

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 515185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER GREENBRIER HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1115 MAPLEWOOD AVENUE LEWISBURG, WV 24901	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>. Based on record review, observation, and staff interview, the facility failed to implement proper infection prevention and control practices to prevent the development and transmission of signs and/or symptoms associated with COVID-19 for Resident #2, he had experienced an elevated temperature and cough. Resident #2 had been receiving visitation on approximately nine (9) occasions for [MEDICATION NAME] care visits, while remaining in a semi-private room with a roommate. Observation of the area assigned as the COVID-19 quarantine hall found the doors to the occupied rooms were open. The Personal Protection Equipment (PPE) was hanging on the inside of the resident's doors. The PPE bags contained one yellow disposable gowns each and a box of gloves. The PPE bags did not contain any N95 mask or eye protection gear (goggles, face-shields etc.). The facility was utilizing the quarantine hallway to assess the Physical Therapy (PT) room for all residents that were receiving PT. Two (2) residents receiving Hemo-[MEDICAL TREATMENT] outside of the facility three (3) times a week were not placed in an area to separate them from other residents to prevent the spread of the COVID-19 disease. They were in semi-private rooms with roommates. Resident identifiers: 2, 5, and 3. Facility census:58 Findings included: a) Resident #2 During an interview on 06/15/20 at 9:45 AM, the Administrator was asked if there were currently any Residents receiving [MEDICATION NAME] care. He stated, Resident #2 was receiving visits from his family. He was asked if the family was provided an area to visit with this resident alone. He said yes in his room in which Resident #2 had a roommate. Resident #2's bed was located by the door. His roommate, according to the nursing notes roams around the unit in his wheelchair. Administrator was asked about potentially exposure to the Covid-19 to the roommate by allowing the visitors in a semi-private room. He replied he had no other rooms available. A review of medical records revealed Resident #2 had an elevated temperature on 06/08/20 of 100.8, 06/09/20 of 100.1, 06/11/20 of 100.6 and on 06/15/20 100.3. It was also reported to the attending physician on 06/07/20 by the nursing staff that he was congested with a cough, with crackles heard throughout all lobes of the lungs. A chest x-ray was ordered; however, he was not placed in the quarantine area for possible signs/symptoms of Covid-19. On 06/17/20 at approximately 11:00AM, Administrator was asked why he was not placed in a private room when he had a fever and cough. He said he would only have to move him if thought it was [MEDICAL CONDITION] (Covid -19) but he knew he did not have [MEDICAL CONDITION]. On 06/16/20 at 2:45 PM, a phone interview with the sister of Resident #2, revealed the facility always takes her temperature before entering the building. She was asked if his roommate is in the room while she is visiting her brother. She said, yes, he is in and out all day long. She was asked if he was wearing a mask. She said well sometimes, because the nurses must keep putting it on him. She went on to say the first day she was visiting her brother, she noticed he was flushed, so asked the staff to take his temperature and he did have a fever of 100.8. She then asked for the nurse to give him some medication for his fever. She said the aide asked three (3) times for her and after waiting for over three (3) hours she went to the nursing station to ask for her brother some medication for his fever. She was asked if her brother was able to wear a mask. She said, Lord honey he couldn't, why he coughs so much he already can't breathe. She was asked if his door was closed. She said no. She further stated his roommate is in and out of the room so much and several of her brother's friends in the facility come to his door and ask her how he is doing. On 06/17/20 at 11:45 AM, Unit Manager (UM) #77 stated, Resident #2 was moved to the quarantine area for [MEDICATION NAME] care. She was asked should he have PPE on his door, and should his door be closed. She said, no I don't think so. b) Transporting residents through the quarantine hallway for Physical Therapy During the tour and interview on 06/17/20 at 11:45 AM, with UM #77, she was asked how the residents in the PT room access the PT department, which was located at the end of the quarantine hall. She said, down this hallway because there is no other access to the PT room. The Director of Nursing (DON) provided a list of ten (10) residents that had been transported through the quarantine hallway for PT that day. c) Quarantine area and required PPE On 06/15/20 at 10:45 AM, a tour and interview with Administrator of the designated quarantine area. It was noted the double door were open, allowing any resident on this unit to freely go in and out of the quarantine area. There was two (2) residents occupying two different rooms. Both doors were opened, with PPE hanging on the doors. The bags contained one yellow gown each and a box of gloves. Administrator was asked about the doors being open and he closed them. He was asked if the PPE on the door what is the staff would use, he said yes. On 06/15/19 at approximately 3:45 PM, on a phone interview with DON, she said the doors do not have to be closed because they are not positive for COVID-19 and the staff is only required to wear a gown and gloves while providing care for these residents. On 06/17/20 at 11:45 PM, during a tour and interview with UM #77 she was asked what PPE are in the bags hanging on the doors. She states, gowns, and a box of gloves. She was asked if she had access to N95 mask and eye protection, she said, yes, it is locked-up in the PT room in a closet. She was asked what she wears when she goes in the resident's room. She states, she would use a gown and gloves, and when exiting the room, she would remove the gown and gloves and wash her hands. She was asked about what type of mask would she wear. She said this one pointing to the surgical mask in which she was wearing. Facility policy titled Novel Coronavirus [DIAGNOSES REDACTED]-COV-2 (Covid-19) Plan Revision date 06/11/20 provided the following policy: --Respirators are recommended in the presence of confirmed COVID-19 or PUI. Respirators, whether they are N95 or higher, provide protection to the wearer from droplets, but no mask-type filtering respirator can provide complete protection from [DIAGNOSES REDACTED]-CoV-2, since [MEDICAL CONDITION] is too small. Therefore, even when using a properly fitted respirator, maintain distance whenever possible. Respirators are to be worn for all aerosol generating procedures (nebulizer treatments), regardless of COVID-19 infection status. --Medical Facemasks: 1. Face coverings are not PPE. Medical facemasks must be worn by staff. 2. Cloth facemasks should only be used if medical facemasks are not available. 3. Medical facemasks must be reserved for staff use, if possible. 4. Consider providing cloth face coverings for residents. 5. May be used beyond the expiration date, if needed 6. Can be worn by one caregiver between residents a. Avoid touching facemask. b. Perform hand hygiene if facemask is touched. c. If resident has a co-infection requiring transmission-based precautions, such as [DIAGNOSES REDACTED]icile, discard mask after use. 7. Discard facemask at the end of each shift or if it is soiled, damaged, or hard to breathe through CDC recommended PPE revision date 05/18/2020 provided the following: --Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. --All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. .</p> <p>. d) COVID-19 Precautions of Residents Receiving [MEDICAL TREATMENT] During an Interview with the Administrator at 10:00 AM on 06/15/20, the Administrator was asked if the [MEDICAL TREATMENT] Residents were located on the designated COVID-19 isolation unit, the Administrator replied, We only have two Residents getting [MEDICAL TREATMENT], (Resident #3) is on 100 hall and (Resident #5) is up on second floor. Because of the census, I don't have anywhere else to put them. The administrator confirmed Resident #3 and #5 were not located in the designated COVID-19 isolation rooms. The Administrator</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1) further verified both Resident #5 and Resident #3 had roommates. Review of AMFM NOVEL CORONAVIRUS [DIAGNOSES REDACTED]-COV-2 (COVID-19) PLAN FOR RISK REDUCTION AND CONFIRMED CASE RESPONSE indicated for Residents with potential or unknown potential for exposure to COVID-19 with no symptoms to be isolated and given a yellow designation with Personal protective equipment donned by staff prior to entering the room consisting of: Surgical/medical facemask (N95 only with aerosol-generating procedures), Eye protection, Gown (changed between residents), and Gloves. Resident #5 and Resident #3 did not have these precautions in place. During an interview with Unit Charge Nurse (UCN) #87 at 10:57 AM on 06/16/2020, the facility's Front door main entrance was confirmed at the entry/exit point of the facility for all visitors, staff and Residents during COVID-19 precautions, and was confirmed to be the access point used by Resident #5 and #3 for [MEDICAL TREATMENT] appointments. 1. Resident #5 Record review indicated Resident #5 was placed on second floor in room [ROOM NUMBER]-C (bed by the window) on 05/28/2020 with a roommate (Resident #4) and continued to reside in that room while going to an outside facility to receive [MEDICAL TREATMENT] services. Review of Resident #5's record indicated the Resident was ordered to leave the facility three (3) times a week for [MEDICAL TREATMENT] services at (local [MEDICAL TREATMENT] center name) on Monday, Wednesday, and Friday and was transported by the Facility van. Since May 1, 2020 the Resident had attended [MEDICAL TREATMENT] for a total of 7 occurrences. 05/29/2020, 06/01/2020, 06/03/2020, 06/05/2020, 06/08/2020, 06/10/2020, 06/15/2020. During an Interview on 06/17/2020 at 11:47 AM, Resident #5 stated, When we get back from [MEDICAL TREATMENT] we come in the front door (Activity Assistant's #26's first name) stops in the lobby and washes his hands. Then he brings me back up to my room on the elevator. Resident #5 was asked if she washed her hands upon entrance back into the facility, she replied, No, I wait until I get to my room and use hand sanitizer, its about lunch time and I like to use sanitizer before I eat. Resident #5 was asked if she used hand sanitizer at the door, she stated, No I use my own in the room, they don't tell me to I just do it before I eat. They really don't offer at the door. Resident # 5 verified she shares a sink with her roommate (Resident #4) and they both use the same sink for hygiene purposes, neither of them wear a mask while in the room together, and the curtain does not remain closed. Resident #5's roommate (Resident #4), was considered to be high at high-risk for severe illness from COVID-19 per the Center for Disease Control (CDC) guidelines People Who are high Risk for Severe Illness, People Who Need Extra Precautions guidance due to her age of [AGE] years old, and risk factors that included [DIAGNOSES REDACTED]. On 06/17/2020 at 1:12 PM the Director of Nursing verified the facility had a total of five (5) wandering Residents that reside on the second floor of the facility that could have accessed Resident #5's room at any time: Resident 7, Resident #9, Resident #11, Resident #13, Resident #15. Record Review indicated Resident #5's Capacity form dated 5/26/2020 determined the resident has the ability to make decisions and demonstrates capacity. Minimum Data Set ((MDS) dated [DATE] indicates Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15 indicating an intact cognitive response. During a phone interview on 06/16/2020 at 12:38 PM, Activity Supervisor # 12 stated, Yes I transport Residents to appointments in the facility van. We (facility staff) take them in and out of the main front door. Both [MEDICAL TREATMENT] Residents are in wheelchairs and they usually have masks on. When we get back to the facility, I stop and wash my hands at the bathroom in the lobby and then take the Resident on to their room. Activity Supervisor #12 was asked if the Residents washed also went into restroom and washed their hands in the lobby, he replied No, they just wait on me to wash mine. Activity Supervisor #12 was then asked if the Residents are screened at the door when they arrive back to the facility and he replied, No they do all that in the room later. 2. Resident #3 Record review indicated Resident #3 was placed in room [ROOM NUMBER]-C (bed by the window) on 05/01/2020 with a roommate (Resident #6) and continued to reside in that room while going to an outside facility to receive [MEDICAL TREATMENT] services. Review of Resident #3's record indicated the Resident was ordered to leave the facility three (3) times a week for [MEDICAL TREATMENT] services at (local [MEDICAL TREATMENT] center name) on Monday, Wednesday, and Friday and was transported by the Facility van. Since May 1, 2020 through June 16th, 2020 the Resident had been outside the facility for [MEDICAL TREATMENT] for a total of twenty six (26) occurrences on the following dates: 05/01/2020, 05/04/2020, 05/06/2020, 05/07/2020, 05/08/2020, 05/11/2020, 05/13/2020, 05/14/2020, 05/15/2020, 05/18/2020, 05/20/2020, 05/21/2020, 05/22/2020, 05/25/2020, 05/27/2020, 05/28/2020, 05/29/2020, 06/01/2020, 06/03/2020, 06/04/2020, 06/05/2020, 06/08/2020, 06/10/2020, 06/11/2020, 06/12/2020, 06/15/2020. Record review revealed a progress note from Social Services Supervisor #70 entered on 6/2/2020 that stated Resident #3 had been sitting in common areas of the unit on that day indicating the Resident was mobile throughout the facility and had accessed areas frequented by other Residents and was not confined to his room. Resident #3's roommate (Resident #6), was considered to be high at high-risk for severe illness from COVID-19 per the Center for Disease Control (CDC) guidelines People Who are high Risk for Severe Illness, People Who Need Extra Precautions guidance due to his age of [AGE] years old, residing in a long term care facility, and history of lung disorders such as pleural effusion and a solitary [MEDICAL CONDITION] nodule. Record Review indicated Resident #3's Capacity form dated 10/02/19 indicated the resident demonstrates incapacity to make medical decisions due to [DIAGNOSES REDACTED]. Minimum Data Set ((MDS) dated [DATE] indicates Resident #3 had a Brief Interview for Mental Status (BIMS) score of 10 for Unspecified Intellectual Disabilities. .</p>		