

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT EMPORIA		STREET ADDRESS, CITY, STATE, ZIP 200 WEAVER AVENUE EMPORIA, VA 23847	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and facility documentation, the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 3 of 6 observed areas of the facility. The findings included: The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19. On 6/24/2020 at 12:46 PM Surveyor A was accompanied by the Director of Nursing (DON) on a facility tour. Prior to the tour the DON was asked what her expectation regarding masks was. The DON stated, everyone is wearing masks at all times, covering their mouth and nose; except on the exposure unit, they wear an N95. On 6/24/2020 at approximately 12:50 PM, while accompanied by the Director of Nursing (DON) (Employee: B), observation of the kitchen revealed Employee C with her face mask resting on her top lip, exposing her nose. Employee D was observed with her face mask resting on her chin with both her mouth and nose exposed. During the kitchen observation the Dietary Manager (Employee G) joined Surveyor A and the DON. When Employee G was asked what her expectation on masks are for employees, Employee G stated, she expects them to wear masks at all times covering their nose and mouth. The DON stated, that she reminded Employee C to pull her mask up. On 6/24/2020 during a tour of the laundry department, Employee E, the laundry aide was observed in the clean linen room, handling linen with her face mask hanging from her left ear. The right side of the mask was not secured; therefore her mouth and nose were both exposed. When asked why Employee E didn't have her mask on, Employee E stated, I just took it off for a second, if we are back here we don't have to have it on. On 6/24/2020 while walking toward the memory care unit with the DON, the Maintenance Assistant (employee F) was observed sitting in the maintenance office without any facial covering/mask on. His nose and mouth both were completely exposed. On 6/24/2020 during the facility tour the supply of personal protective equipment (PPE) which included face masks was observed and multiple cases of unopened face masks were observed. Staff interviews revealed that the facility supply of masks is adequate. On 6/24/2020 at 1:28 PM prior to leaving the facility, the DON was asked if she had observed any concerns during the tour. The DON stated, yes, the masks in the kitchen. On 6/24/2020 at approximately 2:10 PM a telephone conference was held with the survey team and the facility Administrator and DON. They were made aware of the findings during facility observations. The facility Administrator stated, we are concerned about that too. On 6/24/2020 the facility staff provided the survey team with evidence of staff training on PPE for Employees C, D, and F that were conducted in March 2020. Employee E's training took place on 6/22/2020. Review of the facility policy titled COVID-19 Policy/plan for facilities with a revision date of 5/6/2020 read, all staff will be required to wear a surgical/isolation mask at all times while in the facility. Per the CDC's guidance stated healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. CDC recommendations/guidelines accessed online 6/9/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html CMS's COVID-19 Long-Term Care Facility Guidance dated April 2, 2020, read: For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. accessed online 6/9/2020 at https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/25/2020. No further information was provided.</p>		

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

TITLE

(X6) DATE

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.