

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/10/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/13/2021
NAME OF PROVIDER OR SUPPLIER Guggenheimer Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 Grace Street Lynchburg, VA 24504	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>27353</p> <p>Based on observation, staff interview, and facility document review, the facility failed to dispose of expired IV (intravenous) antibiotic medication which was available for administration, in one of four medication rooms, Unit 1.</p> <p>Findings include:</p> <p>An observation of the Unit 1 medication room was conducted on 10/12/21 at 11:40 AM, with RN (Registered Nurse) #2. In the medication refrigerator was one bag of IV medication, ertapenem 1 gram/50 ml (milliliters) of normal saline. The medication had a pharmacy label with an expiration date of 09/22/21. RN #2 was asked if this resident was a current resident and RN #2 stated, Yes. RN #2 then stated, That (medication) should have been trashed. RN #2 then stated that the pharmacy doesn't take back this type of medication and that they are to dispose of expired medications.</p> <p>On 10/12/21 at approximately 1:15 PM, a policy was requested on medication storage and expired medications.</p> <p>On 10/13/21 at approximately 12:10 PM, the administrator and corporate consultant were made aware of the above concern and was again asked for a policy on expired medications and storage.</p> <p>At approximately 1:00 PM, the policy, Pharmacy Expired Medications was presented and reviewed. The policy documented, .all medication that will expire .will be removed from that storage area and returned to pharmacy .when an expiration date is stated as a specific date, the medication expires on that day and must be removed .by that date .</p> <p>No further information and/or documentation was presented prior to the exit conference on 10/13/21.</p>		

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.

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

TITLE

(X6) DATE

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>28106</p> <p>Based on observation, staff interview, and facility policy review, facility staff failed to store and prepare food properly in the main kitchen.</p> <p>Findings included:</p> <p>On 10/12/21 at 10:45 A.M. an initial tour of the main kitchen was conducted along with the dietary manager (other staff, OS #1).</p> <p>A sink was observed, partially filled with cold water, and 4 packages of vacuum sealed beef. There was no running water over the meat. OS #1 stated the meat was supposed to be thawed using running water so that the water is constantly draining off.</p> <p>On 10/13/21 1:25 PM the above information was presented to the administrator, no other information was presented prior to exit conference.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875</p> <p>Based on observation, facility document review, staff interview and clinical record review, the facility staff failed to follow COVID-19 infection control practices for one of 21 residents in the survey sample, Resident #384; and on one of three nursing units. Staff failed to follow CDC (Centers for Disease Control and Prevention) COVID-19 infection control protocols regarding personal protective equipment (PPE) on unit one. Staff failed to place Resident #384 on quarantine at the time of admission per COVID-19 prevention protocols.</p> <p>The findings include:</p> <p>1. Resident #188 was admitted to the facility on [DATE] with diagnoses that included myocardial infarction, diabetes, anxiety, cerebral infarction, dysphagia, hypertension, mood disorder with depression and gastroesophageal reflux disease. An admission nursing assessment dated [DATE] assessed Resident #188 as oriented to person only.</p> <p>Resident #188's clinical record documented the resident tested positive for COVID-19 on 10/12/21. The record documented a physician's order dated 10/12/21 for droplet precautions for ten days due to the COVID-19 diagnosis.</p> <p>On 10/12/21 at 12:15 p.m., lunch tray service to residents on unit one was observed. On 10/12/21 at 12:17 p.m., certified nurses' aide (CNA) #2 was observed delivering a lunch tray to Resident #188. CNA #2 had on goggles and a N95 mask with a surgical mask over the N95. CNA #2 put on a disposable gown and gloves and took the tray into Resident #188's room. Upon exit from the room, CNA #2 took her gown off at the doorway to the room with the door open. CNA #2 discarded the gown into a bin inside the resident's room. CNA #2 then took her gloves off and sanitized her hands. CNA #2 did not remove or sanitize her goggles and did not remove and/or replace either mask after exiting the room. CNA #2 then went to the nourishment room, got a soft drink and delivered it to another staff person down the hall. CNA #2 then assisted other staff members serve lunch trays to the other residents on the unit.</p> <p>Twenty-seven other residents resided on unit one with Resident #188, the only resident posted with droplet precautions.</p> <p>On 10/12/21 at 12:23 p.m., CNA #2 was interviewed about the PPE protocol when providing care for Resident #188 who was on droplet precautions for COVID-19. CNA #2 stated she put on a gown, gloves and already had on a N95 mask before entering the room. CNA #2 stated she took the gown and gloves off when exiting the room and performed hand hygiene. When asked about her goggles and masks when exiting the COVID-19 positive room, CNA #2 stated she took off her goggles and changed masks when we had lots of cases. CNA #2 stated since Resident #188 was the only COVID-19 positive on the unit, they were allowed to leave on their goggles and masks. CNA #2 stated there were wipes to clean the goggles at the room. CNA #2 stated, I left mine on [goggle].</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/12/21 at 4:07 p.m., the licensed practical nurse (LPN #2) caring for Resident #188 was interviewed about the PPE protocol for droplet precautions. LPN #2 stated a N95 mask, gown, gloves, face shield and/or goggles were required. LPN #2 stated if a surgical mask was worn over the N95, the surgical mask was taken off prior to entering the room and then put back on over the N95 after exiting the room. LPN #2 stated the face shield or goggles were supposed to be sanitized after exiting the room, allowed to dry and stored in a paper bag for re-use.</p> <p>On 10/13/21 at 8:36 a.m., LPN #3 was observed entering Resident #188's room to assist a CNA already in the room providing care. LPN #3 had on a hairnet, goggles and a N95 respirator. Prior to entering the room LPN #3 put on a gown and gloves. LPN #3 exited the room with her goggles on top of her head over the hairnet. LPN #3 did not sanitize the goggles or remove the hairnet or mask after exiting the room. After performing hand hygiene, LPN #3 went into the nourishment room and returned to the medication cart. LPN #3 took off her goggles and placed them on top of the medication cart. LPN #3 was still wearing the N95 respirator and hairnet.</p> <p>On 10/13/21 at 8:43 a.m., LPN #3 was interviewed about the PPE protocol for COVID-19 positive residents. LPN #3 stated a gown, goggles, N95 mask and gloves were required prior to entering a droplet precaution room. LPN #3 stated when leaving the room she took off gloves, used hand sanitizer, discarded gown and sanitized hands again. LPN #3 stated upon exiting the room and shutting the door, she sanitized hands again. LPN #3 stated she usually sanitized her goggles upon exiting the room. LPN #3 stated she did not change her mask because a N95 was now required on the entire unit. LPN #3 stated some staff members wore a surgical mask over the N95 but she only wore the N95. When asked about the goggles worn in Resident #188's room, LPN #3 picked them up from the medication cart and stated, I'll clean those now. When asked if other residents were on droplet precautions due to COVID-19, LPN #3 stated Resident #188 was the only resident on droplet precautions.</p> <p>On 10/13/21 at 9:10 a.m., the registered nurse infection preventionist (RN #3) was interviewed about PPE protocols for COVID-19 positive residents. RN #3 stated COVID-19 positive residents were placed on droplet precautions and prior to entering the room staff were required to wear N95 mask, gown, gloves and goggles and/or face shield. RN #3 stated steps for PPE doffing/donning were sanitizing hands, N95 already on, gown on, goggles or face shield on and gloves. RN #3 stated after care was completed staff members were supposed to remove gloves, sanitize hands, discard gown in bin, sanitize hands, exit the room, shut door, put on clean gloves, sanitize goggles or face shield, place on table to dry and then store them in a bag. RN #3 stated staff members should have sanitized goggles upon exit from Resident #188's room. RN #3 stated there was no requirement for changing masks upon exiting the room. When asked the rationale for not changing masks, RN #3 stated they currently were requiring N95 respirators on the entire unit because COVID-19 test results were still pending for one staff person. RN #3 stated Resident #188 was the only resident on the unit with droplet precautions as the other residents tested negative for COVID-19.</p> <p>The facility's posted PPE protocol for droplet precautions documented the following steps for donning/doffing PPE.</p> <p>Donning PPE - .Before you don PPE please place and open the tops of your brown bags for both your N95 and face shield on the doffing station outside of the resident room that you will be entering for care .Sanitize hands .Don gown, secure all ties .DON clean pair of gloves .Take off your surgical mask .sit it on the table in front of you .Don N95 mask .Remove gloves .Sanitize hands .Don clean pair of gloves .Don face shield . Enter the room and shut the door .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Doffing PPE - .Remove gloves inside the room .Sanitize hands .Remove gown .Sanitize hands .Exit patient room and shut the door behind you .Don clean pair of gloves .Doff face shield and clean face shield with cleaning wipes. Clean surface with wipe and lay face shield down to dry .Remove gloves .Sanitize hands . Don clean pair of gloves .Remove N95 mask and place in brown bag .Remove gloves .Sanitize hands . Put on your surgical mask and sanitize your hands again .Don clean pair of gloves .Place dry face shield in brown bag .Doff gloves .sanitize hands .Go to nearest sink and wash hands .</p> <p>The facility's policy titled Infection Prevention Ch 02: Isolation Precautions (undated) documented concerning droplet precautions, .In addition to Standard precautions, use Droplet Precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets .that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures .Respiratory mask is to be worn over nose and mouth .Discard mask when exiting room and perform hand hygiene .</p> <p>On 10/13/21 at 10:37 a.m., the administrator stated the facility's donning/doffing protocol for COVID-19 was for one positive resident and not the entire unit. The administrator stated for one resident, the N95 mask was supposed to be removed when exiting the room and placed in a paper bag for reuse. The administrator stated until the extent on the outbreak was determined on unit one, the medical director recommended wearing of N95 respirators on the entire unit. The administrator presented guidelines for extended use of N95 respirators and stated they were re-using N95 respirators because they were in short supply.</p> <p>The CDC's Interim Infection Prevention and Control Recommendation for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (Updated 9/10/21) documented concerning source control, .Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing . Source control options for HCP [healthcare personnel] include .A NIOSH-approved N95 or equivalent or higher-level respirator .If they are used during the care of patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved N95 or equivalent or higher-level respirator during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions), they should be removed and discarded after the patient care encounter and a new one should be donned . (1)</p> <p>This finding was reviewed with the administrator and director of nursing on 10/13/21 at 3:35 p.m.</p> <p>(1) Interim Infection Prevention and Control Recommendation for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Updated 9/10/21. Centers for Disease Control and Prevention. 10/14/21. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</p> <p>29123</p> <p>2. Resident #384 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: Acute chronic anemia, chronic kidney disease, heart failure and hypercalcemia.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Due to her recent admission an MDS (minimum data set) had not been completed. A Nursing Admission Assessment Comprehensive dated 10/11/2021 contained the following information under the cognitive section: .Short Term Memory of-seems/appears to recall after 5 minutes .Usually Understood-difficulty finding words or finishing thoughts .Unclear Speech-slurred mumbled words .Usually Understands-may miss some part/intent of message . Her admission nursing not dated 10/12/2021 at 2:56 a.m., described Resident #384 as alert with confusion.</p> <p>Initial tour of the third floor of the facility was conducted on 10/12/2021 beginning at approximately 10:30 a. m. At approximately 11:05 a.m. the door to Resident #384's room was observed closed. A staff member came down the hallway carrying an isolation cart and signs. She stopped at Resident #384's room, placed the cart and a sign for Contact Precautions at the door. The staff person was asked her why the cart had been placed there. She stated, New admission and kept walking. The sign for Contact Precautions contained the following information:</p> <ul style="list-style-type: none"> - perform hand hygiene - wear gown when entering - wear gloves - dedicate non-critical equipment to this patient .if unavoidable, adequately clean and disinfect between patients - wear appropriate respiratory protection when splattering/spraying of respiratory secretions anticipated. <p>At 11:10 a.m. LPN (licensed practical nurse) #1 was interviewed about why Resident #384 had been placed on contact precautions. She stated, She is a new admission, all new admissions go on precautions for seven days. She was asked when the Resident #384 had been admitted . She stated, Last night .the eleventh. She was asked why the isolation information was not put into place at the time of the admission. She stated, I don't know the right answer to that question we aren't use to getting admissions up here, I guess they didn't think about it. She was asked how prior to 11:05 when she placed the isolation cart and signage at Resident #384's room did staff know what PPE to wear when going in the room to care for the resident. She stated, They didn't.</p> <p>At 11:15 a.m., CNA (certified nursing assistant) #1, who was assigned to Resident #384's room was interviewed. She was asked if she had been in to provide care for that resident. She stated, Yes, ma'am. I was in there this morning. I gave her a bath and helped with breakfast. She was asked what she had worn in the room as far as PPE. She looked down the hallway at the room and stated, That cart wasn't there this morning .there wasn't anything there about any isolation I wore my mask (pointed at her surgical mask) and I had on gloves some of the time . CNA #1 was asked if the resident had worn a mask while she was in the room providing care. She stated, No, she didn't have one in there.</p> <p>At 11:40 a.m., the administrator was interviewed about new admissions at the facility. She stated all new residents are on contact precautions for seven days post admission, regardless of vaccination status. We test on day three and day seven for COVID. Staff should be wearing masks, gown, and gloves in room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/13/2021 at 9:55 a.m., the infection preventionist, RN (registered nurse) #1 was interviewed regarding new admission protocol. She stated, All new admits are put in isolation - contact precautions. We test them on day 3 and day 7 for COVID, if they have 2 negatives, after the seventh day we remove them from isolation. The exception is someone who was COVID + within the last 90 days, we don't test them, we put them in isolation for 7 days. She was asked if they did isolation with vaccinated and unvaccinated admissions, due to the county transmission rate. She stated, That is our company policy, but our positivity rate is in the high range now. She was asked who put the admissions on isolation and when it was to be done. She stated, It is done by the admitting nurse and should be done immediately when the resident gets here. She was asked if she was aware that Resident #384 was not put on isolation at the time of admission. She stated, Yes, I heard about that. She was asked what happened. She stated, That's a failure to be done . that's all I can say about that. They should have done it and they didn't.</p> <p>The facility policy regarding COVID-19 was reviewed. The section Process for Admission Process contained the following information including but not limited to:</p> <p>Hospital Admissions or Readmissions For those Who are Unvaccinated</p> <ul style="list-style-type: none"> -Prior to admission the patient must be tested and test negative for COVID. -These patients will be isolated on contact precautions. -May additionally be on droplet precautions if there are respiratory symptoms. -These patients will need a cotton mask or surgical mask (depending on availability). -If on droplet precautions the patient will need a surgical mask. -These patients will be in isolation for 7 days counting the day of admission tot the facility -Keep the door to the room closed unless this poses a safety risk for the resident . <p>Exceptions to this section of the policy include residents within 3 months of a SARS-CoV-2 infection and fully vaccinated residents. This exception will not be adhered to if the community transmission rate is at or above 10% or the resident has had close contact with someone with SARS-CoV-2 infection and/or there is concern related to the consistent adherence to infection prevention practices while outside the facility .</p> <p>No further information was received prior to the Exit Conference on 1/13/2021.</p>		