

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AND REHAB (RICHMOND)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD RICHMOND, VA 23228</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 886 SS=C	<p>An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted onsite on 1/31/2023. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare &amp; Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.</p> <p>A COVID-19 Focused Infection Control Survey was conducted onsite on 1/31/2023. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare &amp; Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.</p> <p>The census in this 194 certified bed facility was 174 at the time of the survey. Of the 174 current residents, 8 residents had tested positive for the COVID-19 virus. The survey sample consisted of five resident reviews and four employee reviews.</p> <p>COVID-19 Testing-Residents &amp; 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	<p>1. Corrective Action RN #1 was tested during the facility's broad-based staff testing conducted 1/31/23 to 2/5/23. Any positive staff were restricted from work in accordance with current CDC guidelines for health care practitioners.</p> <p>2. Like Residents/Areas All staff and residents are potentially at risk. The facility adopted the Hill Valley Healthcare Policy titled, "COVID-19 Screening/Testing Plan for Residents and Staff" which shares the definition of a "higher-risk exposure" with the CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2."</p>		

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

TITLE

(X6) DATE

*Joe Catrambone*

Administrator

2/9/2023

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	Continued From page 1 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; (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; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.  §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;  §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (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.  §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.	F 886	3. Systemic Change The administrator re-educated the Director of Nursing and Infection Preventionist of The CDC's definition of a "higher-risk exposure." The DON and ICP will educate licensed staff on the Hill Valley policy titled "COVID-19 Screening/Testing Plan for Residents and Staff." Facility testing for staff and residents will follow this policy for broad-based or trace testing as appropriate.  4. Monitoring The DON or designee will audit COVID-19 testing logs weekly for 4 weeks, then bimonthly for 1 month and then monthly for 1 month to validate that all Health Care Practitioners with higher-risk exposures were tested accordingly. Results of these audits will be reported to the QAPI committee monthly. Any patterns or trends will be reviewed in the QAPI monthly meeting for 2 months. Any patterns or trends will be reported to the QAPI Committee at least quarterly.	Date of Compliance 2/10/23	

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F 886	Continued From page 2  §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.  §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 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 from 1/4/2023-1/31/2023 for one of four staff sampled, RN (registered nurse) #1.  The findings include:  The facility staff failed to evidence COVID-19 testing of staff following confirmed resident and staff infections of COVID-19 (1) on 1/4/2023, 1/6/2023, 1/18/2023, 1/19/2023, 1/22/2023, 1/24/2023, 1/26/2023, 1/27/2023, and 1/31/2023.  On 1/31/2023 at approximately 11:30 a.m., during the entrance meeting with ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing/infection preventionist, ASM #2 stated that they had several residents currently positive for COVID-19 in isolation in the facility and two staff members who had tested positive on 1/23/2023. ASM #2 stated that the current outbreak had begun in December of 2022.	F 886			

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F 886	<p>Continued From page 3</p> <p>On 1/31/2023 at approximately 1:45 p.m., ASM #2 provided a list of residents and staff who were confirmed with COVID-19 over the past four weeks. The list documented 16 resident names, one resident was confirmed positive on 1/4/2023, three on 1/6/2023, one on 1/18/2023, one on 1/19/2023, four on 1/22/2023, one on 1/24/2023, one on 1/26/2023, two on 1/27/2023, and two on 1/31/2023. Another list documented three staff testing positive for COVID-19 in the past four weeks.</p> <p>On 1/31/2023 at approximately 4:15 p.m., a request was made to ASM #1 for evidence of staff testing for a sample of four current staff members which included RN#1.</p> <p>On 1/31/2023 at 4:48 p.m., ASM #1 stated that the facility had been following their policy to only test staff with a high risk exposure which would be for staff not wearing a mask when around the resident. ASM #1 stated that all staff were wearing surgical masks at the minimum and provided the document "Testing Criteria Summary" as their procedure followed.</p> <p>On 1/31/2023 at 5:09 p.m., an interview was conducted with ASM #2, the director of nursing, infection preventionist. ASM #2 stated that their current outbreak at the facility began in December of 2022 with a resident and had continued with additional residents and staff. ASM #2 stated that when a resident or staff member tested positive they performed contact tracing and looked for any persons who may have been exposed to them in the facility. ASM #2 stated that they performed testing on anyone who met the criteria. ASM #2 stated that the criteria</p>	F 886			

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F 886	<p>Continued From page 4</p> <p>they followed for testing was to test anyone who was in close contact more than 15 minutes without appropriate PPE (personal protective equipment) on. ASM #2 stated that appropriate PPE would be a mask on the staff member. ASM #2 stated that all unvaccinated staff were required to wear an N95 mask and a faceshield at all times in the facility and unvaccinated staff were required to wear a surgical mask. ASM #2 stated that they were following the facility procedure "Testing Criteria Summary" and were not testing any staff because they were all wear some type of mask. ASM #2 stated that they were testing staff if they reported any symptoms. ASM #2 stated that they did not have any evidence of testing for RN #1.</p> <p>The facility document, "Testing Criteria Summary" dated 10/05/2022 documented in part, "[Name of facility] follows the testing criteria outline by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC)...Testing Trigger: Newly identified COVID-19 positive staff or resident (not in TBP (transmission based precautions) in a facility/community that can identify close contacts...Staff: Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual. Frequency: Day 1, 3, and 5 unless positive result is obtained...Exposure is defined as a patient that was not previously being care for in Transmission Based Precautions or being within close contact (less than 6 ft (feet) for 15 minutes or greater) without appropriate PPE of a COVID-19 positive patient or staff..."</p> <p>According to CMS- QSO-20-38-NH revised 9/23/2022, "...Testing of Staff and Residents</p>	F 886	<p>1. Corrective Action RN #1 was tested during the facility's broad-based staff testing conducted 1/31/23 to 2/5/23. Any positive staff were restricted from work in accordance with current CDC guidelines for health care practitioners.</p> <p>2. Like Residents/Areas All staff and residents are potentially at risk. The facility adopted the Hill Valley Healthcare Policy titled, "COVID-19 Screening/Testing Plan for Residents and Staff" which shares the definition of a "higher-risk exposure" with the CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2."</p>		

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F 886	<p>Continued From page 5</p> <p>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 1/31/2023 at approximately 5:25 p.m., ASM #1, the administrator was 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 causes COVID-19. The SARS-CoV-2 virus is a</p>	F 886			

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F 886	Continued From page 6 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: <a href="https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads">https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads</a>	F 886			