

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

PRINTED: 09/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/08/2022
NAME OF PROVIDER OR SUPPLIER NORTHERN NECK SENIOR CARE COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 20 DELFAE DRIVE *REVISED* WARSAW, VA 22572	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 9/7/22 through 9/8/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints, VA00052202-Substantiated without deficiency and VA00054278-Substantiated without deficiency, were investigated during the survey. The census in this 80 certified bed facility was 68 at the time of the survey. The survey sample consisted of 2 resident reviews.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review and facility documentation and in the course of an investigation, the facility staff failed to provide nursing services that meet with professional standards of care for 1 Resident (#2) in a survey sample of 2 Residents. The findings included : For Resident #2 the facility staff gave Resident #2 medications that were intended for another Resident. On 9/7/22 at approximately 2:55 PM a review of the clinical record was conducted and it was	F 658	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Enrika Hausman* TITLE *Administrator* (X6) DATE *10/12/2022*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 658	Continued From page 1 discovered that on 11/25/20 Resident #2 was given a dose of Cardizem 60 mg (a calcium channel blocker used for hypertension). The record stated that the nurse assigned to this Resident became distracted and gave this medicine to Resident #2 that was intended for another Resident. The clinical record and facility documentation shows evidence that the nurse realized her mistake when she returned to her medication cart. She then notified the supervisor, and then the Physician and received an order to send Resident #2 to the ER for evaluation. She prepared the Resident to transfer to the ER and notified the RP of her transfer. The Resident was admitted to the hospital for observation and returned to the facility on 11/29/20 The facility provided credible evidence showing that they had addressed this issue with the nurse in question, gotten a statement from her did an investigation and addressed this incident in QAPI. They followed up with medication audits and training for the nursing staff on the "Rights of Medication Administration." The AOC (allegation of compliance) date was 1/26/21. On 9/8/22 at 1:00 PM an interview was conducted with the DON who stated that they had no further medication errors since that time.	F 658		
F 886 SS=D	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §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:	F 886		

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F 886	Continued From page 2 §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; (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	F 886	1. Resident #2 no longer resides in the facility; test results confirmed as COVID-19 positive. 2. 100 % audit completed has been completed on all current residents to ensure COVID-19 testing data were properly documented in the residents' clinical records. Any identified discrepancies have been corrected. 3. The Infection Control Preventionist and Medical Records has been educated to ensure that Individual rapid COVID-19 test form to be completed and uploaded in resident records. 4. The Director of Nursing and/or designee will audit all COVID-19 testing results to ensure consents and testing forms are accurate and are uploaded in residents' clinical records weekly x 4, bi-weekly x 4 weeks, and monthly x 1. 5. Data results will be analyzed and reviewed at monthly Quality Assurance and Performance Improvement meetings for 3 months with revisions to plan of correction as needed.	10/14/2022

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F 886	<p>Continued From page 3</p> <p>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 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, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to provide required documentation of COVID-19 testing in 1 out of 2 resident records reviewed.</p> <p>The facility staff failed to document COVID-19 testing data in the resident clinical records for Resident #2.</p> <p>The findings included:</p> <p>On 9/8/22, an interview was conducted with the Facility Administrator and Director of Nursing (DON) regarding COVID-19 status for Resident #2. The Facility Administrator submitted a COVID-19 resident tracking sheet which listed Resident #2 as COVID "positive" on 1/20/22.</p> <p>The Director of Nursing (DON), verified that COVID-19 testing occurrences and test results were expected to be documented within each residents clinical record.</p>	F 886			

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F 886	Continued From page 4 Clinical record review was performed for Resident #2 and revealed no documentation of COVID-19 testing occurrences, type of COVID-19 test utilized, or test results within the residents' clinical record. An interview was conducted with the DON who confirmed the findings following her review of Resident #2's clinical record with her laptop during the interview. The DON also confirmed that the facility utilizes the recommendations from the Centers for Medicare & Medicaid Services (CMS) for COVID-19 testing guidelines. The CMS recommendations found in Ref: QSO-20-38-NH, revised on 3/10/22, page 11, revealed, "...the results of tests must be done in accordance with standards for protected health information. For residents, the facility must document [COVID-19] testing results in the medical record". The Facility Administrator and DON were informed of the findings. No further information was received.	F 886			
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education	F 887			

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F 887	Continued From page 5 regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses; (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; Note: States that are not subject to the Interim Final Rule - 6 [CMS-3415-IFC], must comply with requirements of 483.80(d)(3)(v) that apply to staff under IFC-5 [CMS-3414-IFC] and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident; or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and (vii) The facility maintains documentation related to staff COVID-19 vaccination that	F 887	1. Resident #2 no longer resides in the facility; test results confirmed as COVID-19 positive. 2. 100 % audit completed has been completed on all current residents to ensure COVID-19 testing data were properly documented in the residents' clinical records. Any identified discrepancies have been corrected. 3. The Infection Preventionist and Medical Records has been educated to ensure that Individual rapid COVID-19 test form to be completed and uploaded in resident records. 4. The Director of Nursing and/or designee will audit all COVID-19 testing results to ensure consents and testing forms are accurate and are uploaded in residents' clinical records weekly x 4, bi-weekly x 4 weeks, and monthly x 1. 5. Data results will be analyzed and reviewed at centers monthly Quality Assurance and Performance Improvement meetings for 3 months with revisions to plan of correction as needed.	10/14/2022	

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F 887	<p>Continued From page 6</p> <p>includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, facility staff failed to provide COVID-19 immunization for 1 resident, Resident #2, in a survey sample of 2 residents.</p> <p>The findings included:</p> <p>The facility staff failed to provide COVID-19 immunization for Resident #2.</p> <p>On 9/8/22, clinical record review was performed for Resident #2 and revealed no documentation of COVID-19 immunization. Resident #2 was admitted to the facility on 11/9/21.</p> <p>An interview was conducted with the Director of Nursing (DON) who verified the finding while reviewing the clinical record of Resident #2 on her laptop. The DON stated, "I know [name redacted, Resident #2] is unvaccinated [for COVID-19], however it does not appear that it [a COVID-19 vaccine] was discussed with her or offered to her, I cannot find any notes or declination form".</p> <p>Review of the facility policy entitled, "COVID-19</p>	F 887			

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F 887	Continued From page 7 Vaccinatin for Residents", subtitle, "Policy", read, "In order to protect residents and staff from COVID-19, the facility will develop and implement policies and procedures that meet each resident's, resident representatives, and staff members information needs and will offer vaccines to all residents and staff". Also, subtitle "Specific Procedures/Guidance", item 2 read, "Resident/resident representatives will be educated on: (a) risks/benefits of COVID-19 vaccination. The education will be specific to vaccine being offered/administered and; (b) current CDC guidelines for vaccination of residents for COVID-19 and; (c) symptoms, risks and benefits associated with the COVID-19 virus" and item 3 read, "Residents will be encouraged to accept COVID-19 vaccinations in accordance with CDC guidance". The Facility Administrator and Director of Nursing informed of the findings. No further information was provided.	F 887			