

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

PRINTED: 02/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2023
NAME OF PROVIDER OR SUPPLIER COVENANT WOODS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111		
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E 000	Initial Comments	E 000			
	An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted onsite 1/23/2023. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.				
F 000	INITIAL COMMENTS	F 000	F 000		
	A COVID-19 Focused Infection Control Survey was conducted onsite 1/23/2023. 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.		This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. This Plan of Correction is submitted to meet requirements established by state and federal law. Covenant Woods is committed to sustaining compliance with regulations.		
F 886 SS=C	The census in this 62 certified bed facility was 49 at the time of the survey. Of the 49 current residents, two residents had tested positive for the COVID-19 virus. The survey sample consisted of five resident reviews and seven employee reviews. COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6)	F 886			
	§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				

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

TITLE

(X6) DATE

Caitie Davis, LNA Administrator 2-8-2023

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>F 886</p> <ol style="list-style-type: none"> 1. Staff working in impacted area began response testing. 2. Residents impacted were in a single area and had been receiving testing. 3. Re-education, by the Director of Nursing on how to interpret regulation, for the Employee Health Nurse and Infection Control Nurse responsible for tracking and response testing of staff. <p>Staff were informed in writing, via email, of response testing protocol for staff. Managers were provided additional review in person to confirm understanding and help clarify to department staff.</p> <ol style="list-style-type: none"> 4. Employee Health and Infection Control nurse will submit tracking updates to the Director of Nursing weekly for 90 days and reports to the Quality Assurance Committee quarterly. 	25-Jan-23	23-Jan-23	24-Jan-23	08-Mar-23

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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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review it was determined the facility staff failed to evidence COVID-19 testing of staff, during an outbreak of active COVID-19 cases confirmed in the facility 12/23/2022-1/17/2023 for 2 of 3 staff sampled, CNA (certified nursing assistant) #1 and OSM (other staff member) #1.</p> <p>The findings include:</p> <p>The facility staff failed to evidence COVID-19 testing of staff following confirmed resident and staff infections of COVID-19 (1) on 12/23/2022, 12/27/2022, 12/28/2022, 12/29/2022, 12/30/2022, 12/31/2022, 1/3/2023, 1/4/2023, 1/6/2023, 1/7/2023, 1/15/2023 and 1/17/2023.</p> <p>On 1/23/2023 at approximately 10:00 a.m., during an entrance meeting with RN (registered nurse) #1, unit manager, RN #1 stated that they currently had two residents positive for COVID-19 in isolation in the facility and were not aware of any active staff cases. RN #1 stated that the last outbreak had began in December of 2022.</p>	F 886			

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F 886	<p>Continued From page 3</p> <p>On 1/23/2023 at approximately 11:45 a.m., RN #1 provided a list of residents and staff who were confirmed with COVID-19 over the past four weeks. The list documented 13 resident names, one resident was confirmed positive on 12/23/2022, three on 12/29/2022, one on 12/30/2022, two on 12/31/2022, four on 1/4/2023, one on 1/15/2023 and one on 1/17/2023. The list also documented one staff confirmed positive on 12/27/2022, one on 12/28/2022, one on 1/3/2023, two on 1/6/2023 and one on 1/7/2023.</p> <p>On 1/23/2023 at approximately 2:45 p.m., RN #1 provided a resident vaccination roster documenting 100% resident COVID-19 primary series vaccination as well as a staff vaccination roster documenting 100% eligible staff COVID-19 primary series vaccination with four staff having approved vaccine exemptions.</p> <p>On 1/23/2023 at approximately 1:00 p.m., a request was made to RN #1 for evidence of staff testing for a sample of three current staff members who worked on the skilled nursing unit.</p> <p>On 1/23/2023 at 2:34 p.m., RN #1 stated that OSM #1 had tested positive with a home test on 1/7/2023 and they did not have any prior testing to provide. RN #1 stated that they did not have any testing to provide for CNA #1. RN #1 stated that LPN #1 had transferred to assisted living and was not currently working on the skilled nursing unit. RN #1 stated that if a resident tested positive for COVID-19, they performed contact tracing identifying any staff who worked with the resident or residents exposed. RN #1 stated that the staff were informed that they were to monitor themselves for any symptoms and to report any symptoms and be tested immediately. RN #1</p>	F 886			

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F 886	<p>Continued From page 4</p> <p>stated that they were not testing staff unless they developed symptoms and staff were educated to report any signs or symptoms.</p> <p>On 1/23/2023 at 3:38 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that they had not been testing asymptomatic staff members during their outbreak cases. ASM #2 stated that they had been following guidance provided by their local health department for contact tracing and identifying staff who worked with positive residents for the past 72 hours and having all staff wear N95 masks and monitor for signs and symptoms. ASM #2 stated that they were not testing any staff unless they displayed symptoms of COVID-19. ASM #2 stated that their outbreak began in December of 2022.</p> <p>The facility policy, "Coronavirus (COVID-19): Emergent Infectious Disease (EIDS)" revised 10/22 documented in part, "...If a quarantine is in place, the following additional steps should be followed: ...All regulatory guidance regarding visitation and testing requirements can be found in the policy appendix under Facility Protocol. Facility protocol will be developed in response to regulatory guidance, health department recommendations, and best practices..." The attached policy, "A. Facility Specific Protocol" updated 10/31/2022 documented in part, "...Staff Testing: All staff as identified by regulatory guidance will be tested as outlined in the regulatory guidance. Facility reserves the right to require all staff, regardless of vaccination status, to be tested..."</p> <p>According to CMS- QSO-20-38-NH revised</p>	F 886			

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F 886	<p>Continued From page 5</p> <p>9/23/2022, "...Testing of Staff and Residents During an Outbreak Investigation. An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed. An outbreak investigation would not be triggered when a resident with known COVID-19 is admitted directly into TBP (transmission based precautions), or when a resident known to have close contact with someone with COVID-19 is admitted directly into TBP and develops COVID-19 before TBP are discontinued. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately (but not earlier than 24 hours after the exposure, if known). Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g. facility-wide) testing..."</p> <p>On 1/23/2023 at approximately 3:45 p.m., ASM #1, the administrator and ASM #2, the director of nursing were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>Reference: (1) COVID-19 COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and may different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that</p>	F 886			

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F 886	Continued From page 6 causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/faq.ht ml#How-COVID-19-Spreads	F 886			