

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 940 EAST LEE HIGHWAY CHILHOWIE, VA 24319	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, clinical record review, and facility document review, the facility staff failed to maintain an infection control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infection on one of three units the Alzheimer's unit. This deficient practice effected residents #1, #2, #3, and #4. The findings included: The facility staff failed to maintain social distance between four residents on the Alzheimer's unit. These four residents were positioned side by side at a round table. The CNA (certified nursing assistant) working with these residents stated they had not been directed to keep the residents separated when they were participating in activities. Resident #1 had been admitted to the facility on [DATE]; [DIAGNOSES REDACTED]. Section C (cognitive patterns) of the residents quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 05/08/2020 included a BIMS (brief interview for mental status) summary score of 0 out of a possible 15 points. Section G (functional status) was coded to indicate the resident required extensive assistance of 2 people for locomotion on unit, walk in room, corridor, and transfers. The MDS was coded to indicate the resident used a wheelchair or walker for mobility. The Residents CCP (comprehensive care plan) included the focus areas of cognitive loss and at risk for psychosocial well-being concern r/t (related to) medically imposed restrictions r/t COVID-19 precautions. Interventions included, but were not limited to, Provide in room activities of choice, as able. A review of the last 14 days of nursing notes revealed no acute findings in relation to respiratory issues. Resident #2 had been admitted to the facility on [DATE]; [DIAGNOSES REDACTED]., and abnormal posture. Section C of the residents quarterly MDS assessment with an ARD of 04/16/2020 included a BIMS summary score of 0 out of a possible 15 points. Section G was coded to indicate the resident required extensive assistance of 2 people for transfers and extensive assistance of 1 person for locomotion on unit, walk in room and corridor. The MDS was coded to indicate the resident used a wheelchair or walker for mobility. The Residents CCP included the focus areas of at risk for falls, cognitive loss, and at risk for psychosocial well-being concern r/t medically imposed restrictions r/t COVID-19 precautions. Interventions included, but were not limited to, Provide in room activities of choice, as able. A review of the last 14 days of nursing notes revealed no acute findings in relation to respiratory issues. Resident #3 had been admitted to the facility on [DATE]; [DIAGNOSES REDACTED]. Section C of the residents quarterly MDS assessment with an ARD of 04/06/2020 included a BIMS summary score of 0 out of a possible 15 points. Section G was coded to indicate the resident required extensive assistance of 1 person for locomotion on unit, walk in room and corridor. The MDS was coded to indicate the resident used a wheelchair for mobility. The Residents CCP included the focus areas at risk for falls, [MEDICAL CONDITION], and at risk for psychosocial well-being concern r/t medically imposed restrictions r/t COVID-19 precautions. Interventions included, but were not limited to, Provide in room activities of choice, as able. A review of the last 14 days of nursing notes revealed no acute findings in relation to respiratory issues. Resident #4 had been admitted to the facility on [DATE]; [DIAGNOSES REDACTED]. Section C of the residents quarterly MDS assessment with an ARD of 06/05/2020 included a BIMS summary score of 0 out of a possible 15 points. Section G was coded to indicate the resident required limited assistance of 1 person for locomotion on unit, walk in room and corridor. Transfers were coded to indicate the resident required extensive assistance of 1 person. The Residents CCP included the focus areas prefers not to attend group activities due to preference to pursue independent activities, at risk for falls, cognitive loss/dementia, and at risk for psychosocial well-being concern r/t medically imposed restrictions r/t COVID-19 precautions. Interventions included, but were not limited to, Provide in room activities of choice, as able, encourage participation in-group activities of interest. A review of the last 14 days of nursing notes revealed no acute findings in relation to respiratory issues. On 06/24/2020 at approximately 9:50 a.m., the surveyor entered the locked Alzheimer's unit with the DON (director of nursing) and AIT (administrator in training). While walking down the hallway the surveyor passed an open doorway to their left. The surveyor observed four female residents sitting side by side at a round table. Three of these residents were in wheelchairs (Resident #1, #2, and #3) and one of these residents (Resident #4) was sitting in a straight back chair. The residents were grouped together side by side. Standing across the table from these four residents was CNA (certified nursing assistant) #1. The surveyor entered the room and asked CNA #1 about the residents being grouped together and social distancing. This CNA verbalized to the surveyor that they had placed these four residents together at the table and that they had not been told to keep the residents apart during activities. This CNA stated they had been reviewing the daily chronicle (local newspaper). This CNA was observed to be wearing a facemask. None of the four residents had a facemask in place. On 06/24/2020 at approximately 1:00 p.m., the surveyor interviewed the IP (Infection Preventionist) and DON via phone. The IP stated CNA #1 had been provided education regarding social distancing, that they were doing the best they could to keep the residents separated, and they were following CDC (Centers for Disease Control and prevention) guidelines. The IP stated they would like the residents to be separated and that they had tried facemask's with the residents on the Alzheimer's unit but they would not wear them and they would get upset with staff. On 06/24/2020 at 1:35 p.m., surveyor #2 interviewed the IP via phone. The IP verbalized to this surveyor that they were not having any communal activities. On 06/24/2020 at 2:45 p.m., surveyor #2 interviewed CNA #2 via phone. This CNA verbalized to the surveyor that on the dementia (Alzheimer's) unit, they were trying to keep the residents 6 feet apart and they intervened as much as possible. On 06/24/2020, the facility provided the surveyor with copies of the following documents. In-service titled Wearing Masks/Social Distancing under learning objectives the staff person teaching this in-service had transcribed .Encourage/remind residents frequently & Redirected when need to stay 6 ft apart from other residents. CNA #1 had signed page 2 on 05/19/20. CNA #1 had also signed page 5 of this form. There was no date beside of the CNA's name. However, the staff that had signed this in-service log before and after CNA #1 had dated the form 06/02/2020. Document from the CDC titled Coronavirus Disease 2019 (COVID-19) Consideration for Memory Care Units in Long-term Care Facilities. This document read in part, .Routines are very important for residents with dementia. Try to keep their environment and routine as consistent as possible while still reminding and assisting with frequent .social distancing, and use of cloth face coverings (if tolerated) .Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel . Document titled COVID-19 (MEDICAL CONDITION) Prevention and Monitoring Policy Statement This policy read in part, .[MEDICAL CONDITION] is thought to spread mainly from person-to-person. Between people who are in close contact with one another (within about 6 feet) .Cancel communal dining and all group activities .Remind residents to practice social distancing .The Infection Preventionist and Director of Nursing Services will train and educate staff . The DON and AIT (Administrator in Training) were made aware of the issue regarding social distancing and activities during the onsite survey on 06/24/2020. On 06/26/2020 at approximately at 1:50 p.m., during a follow up phone call with the administrator the administrator verbalized to the surveyors that 6 residents and 10 staff had been tested for COVID19 and they were all negative. The census is the 180 certified bed facility was 146 at the time of the onsite survey. No further information regarding this issue was provided to the survey team.</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.

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