmed that testing days are on Mondays and Thursdays. The DON also stated that the Infection Preventionist (Employee H) was in charge of testing but she was not working this day. When asked who was assigned to do the testing today (Wednesday 08/24), the DON indicated she didn't know. A review of the testing logs revealed that Staff #21 tested negative for COVID-19 on 08/18/2022 (Thursday). For the Monday testing dated 08/22/22, Staff #21's name was written in at the bottom of the list with his name and date of 08/23/2022 (Tuesday). There was no test result recorded. When the DON was asked about this, the DON stated she noticed yesterday Staff #21 wasn't tested and spoke with Staff #21's manager to notify them Staff #21 would need to be tested "before he comes back to work."</p> <p>On 08/24/2022 (Wednesday) at approximately 1:45 P.M., a follow-up interview with Staff #21 was conducted. When asked if he was tested on Monday (08/22/2022), Staff #21 stated he did not</p>	{F 886}	<p>weekly to ensure that facility staff are tested in accordance with The Centers for Disease Control and Prevention guidance.</p> <p>5. The results of the review will be discussed at the QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction.</p> <p>6. Date of compliance: September 12, 2022</p>		

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{F 886}	<p>Continued From page 4</p> <p>work on Monday. When asked when he was last tested, Staff #21 stated, "Today." When asked who did the test, Staff #21 named Licensed Practical Nurse B (LPN B). When asked what time he was tested, Staff #21 stated, "About 8:30 or 9:00 (A.M.)." When asked what time he arrived to work today, Staff #21 stated "5:30 (A.M.)."</p> <p>On 08/24/2022 at 2:00 P.M., LPN B was interviewed. When asked if she tested any employees today, LPN B stated she tested one employee today, a male employee from dietary but could not recall the name. When shown the testing log document with Staff #21's name written in, LPN B was asked if that was her handwriting, LPN B stated it was not her handwriting. LPN B explained that she has the employee write their name and date in as she prepares to do the test. When asked about the date of 08/23/2022, LPN B stated the employee must have written the wrong date down. When asked why there were no test results recorded or signature of the tester, LPN B stated that she was in the middle of going to a meeting and "didn't mark off the results or sign my name." LPN B further stated that the results of his test were negative. LPN B then entered the negative test results by Staff #21's name and signed the log.</p> <p>On 08/24/2022 at approximately 2:30 P.M., the DON was notified of findings. A copy of their policy on COVID-19 testing was requested and the DON provided a copy of their policy entitled, "Mandatory COVID-19 Vaccinations." The DON stated that their testing policy was embedded in the vaccination policy. A review of the policy revealed that testing for fully vaccinated staff not up-to-date due to declining a booster was not addressed.</p>	{F 886}			

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{F 886}	Continued From page 5  On 08/24/2022 at approximately 3:45 P.M., the DON and RN Corporate Consultant indicated they had no further information or documentation to submit.	{F 886}			