

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

PRINTED: 04/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>EMPORIA REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEAVER AVENUE</b> <b>EMPORIA, VA 23847</b>		
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted 3/30/23 through 3/31/23. The facility was in substantial compliance with 42 CFR Part 483.475(b)(6) emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000			
F 000	INITIAL COMMENTS  The census in this 120 certified bed facility was 102 at the time of the survey.  A COVID-19 Focused Infection Control Survey and abbreviated standard survey was conducted 3/30/23 through 3/31/23. 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. Two complaints were investigated during the survey as follows:  VA00058272--Unsubstantiated VA00057751--Unsubstantiated	F 000			
F 886 SS=E	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	F 886		4/25/23	

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

TITLE

(X6) DATE

Electronically Signed

04/14/2023

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>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 parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> <li>(i) Testing frequency;</li> <li>(ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;</li> <li>(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;</li> <li>(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;</li> <li>(v) The response time for test results; and</li> <li>(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</li> </ul> <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> <ul style="list-style-type: none"> <li>(i) Document that testing was completed and the results of each staff test; and</li> <li>(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.</li> </ul>	F 886			

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F 886	<p>Continued From page 2</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> <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 observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to conduct COVID-19 testing in accordance with CDC (Centers for Disease Control) and CMS (Centers for Medicare &amp; Medicaid Services) guidance/requirements for 4 residents, Residents #9, #10, #11, and #14, out of 4 newly admitted residents reviewed for COVID testing.</p> <p>The findings included:</p> <p>For Residents #9, #10, #11, and #14, the facility staff failed to conduct COVID-19 testing upon their admission to the facility.</p> <p>A. For Resident #9, the facility staff failed to conduct COVID-19 testing upon his re-admission to the facility.</p>	F 886	<p>1. Residents #9, #10, #11 and #14 were assessed for signs and symptoms of COVID-19 infection. No signs or symptoms of COVID-19 identified. Provider notified as indicated.</p> <p>2. New admissions, readmissions, and residents who are on Leave of Absence for 24 hours or more , when community transmission levels are high, will be tested on admission and, if negative, again 48 hours after the first negative and if negative, again 48 hours after the second negative test.</p> <p>3. The Director of Nursing or designee will re-educate the licensed nursing staff on COVID-19 testing requirements for new admissions, readmissions and</p>		

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F 886	<p>Continued From page 3</p> <p>On 3/31/23, a clinical record review was conducted and revealed that Resident #9 was transferred to a local hospital on 1/24/23 and was re-admitted to the facility on 2/2/23. There was no evidence of COVID-19 testing conducted by facility staff upon his re-admission to the facility.</p> <p>B. For Resident #10, the facility staff failed to conduct COVID-19 testing upon his admission to the facility on 2/5/23.</p> <p>On 3/31/23, a clinical record review was conducted and revealed that Resident #10 was admitted to the facility on 2/5/23. There was no evidence of COVID-19 testing conducted by facility staff upon his admission to the facility.</p> <p>C. For Resident #11, the facility staff failed to conduct COVID-19 testing upon his re-admission to the facility.</p> <p>On 3/31/23, a clinical record review was conducted and revealed that Resident #11 was transferred to a local hospital on 1/28/23 and was re-admitted to the facility on 2/1/23. There was no evidence of COVID-19 testing conducted by facility staff upon his re-admission to the facility.</p> <p>D. For Resident #14, the facility staff failed to conduct COVID-19 testing upon her re-admission to the facility.</p> <p>On 3/31/23, a clinical record review was conducted and revealed that Resident #14 was transferred to a local hospital on 12/27/22 and</p>	F 886	<p>residents that go on Leave of Absence for 24 hours or more.</p> <p>4. The Director of Nursing or designee will audit COVID-19 testing per guidelines for any new admissions, readmissions or residents that go on Leave of Absence for 24 hours or more, daily X 5 days, weekly times 3 weeks and monthly times 2 months. Results will be brought to QAPI for review times 2 months or until compliance is achieved.</p>		

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F 886	<p>Continued From page 4</p> <p>was re-admitted to the facility on 1/9/23. There was no evidence of COVID-19 testing conducted by facility staff upon her re-admission to the facility.</p> <p>On 3/31/23, a group interview was conducted with the Facility Administrator and the Infection Preventionist (IP), both of whom confirmed that COVID-19 community transmissibility levels were "High" during the month of January 2023 until February 15, 2023. The IP stated that the facility's infection control program includes following all recommended CDC guidelines.</p> <p>The IP confirmed that when the community transmissibility levels are high, COVID-19 testing is conducted on residents who are being admitted to the facility or returning to the facility after being gone for 24 hours or longer. The IP stated, "testing begins on Day 1 of arrival, then again in 48 hours, Day 3, and again in another 48 hours, which would be Day 5".</p> <p>Review of the facility policy titled, "Guidance and Protocol-COVID-19", effective date September 27, 2022, subtitle, "Screening Testing", read, "Screening testing recommended for new admissions when community transmission levels are high".</p> <p>The CDC document entitled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", updated September 23, 2022, page 11, subheading, "Nursing Homes", item 3 "Managing admissions and residents who leave the facility", read, "In general, admissions in counties where Community Transmission levels are high should</p>	F 886			

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F 886	Continued From page 5 be tested upon admission... Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test".  Review of the CMS (Centers for Medicare & Medicaid Services) Memo Ref: QSO-20-38-NH, revision date 9/23/2022, page 9, revealed, "For residents, the facility must document [COVID-19] testing results in the medical record".  On 3/31/23, the Facility Administrator and IP were updated on the findings. No further information was provided.	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 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,	F 887		4/25/23	

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F 887	Continued From page 6 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, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; (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 includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (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). This REQUIREMENT is not met as evidenced by: Based on staff record review, staff interview and facility documentation review, the facility staff failed to offer and/or provide up to date COVID-19	F 887	1. Upon notification from surveyor, LPN B and Employee F were provided education on COVID-19 vaccination		

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F 887	<p>Continued From page 7</p> <p>immunization for 2 staff members, LPN B and Employee F, in a survey sample of 4 staff members reviewed for COVID-19 vaccination.</p> <p>The findings include:</p> <p>The facility staff failed to offer and/or provide COVID-19 bivalent booster vaccines for LPN B and Employee F.</p> <p>On 3/31/23, an interview was conducted with the Facility Administrator and the Infection Preventionist (IP), both of whom confirmed the facility policies and procedures follow CDC (Centers for Disease Control and Prevention) guidance and recommendations for staff COVID-19 immunization. The facility COVID vaccination policies were requested and received.</p> <p>On 3/31/23, staff vaccination records for LPN B and Employee F were reviewed and revealed the following:</p> <p>LPN B completed a primary COVID-19 vaccine series on 4/26/21 and a monovalent booster on 2/8/22 but had not received a bivalent booster dose.</p> <p>Employee F completed a primary COVID-19 vaccine series on 2/3/21 and a monovalent booster on 4/7/22 but had not received a bivalent booster dose.</p> <p>On 3/31/23, an interview was conducted with the Facility Administrator and IP. The Administrator stated, "We would certainly encourage staff members to stay up to date with immunization and to consider getting [COVID-19] boosters but there is no specific process to review [COVID-19]</p>	F 887	<p>recommendations.</p> <p>2. All staff and residents or responsible parties will be provided education on COVID-19 Vaccination recommendations and will complete a Vaccination declination form if indicated.</p> <p>3. The Administrator or designee will re-educate the facility staff and residents or responsible parties on COVID-19 Vaccination recommendations.</p> <p>4. The Administrator or designee will audit new hire employees and new admissions for completion of education on COVID-19 vaccination recommendations weekly times 3 weeks, and monthly times 2 months. Results will be brought to QAPI for review times 2 months or until compliance is achieved.</p>		



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F 887	<p>Continued From page 8</p> <p>boosters with them, we do not have informed consent forms or declination forms for staff members related to COVID-19 vaccines".</p> <p>Review of the facility's policy titled, "COVID-19 Vaccinations", subheading "Policy", read, "It is the policy of this facility to ensure that all eligible employees and residents are vaccinated against COVID-19 as per applicable Federal, State, and local guidelines".</p> <p>The CDC (Centers for Disease Control and Prevention) document titled, "Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States", updated March 16, 2023, page 3, "Recommendations for COVID-19 vaccine use", subtitle, "Booster vaccination", read, "People ages 6 months and older are recommended to receive 1 bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized primary series or previously received monovalent booster dose(s)".</p> <p>The CDC (Centers for Disease Control and Prevention) document titled, "Stay Up to Date with COVID-19 Vaccines Including Boosters", updated March 2, 2023, page 2, "COVID-19 Boosters", subtitle, "Updated Boosters", read, "The updated boosters are called 'updated' because they protect against both the original virus that causes COVID-19 and the Omicron variant BA.4 and BA.5...Updated COVID-19 boosters became available on: September 2, 2022, for people aged 12 years and older... You are up to date with your COVID-19 vaccines when you have completed a COVID-19 vaccine primary series and got the most recent booster dose".</p>	F 887			

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F 887	Continued From page 9  The CDC (Centers for Disease Control and Prevention) document titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", updated September 23, 2022, page 2, item 1, read, "1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic...Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses...HCP [Healthcare Personnel], patients, and visitors should be offered resources and counseled about the importance of receiving the COVID-19 vaccine".  The CDC (Centers for Disease Control and Prevention) document titled, "Strategies to Mitigate Healthcare Personnel Staffing Shortages", updated September 23, 2022, page 2, item 3, read, "As part of conventional strategies [to minimize staffing shortages], it is recommended that healthcare facilities: Ensure any COVID-19 vaccine requirements for HCP [Healthcare Personnel] are followed, and where none are applicable, encourage HCP to remain up to date with all recommended COVID-19 vaccine doses".  On 3/31/23, the Facility Administrator and Infection Preventionist were notified of the findings. No further information was provided.	F 887			