

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

PRINTED: 07/20/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/30/2022
NAME OF PROVIDER OR SUPPLIER  HIGHLANDS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 06/28/22 through 7/01/22. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during the survey.	E 000		
W 000	INITIAL COMMENTS  An unannounced Fundamental Medicaid re-certification survey was conducted 06/28/22 through 7/01/22. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	W 000		
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)  The census in this 5 certified bed facility was 5 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals 1 through 3).  The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, record review, review of facility documentation and staff interviews, the facility staff failed to ensure 1 of 4 individuals (Individual #1) received ongoing medical care including re-evaluation and reporting improvement or not of currently prescribed agents for itchy area resulting in his scratching frequently his penis, scrotum, face and neck.	W 322	Highlands Place Policies & Procedures Chapter 8 Section 8.14 with Medication Administration delineates that Highlands Place has established and maintains a system for accurate medication administration assistance and identification to assure medication is taken according to physician's orders by providing staff have successfully completed Medication Assistance Training approved by the Virginia Board of Nursing. The policy has been updated to include the ongoing training approved by the Virginia Board of Nursing. Highlands Place' RN will coordinate an annual 3 hour Recertification Training approved by the Virginia Board of Nursing for staff and quarterly observational medication administration assistance pass on each staff.	

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

*Andrea C. Lane*

TITLE

Clinical Supervisor

(X6) DATE

7/29/2022

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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W 322	<p>Continued From page 1</p> <p>The Findings included;</p> <p>Individual #1 was admitted to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) on 12/3/2021 with diagnoses that included severe Intellectual Disability, cerebral palsy, a seizure disorder and acne.</p> <p>An observation was made of Individual #1's shower and transfers on 6/28/22 at approximately 6:45 p.m. The Individual was assisted by Direct Service Technician (DST) #1 and DST #2. DST #2 obtained two tubes of medicated creams and brought them into the shower room. individual #1's face and neck was with multiple papules, great redness and irritated areas which he was observed scratching when seated in the dining area. In the shower as soon as the incontinence brief was removed the Individual scratched his penis and scrotum until the skin was broken in two areas. Clotrimazole cream 1% was applied to the Individual's scrotum and Adapalene cream was applied to the Individuals face and neck.</p> <p>On 6/28/22 a review of the medication administration record was completed. The order for Clotrimazole cream 1% was discontinued after the 5/4/22 after the 8:00 p.m. dose and Mupirocin 2% was ordered for 5/5/22 through 5/11/22. There was also an order for Vitamin A and D ointment to affected areas during incontinence change but no observation was made of application of the Vitamin A and D ointment.</p>	W 322	<p>DST #1 completed Recertification training by RN on 6/30/2022. Three observational medication passes: 7/6/22, 7/8/22 &amp; 7/13/22. Dermatologist appointment was scheduled and completed on 7/13/2022. New medication orders was received for CeraVe foaming acne cream cleanser, CeraVe mositurizer &amp; Alclometasone ointment daily. Documentation of improvement noted on skin assessment.</p> <p>Highlands Place staff will continue to assess all individuals for skin integrity issues and report concerns to Highlands Place's nursing staff.</p> <p>Any incidents of skin integrity noted the nursing staff will request a referral to dermatologist from PCP. Effectiveness of prescribed treatment will be reassessed every two weeks by nursing staff.</p> <p>In order to minimize the risk of recurrence, skin assessments will be completed quarterly on all individuals utilizing a head to toe body picture.</p> <p>AOC Date: 8/17/2022</p>

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W 322	Continued From page 2 An interview was conducted with DST #1, on 6/29/22 at approximately 4:55 p.m. DST #1 stated the Clotrimazole cream 1% was being applied to alleviate the redness and itchiness in the peri area. DST #1 stated the cream is retrieved and applied after morning and bedtime care. as well as the Vitamin A and D ointment. After the Adapalene cream was applied to the Individuals face and neck within 30 minutes staff wasn't observed removing the cream as the order stated.  An interview was conducted with Registered Nurse (RN) #1 on 6/29/22 at approximately 11:00 a.m. RN #1 stated the resident currently had another product for use after incontinence care was provided and he sees the dermatologist periodically but another appointment had not been made because their last conversation with the office was they needed to discuss further care with the mother of Individual #1. RN #1 stated they hadn't addressed the increased itch and scratching by Individual #1 with the practitioner of the the mother but it would be taken care of.  On 7/1/22 at approximately 1:00 p.m., the above information was shared with the program director and her team. RN #1 stated she specifically ensured the order contained the information to remove the Adapalene cream after 30 minutes. RN #1 stated staff would be further educated on reading the orders and following the instructions as well as reporting improvements or not when the creams are applied.	W 322			
W 376	DRUG ADMINISTRATION CFR(s): 483.460(k)(8)	W 376			

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W 376	<p>Continued From page 3</p> <p>The system for drug administration must assure that drug administration errors and adverse drug reactions are reported immediately to a physician. This STANDARD is not met as evidenced by: Medication administered not ordered Lotrimin Based on observation, record review, review of facility documentation and staff interviews, the facility staff failed to ensure discontinued medications were removed from use for 1 of 3 individuals (Individual #1) in the survey sample.</p> <p>The Findings included;</p> <p>Individual #1 was admitted to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) on 12/3/2021 with diagnoses that included severe Intellectual Disability, cerebral palsy, a seizure disorder and acne.</p> <p>An observation was made of Individual #1's shower and transfers on 6/28/22 at approximately 6:45 p.m. The Individual was assisted by Direct Service Technician (DST) #1 and DST #2. DST #2 obtained two tubes of medicated creams and brought them into the shower room, individual #1's face and neck was with multiple papules, great redness and irritated areas which he was observed scratching when seated in the dining area. In the shower as soon as the incontinence brief was removed the Individual scratched his penis and scrotum until the skin was broken in two areas. Clotrimazole cream 1% was applied to the Individual's scrotum and Adapalene cream was applied to the Individuals face and neck.</p> <p>On 6/28/22 a review of the medication</p>	W 376	<p>In accordance with Highlands Place Policies &amp; Procedures Manual Chapter 8 Section 8.14 Number 6, an incident report was completed upon discovery of medication error on 6/30/2022 with notification to AR &amp; Dr. Williams, dermatologist. No adverse effects were noted.</p> <p>Highlands Place's LPNs will check medication cart daily to ensure discontinued and outdated medication are removed and current medications according to MAR are available and document on Medication Cart Review Sheet. The RN will review the Medication Cart Review sheet weekly to ensure medications are administered as ordered.</p> <p>Highlands Place will continue to provide staff who have successfully completed the 32 hour Medication Aide Training approved by the Virginia Board of Nursing; and the staff will administer medications to all individuals residing at Highlands Place following the 5 basic rights of medication administration.</p> <p>AOC Date: 8/17/2022</p>	

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W 376	Continued From page 4 administration record was completed. The order for Clotrimazole cream 1% read; apply under the foreskin and in the diaper area twice daily for a total of seven days, last day of treatment 5/4/22.  An interview was conducted with DST #1, on 6/29/22 at approximately 4:55 p.m. DST #1 stated the Clotrimazole cream 1% was being applied to alleviate the redness and itchiness in the peri area. DST #1 stated the cream is retrieved and applied after morning and bedtime care.  An interview was conducted with Registered Nurse (RN) #1 on 6/29/22 at approximately 11:00 a.m. RN #1 stated the Clotrimazole cream 1% should have been removed from the cart after the last dose was administered and DST #1 should have reviewed the orders prior to applying the cream. RN #1 stated the resident currently had another product for use after incontinence care was provided.  On 7/1/22 at approximately 1:00 p.m., the above information was shared with the program director and her team. RN #1 stated she had removed the discontinued medication from the medication cart and in-serviced staff on reviewing the orders prior to any medication administration.	W 376		
W 386	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(4)  The facility must, on a sample basis, periodically reconcile the receipt and disposition of all controlled drugs in schedules II through IV (drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801 et seq., as implemented by 21 CFR Part	W 386	Highlands Place Policies and Procedure Manual Chapter 8 Section 8.16 Numbers 4-8 Medication Management-Inventory states controlled medications will be count on each shift by two staff. The controlled drug count will be documented on the Controlled Drug Verification Form. The Controlled Drug Verification Form was updated to ensure the accuracy of controlled drug count. Controlled medication brought or delivered to facility will be counted by two staff to verify the initial count; and a new Controlled Drug Verification Form will be started with each bottle or package controlled medication.	



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W 386	<p>Continued From page 5 308).</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, review of facility documentation and staff interviews, the facility staff failed to ensure controlled medications with a potential for abuse were reconciled after administration and periodically accounted for 1 of 3 individuals (Individual #1) in the survey sample.</p> <p>The Findings included;</p> <p>Individual #1 was admitted to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) on 12/3/2021 with diagnoses that included severe Intellectual Disability, cerebral palsy, a seizure disorder and acne.</p> <p>An observation was made of Individual #1's medication administration by G-tube on 6/28/22 at approximately</p> <p>On 6/28/22 a review of the medication administration record was completed. The physician's order summary had an order which read Phenobarbital 20 milligram (mg)/5 milliliters (ml), give 10 ml each morning by G-tube and 22 ml each night at bedtime by G-tube.</p> <p>During medication pass and pour on 6/28/22 at approximately 8:10 p.m., Licensed Practical Nurse (LPN) #1 withdrew 22 ml of Phenobarbital from the bottle and administered the medication in the Individual's room. Upon return to the medication room cleaned up the items used and left for the evening, and as of 9:15 p.m., the</p>	W 386	<p>Highlands Place's RN will review the Controlled Drug Verification Form of the other 4 individuals with prescribed controlled medication residing at Highlands Place West to ensure the accuracy of count. Any discrepancy in the Controlled Medication Count will be reported to the Clinical Supervisor immediately. An incident report will be completed by RN. An investigation will be initiated to determine whether or not the dose was administered or any other explanation for discrepancy.</p> <p>Controlled drugs and the Controlled Medication Inventory Form and Controlled Drug Verification Form will be randomly checked by the Clinician III and RN for compliance and accountability.</p> <p>AOC Date: 8/17/2022</p>	
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W 386	<p>Continued From page 6</p> <p>Phenobarbital had not been signed off as administered on the narcotic count record. The last documented withdrawal was 8:00 a.m., and 49 ml was recorded as inside the bottle.</p> <p>Further review of Individual #1 Phenobarbital control count sheet revealed the medication counts were not consistently occurring, between 6/26/22 when the count sheet was started to 6/29/22 at 11:00 there had been only one medication count and at the time Registered Nurse (RN) #1 audited the Phenobarbital she discovered the count stated there was 17 ml in the bottle but there was actually 45 ml in the bottle and the subtraction wasn't accurate. On 6/27/22 at 8:00 p.m., the count sheet revealed there was 69 ml in the bottle and after 22 ml was administered to Individual #1 the count sheet read 59 ml. As of 6/30/22 at 8:00 a.m., there was no documentation of a medication count between the off going and coming on medication administration staff.</p> <p>An interview was conducted with RN #1 on 6/29/22 at approximately 11:00 a.m. RN #1 stated the the facility's protocol for scheduled II to IV medications is to sign out controlled medications when they are removed or immediately thereafter and controlled substances are to be signed out by two staff members. RN #1 also stated controlled medications are to be counted by two staff members every 8-10 hours, whenever there is a staff member who is responsible for medication administration coming on or one going off.</p> <p>On 7/1/22 at approximately 1:00 p.m., the above information was shared with the program director</p>	W 386		

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W 386	Continued From page 7 and her team. RN #1 stated she had began in-servicing staff on the procedure for scheduled medication reconciliation and ensuring counts are conducted per their policy.	W 386		
W 390	<p><b>DRUG LABELING</b> CFR(s): 483.460(m)(2)(i)</p> <p>The facility must remove from use outdated drugs. This STANDARD is not met as evidenced by: Based on observation, record review, review of facility documentation and staff interviews, the facility staff failed to ensure discontinued medications were removed from use for 1 of 3 individuals (Individual #1) in the survey sample.</p> <p>The Findings included:</p> <p>Individual #1 was admitted to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) on 12/3/2021 with diagnoses that included severe Intellectual Disability, cerebral palsy, a seizure disorder and acne.</p> <p>An observation was made of Individual #1's shower and transfers on 6/28/22 at approximately 6:45 p.m. The Individual was assisted by Direct Service Technician (DST) #1 and DST #2. DST #2 obtained two tubes of medicated creams and brought them into the shower room. individual #1's face and neck was with multiple papules, great redness and irritated areas which he was observed scratching when seated in the dining area. In the shower as soon as the incontinence brief was removed the Individual scratched his</p>	W 390	<p>Highlands Place Policies and Procedure Manual Chapter 8 Section 8.17 Section 8 states any medications discontinued by a physician for an individual will be immediately removed from the medication storage area by nursing staff so as to preclude the medication from being administered in error. Clotrimazole cream 1% was discontinued on 5/4/2022. Medication was administered in error on 6/28/2022. Clotrimazole was removed from medication cart on 6/28/2022 by nursing staff.</p> <p>Nursing staff will review medication cart for discontinued or outdated medication for the other 4 individuals residing at Highlands Place West. Any discontinued or outdated medications will be removed and disposed in accordance to Highlands Place policy.</p> <p>Highlands Place's LPNs will check the medication cart daily to ensure discontinued and outdated medications are immediately removed from medication area. The LPNs will document the checking of medication cart on Medication cart checklist. Weekly the RN will check and verify that the Medication Cart Checklist is being completed and the medication cart is free of discontinued and outdated medication.</p> <p>AOC Date: 8/17/2022</p>	



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W 390	Continued From page 8 penis and scrotum until the skin was broken in two areas. Clotrimazole cream 1% was applied to the Individual's scrotum and Adapalene cream was applied to the Individuals face and neck.  On 6/28/22 a review of the medication administration record was completed. The order for Clotrimazole cream 1% read; apply under the foreskin and in the diaper area twice daily for a total of seven days, last day of treatment 5/4/22.  An interview was conducted with DST #1, on 6/29/22 at approximately 4:55 p.m. DST #1 stated the Clotrimazole cream 1% was being applied to alleviate the redness and itchiness in the peri area. DST #1 stated the cream is retrieved and applied after morning and bedtime care.  An interview was conducted with Registered Nurse (RN) #1 on 6/29/22 at approximately 11:00 a.m. RN #1 stated the Clotrimazole cream 1% should have been removed from the cart after the last dose was administered and DST #1 should have reviewed the orders prior to applying the cream. RN #1 stated the resident currently had another product for use after incontinence care was provided.  On 7/1/22 at approximately 1:00 p.m., the above information was shared with the program director and her team. An opportunity was offered for addition information to be provided but the facility's staff didn't.	W 390		
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)  § 483.430 Condition of Participation: Facility	W 508	Highland Place's Emergency Preparedness Plan in accordance with CDC Guidelines provides guidance for COVID - 19 screening of staff and visitors. Data collection staff screening is documented on COVID-19 Screening form. The Emergency Preparedness Plan has been updated to include a visitor's COVID-19 form to ensure visitor's are free from COVID.	

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W 508	Continued From page 9 staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components:	W 508	Prior to visitors including contractors, city maintenance workers, etc entering the facility the person's temperature will be check and COVID related questions will be asked by Highlands Place staff. The staff will document information on Covid questionnaire located in Visitor Log Binder.  The Clinician I will check the log book whenever a visitor is present in facility to verify that the COVID questionnaire has been completed. Clinician III will weekly verify the visitor's sign in log correspond with the completion of the COVID questionnaire.  In order to further minimize the risk of the spread of COVID into facility, all visitors and staff are required to wear face mask while in facility.  AOC Date: 8/17/2022	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/30/2022
NAME OF PROVIDER OR SUPPLIER  HIGHLANDS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	
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W 508	Continued From page 10 (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical	W 508		

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W 508	Continued From page 11 exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.  Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the	W 508		

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W 508	<p>Continued From page 12</p> <p>CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on observation, review of facility documentation and staff interviews, the facility staff failed to conduct COVID-19 screenings in accordance to the Centers for Disease Control and Prevention guidance for visitors at Intermediate Care Facilities for Individuals with Intellectual Disabilities facilities.</p> <p>The findings included:</p> <p>On 6/28/22, 6/29/22, 6/30/22 and 7/1/22 the surveyor was visiting the facility. Upon entrance each day a temperature was obtained but the facility staff failed to screen and triage visitors who enter the facility for signs and symptoms of COVID-19; such as fever or chills, cough, shortness of breath, fatigue, muscle/body aches, headache, loss of taste or smell, obtain a history of contact with someone with suspected or confirmed COVID-19 infection within 14 days prior to the visitation, or for out of the country travel. There were also cabinet installers in the facility 6/29/22 and 6/30/22 who were not screened and triaged for COVID-19 symptoms.</p> <p>An interview was conducted on 6/30/22 at approximately 11:45 a.m., with Registered Nurse (RN) #1. RN #1 stated and presented documentation of staff screening along with temperature monitoring and stated that the guidance they received was not to keep visitor information, therefore it wasn't obtained.</p> <p>On 7/1/22 at approximately 1:00 p.m., the above</p>	W 508		



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W 508	<p>Continued From page 13</p> <p>information was shared with the program director and her team. An opportunity was offered for addition information to be provided but the facility's staff didn't.</p> <p>A phone call was also placed to the Epidemiologist on 6/30/22 at approximately 12:35 p.m. The Epidemiologist returned the call on 7/5/22 at 5:20 p.m. The Epidemiologist stated her office didn't provide guidance not to screen visitors entering the facility to the facility's staff. The Epidemiologist stated her recommendation would be to follow the Centers for Disease Control and Prevention guidance.</p>	W 508		