

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

PRINTED: 12/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2022
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NAME OF PROVIDER OR SUPPLIER FAIRMONT CROSSING HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 173 BROCKMAN PARK DRIVE AMHERST, VA 24521
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced onsite Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 12/06/22. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced onsite COVID-19 Focused Infection Control Survey was conducted on 12/06/22. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, and/or the CMS and Centers for Disease Control (CDC) recommended practices for COVID-19.</p> <p>The census in this 120 certified bed facility was 112 at the time of the survey. As of 12/06/22, there was one positive COVID-19 case (admitted with COVID-19). The facility had one resident hospitalization due to COVID-19 (closed record review) and there were no reported deaths in the previous 4 weeks. The survey sample consisted of one closed record review (Resident #1) and four current record reviews (Resident #2 through Resident #5).</p>	F 000	<ol style="list-style-type: none"> Resident #1 tested positive for Covid-19 on 11/30/2022. The facility NP tested the resident via rapid test and documented in her NP note. The positive test results have been added to resident #1s medical record under the results section. A PRN order to test for covid-19 was added to resident #1s medical record. The staff covid test logs were immediately updated with any information that was available and the sheets were filed. Some lot numbers and expiration dates couldn't be updated due to not being available in the facility at time of corrections. All residents and staff have the potential to be affected. An audit of current resident's medical record was conducted to ensure that all current residents positive covid-19 test results were documented in the medical record under the results tab. An audit of current resident's physician's orders was conducted to ensure that an order for PRN Covid-19 testing was available in the medical record. Staff testing logs were placed with the DON/Nurse managers to audit all facility testing to ensure accurate information is documented for all tests completed at the facility. 	
F 886 SS=D	<p>COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6)</p> <p>§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:</p> <p>§483.80 (h)((1) Conduct testing based on</p>	F 886		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Amanda Kocher* TITLE: *Administrator* (X6) DATE: *12/27/22*

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>parameters set forth by the Secretary, including but not limited to:</p> <p>(i) Testing frequency;</p> <p>(ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;</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>	F 886	<p>3. DON/Designee will educate all licensed nurses on facility testing protocol to include ensuring that a current MD order is available prior to performing resident's Covid-19 testing and documenting test results in the resident's medical record under the results section. All staff will be educated on testing protocol and how to complete the staff testing logs and what information must be included. DON provided education to facility NP on facilities testing protocol.</p> <p>4. DON/Designee will review progress notes 5x week for 4 weeks, then weekly for 2 months during clinical meeting to ensure all new admissions have PRN orders in the medical record for Covid-19 testing, all residents with positive covid-19 test results are documented in the resident's medical record. The DON/Designee will review staff testing logs 3x week for 4 weeks, DON/Designee will identify and trends and provide on-going education as needed to the staff. Findings will be discussed at least quarterly with QAPI commit</p> <p>5. Date of Compliance: 1/16/22</p>	
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F 886	<p>Continued From page 2</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 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. 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 standards of practice for testing and testing documentation. The facility failed to obtain a physician's order prior to performing a COVID-19 test and then failed to document COVID-19 testing information in the clinical record for one of 5 residents in the survey sample, Resident #1. The facility failed to maintain complete and accurate COVID-19 testing logs for staff, including documentation of each instance of testing with results.</p> <p>Findings include:</p> <p>1. According to the medical record, Resident #1 was admitted to the facility on 11/09/22, developed COVID-19, and was discharged to the hospital on 12/03/22. A review of Resident #1's clinical documentation revealed the following:</p> <p>A practitioner note dated 11/30/22 documented, "...seen today for refusal of care...feeling weak...refused to go to urology appointment this morning because of having diarrhea...signature of</p>	F 886		
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F 886	<p>Continued From page 3 NP (Nurse Practitioner)."</p> <p>A practitioner note dated 12/01/22 documented, "...chief complaint...presenting problem...COVID...being seen today for new diagnosis of COVID...feeling kind of weak...he is complaining of a sore throat and nasal congestion...seems a bit more confused today...COVID +...isolation and supportive care...signature of NP."</p> <p>There was no documentation indicating when the COVID-19 test was performed for Resident #1, only that the resident had a new diagnosis of COVID. There was no documentation regarding who performed the test, the method of testing, nor the testing results. There was no documented record of the testing for this resident of any kind. A review of resident #1's physician's orders was then completed. No physician order to perform a COVID test on resident #1 was found.</p> <p>On 12/06/22 at approximately 1:00 PM, the administrator was asked about the above information. The administrator stated that they (facility) do obtain physician orders to test resident's for COVID-19. The administrator was made aware that a physician order could not be located for Resident #1 regarding COVID-19 testing and that there was no information regarding the testing, other than the resident having a new diagnosis of COVID. The administrator was asked for testing logs and information regarding Resident #1.</p> <p>At approximately 1:30 PM, the administrator stated that the NP had administered the COVID 19 test to the resident. When asked where was the documentation regarding the testing for</p>	F 886		
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F 886	<p>Continued From page 4</p> <p>Resident #1, the administrator stated that she did not know. When asked, the administrator stated that she wasn't sure why the NP did the test and then did not inform staff for COVID-19 tracking.</p> <p>The facility policy titled, "COVID-19 Screening/Testing plan for residents and staff" documented, "...in general testing is not necessary for asymptomatic people...testing will be met through the use of rapid point of care...devices...resident's attending physician/practitioner will be notified of the presence of symptoms and the facility will follow physician /practitioner orders for care...symptomatic individuals identified...residents, regardless of vaccination status, with signs and symptoms must be tested...A physician/practitioner order (standing order is acceptable) will be obtained prior to administration of test...consent for the testing will be maintained and documented for each resident tested...the facility will document resident testing in the medical record in accordance with protected health information...the facility will maintain compliance with testing requirement by documenting the following...date and time of signs/symptoms....date of testing....date of results...actions taken by facility based on test results...new COVID-19 case-outbreak with resident or staff..."</p> <p>At approximately 2:30 PM, the administrator was made aware of concerns regarding Resident #1 not having a physician's order to be tested for COVID-19, as well as the lack of documentation and tracking information regarding testing for this resident.</p> <p>The administrator stated that she did not know</p>	F 886		

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F 886	<p>Continued From page 5</p> <p>why an order was not obtained and why the information was not documented per the facility policy.</p> <p>No further information and/or documentation was presented prior to the exit conference on 12/06/22 at 3:30 PM.</p> <p>2. The facility failed to document that testing was completed and/or that the subsequent results were recorded. The facility's COVID-19 testing logs for staff were reviewed from September 2022 to present 12/06/22, which included spaces to document the following: staff name, DOB (date of birth), Date/Time, Result, Lot #/Expiration date, and Completed by.</p> <p>The testing log for September 27, 2022 through October 28, 2022 had 20 staff tests documented. Out of the 20 tests, 13 did not have lot# information or who completed the tests. Three tests did not have a date, only a time stamp. Two tests did not have a date or an actual test result for the test completed.</p> <p>The administrator was asked about the above information and testing logs. The administrator stated that the DON (director of nursing) was out today, and that is who takes care of the tracking information. The administrator stated that she could not answer as to why the COVID-19 testing logs were incomplete and stated that she knew that all of the tests were negative.</p> <p>The facility's policy titled, "COVID-19 Screening/Testing plan for residents and staff" documented, "...the facility will document testing results for staff in a secure manner consistent</p>	F 886		

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F 886	Continued From page 6 with requirements specified...the facility will maintain compliance with testing requirement by documenting the following...date and time of signs/symptoms....date of testing....date of results...actions taken by facility based on test results...new COVID-19 case-outbreak with resident or staff..." No further information and/or documentation was presented prior to the exit conference on 12/06/22 at 3:30 PM.	F 886			