

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVER VIEW ON THE APPOMATTOX HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>201 EPPS STREET HOPEWELL, VA 23860</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  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 5 of 6 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 7/14/2020 Surveyor B entered the facility at approximately 11:00 AM. Employee D was observed in the front office with her procedure mask hanging from her left ear, exposing her mouth and nose. At 11:05 AM Surveyor B approached the glass window of the front office, after being screened in and donning PPE. Employee D was still observed without her mask on. Employee C, the receptionist, who shared the office with Employee D, came out to talk with the Surveyor. Employee C stated, everyone wears masks as soon as they get here. Employee C was asked if they are expected to wear a mask while in the office and Employee C stated yes. When asked about the importance of wearing masks, Employee C stated: so we don't breathe or cough on each other, since it is two of us in that small area. Surveyor B then approached the window again at 11:12 AM after observing Employee D to remove the procedure mask and put on a cloth mask. Surveyor B asked Employee D why she had not been wearing her mask, Employee D stated I was taking medication and had to swallow. On 7/14/2020 at 11:15 AM Surveyor B was accompanied by the Assistant Director of Nursing (ADON/RN A) on a facility tour. Prior to leaving the lobby, Surveyor B asked the ADON what was her expectation regarding masks. The ADON stated, masks are mandatory, it must be on when they enter and it is to cover their mouth and nose. On 7/14/2020 at approximately 11:20 AM, while accompanied by the ADON (RN A), observation of the therapy gym revealed Employee E at the counter, working on the computer, without any facial covering/mask on. In the therapy gym, two Residents were observed, as well as three other staff members. The ADON instructed Employee E to put on a mask. When the ADON was asked if Employee E should have had a mask on, she said everyone should have one on. On 7/14/2020 at 11:27 AM Employee G was observed to exit the laundry room door, enter onto the nursing unit, without a mask on. The ADON said to Employee G, excuse me ma'am you need to put mask on. Employee G stated multiple times it won't stay on. The ADON knocked on the laundry door, for Surveyor B to observe the laundry area. Employee F answered the door with her mask below her nose. The ADON instructed her to pull her mask up. Employee F identified herself as the housekeeping/laundry manager. Employee F was asked her expectation of staff wearing masks, she stated they better have it on. On 7/14/2020 at 11:44 AM, Employee H was observed in room [ROOM NUMBER] with only gloves and a facemask on. As Employee H exited the room, she failed to remove her gloves and perform any hand hygiene. Surveyor B observed a yellow sign with a red stop sign on the door, which stated: STOP: Contact Precautions: everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. The ADON asked Employee H why she didn't have on appropriate PPE and Employee H said, I didn't see the sign. On 7/14/2020 at 11:47 AM the ADON knocked on the dietary door. Employee I answered the door and was observed to have her mask on her chin, not covering her mouth or nose. Surveyor B asked why she was not wearing a mask, Employee I stated, I've got one on. The Surveyor then asked why she was not wearing the mask properly, if I wear it, it breaks me out, she then pulled up the mask over her mouth, but left her nose exposed. Review of the facility policy titled Contact Precautions page 4 read, gloves will be removed and discarded before leaving the Resident's room, hands will be washed with soap and water, or a waterless hand antiseptic will be used. Page 4 continued with gown use and read, Don (put on) gown upon entry into the room. Review of the facility policy titled Coronavirus Surveillance and Admission Criteria indicated that the facility infection preventionist would monitor the CDC website for recommendations on prevention, treatment, isolation, or other recommendations. 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 7/14/2020 at: <a href="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">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</a> The Virginia Department of Health Offices of Epidemiology and Licensure and Certification, in conjunction with state leadership, created Virginia- specific guidance aimed at providing practical strategies for nursing homes to implement phased and safe reopening plans. The document titled: VDH Nursing Home Guidance for Phased Reopening dated 7/2/2020 read on page 5, Universal Source Control and PPE: All staff, regardless of their position, will wear a cloth face covering or facemask while in the facility. On 7/14/2020 at 11:51 AM prior to Surveyor B leaving the facility, the ADON was asked if she had observed any concerns during the tour. The ADON stated, yes, people not wearing masks, I think I saw the same things as you. The ADON was again made aware of the findings during the end of day meeting held on 7/14/2020 at approximately 3:55 PM. 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.