

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

Printed: 06/18/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2022
NAME OF PROVIDER OR SUPPLIER Nova Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 377 Clonce St Weber City, VA 24290	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28169</p> <p>Based on observation, staff interview, and facility document review facility staff failed to ensure food was stored under safe and sanitary conditions in one of one walk-in refrigerators and one of one dry storage rooms.</p> <p>The findings were:</p> <p>During the initial kitchen tour on [DATE] at 2:03 p.m., accompanied by one of the facility's cooks, expired items were found within the walk-in refrigerator and dry storage room. One unopened box of individual sour cream packets had a printed expiration date of [DATE], one unopened container of Ricotta cheese had a printed expiration date of [DATE] In the dry storage room there were 2 (two), unopened, opaque, one-quart paper containers of honey thick lemon water with a printed expiration date of [DATE]. The cook stated that he/she must have missed those two containers when he/she checked for expired dates.</p> <p>The facility's dietary manager (DM) arrived on [DATE] at approximately 2:45 p.m. as the initial tour was concluding. On [DATE] at approximately 2:50 p.m. the DM acknowledged the sour cream was expired and threw the box away. The DM acknowledged the cook had reported the 2(two) one-quart containers of honey thick lemon water had expired.</p> <p>On [DATE] at 4:05 p.m., when asked about the facility's process of observing for expiration dates on food/products, the DM stated the whole kitchen staff looked for expiration dates on food products. The DM reported typically the night cook went through the refrigerators and added that looking for expired products was everybody's responsibility.</p> <p>After the surveyor requested a policy on the facility's process for managing food expiration dates, on [DATE] at 1:45 p.m., the DM provided 1 (one) untitled piece of paper with typed information describing the process for receiving food products. The document did not identify the facility or corporation or where it originated. The document read in part, Dating/Labeling/Rotating: Everything that is delivered is to be clearly marked with a marker with the received date. This is the only ways [sic] we can prove rotation. FIFO-first in first out. Everything is to re[sic] be rotated so the new is to the back and the older gets pulled to the front so it gets used first. When you open any item it is to have an Open [sic] date and a use by date. Example: I open pudding and put it in a half gallon container, I will put a O or opened ,d+[DATE] EXP or UB ,d+[DATE] .</p> <p>(continued on next page)</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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Both the administrator and director of nursing (DON) were notified of the above observations on [DATE] at 4:45 p.m. during an end of day meeting with the survey team in the conference room. There was no further information provided prior to the exit conference.		

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<p>F 0888</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure staff are vaccinated for COVID-19</p> <p>28567</p> <p>Based on staff interview and facility document review, the facility staff failed to implement the COVID-19 vaccination process in the attempt to prevent the transmission of COVID-19 for 2 of 93 employees. The staff vaccination rate was 97.8%.</p> <p>The findings included:</p> <p>The facility policy titled, Employee COVID-19 Vaccination Policy with a revision date of 01/27/22 read in part, The goal of the facility is to safeguard the health of our employees and their families; our residents and visitors; and the Facility at large from COVID-19. All employees are required to receive a FDA authorized and/or approved COVID-19 vaccination as required by the Interim Final Rule of the Centers for Medicare Services (CMS) regarding healthcare staff COVID-19 vaccination, unless a reasonable accommodation from this requirement due to disability, medical condition, or sincerely held religious belief, practice or observance requested and approved .</p> <p>The facilities contingency plan for unvaccinated staff read in part, Employee vaccination rate is not at 100% compliance at this time. Our goal is to be 100% by 3/27/2022 unless the employee has received an exemption .we will continue to educate/encourage unvaccinated staff members to try to take the vaccine and that they understand that they will not have employment at this facility if they do not comply with the mandate.</p> <p>On 02/01/22, the facility provided a copy of their COVID-19 Staff Vaccination Status for Providers matrix. Employee #1 and employee #2 were marked as Not vaccinated without exemptions/delay.</p> <p>As of 02/03/22, the facility had no positive COVID-19 resident's in house and 3 current positive staff. These staff were currently not working at the facility.</p> <p>1. Employee #1, was a therapy employee-hire date 06/05/2019. Employee #1 had requested a Religious Accommodation from COVID-19 Vaccination this exemption was denied.</p> <p>The facility provided paperwork to indicate the employee had requested this exemption on 11/15/21. The company denied the exemption on 11/16/21 as The accommodation would cause an undue hardship based on imposing a direct threat to the health and safety of the employee and those living and working in the workplace.</p> <p>On 02/03/22 at 9:56 a.m., employee #1 stated their exemption was denied as they were a direct threat. Employee #1 stated they worked directly with residents of the facility, generally worked with from 4 to 8 residents daily, and they did not attempt to appeal the exemption, as they did not know that was an option. Employee #1 stated the company seemed very resolute in their decision, they had been educated multiple times on the COVID-19 vaccine, they wore an N95 face mask and eye wear when working with the residents, and they were being tested twice a week by the facility for COVID-19.</p> <p>The facility provided a negative rapid test for this staff dated 02/03/22.</p> <p>(continued on next page)</p>		

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<p>F 0888</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/03/22 at 2:40 p.m., the DON stated they would continue to provide education in regards to the COVID-19 vaccine and continue to schedule vaccine clinics.</p> <p>No further information regarding employee #1 and the COVID-19 vaccine was provided to the survey team prior to the exit conference.</p> <p>2. Employee #2, was a PRN (as needed) therapy employee-hire date 04/08/2014. This employee tested positive for COVID-19 on 01/22/22 and was not currently working in the facility.</p> <p>On 02/03/22 at 10:51 a.m., the DON (director of nursing) stated employee #2 last worked with residents of the facility on 01/15/22, was at the facility to complete training on 01/20/22 and 01/22/22, tested positive for COVID-19 on 01/22/22 and had not worked since. The DON stated this staff person would have to be vaccinated before they were allowed back in the building. When asked if there was a reason this staff person was not vaccinated the DON stated they were not sure.</p> <p>On 02/03/22 at 11:03 a.m., director of rehab stated they did not know why staff #2 was not vaccinated.</p> <p>On 02/03/22 at 2:40 p.m., meeting with the DON and administrator, the DON stated employee #2 was eligible for the COVID-19 vaccine, they would continue to provide education in regards to the COVID-19 vaccine and continue to schedule vaccine clinics.</p> <p>No further information regarding employee #2 and the COVID-19 vaccine was provided to the survey team prior to the exit conference.</p> <p>34307</p>		