STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495015	A. BUILDING _____ B. WING _____	**10/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROMAN EAGLE REHABILITATION AND HEALTH CARE CENTER	**2526 NORTH MAIN STREET DANVILLE, VA 24540**

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 0886 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and facility document review, the facility staff failed to maintain an infection control program designed to help prevent the development and transmission of communicable diseases and infections. The facility staff failed to follow the manufacturer's guidelines when obtaining rapid COVID-19 tests for two of two employees (Employee #1 and #2). The findings included: The facility staff failed to obtain COVID-19 rapid test samples per the manufactures instructions. The facility staff only sampled one nare when the instructions stated to use the same swab for both nares. The facility was using the BinaxNOW COVID-19 Ag Card test system. During the entrance conference on 10/14/2020 with RN (registered nurse) #1 and #2, these staff verbalized to the surveyor that they were doing the rapid COVID-19 testing. On 10/14/2020 at approximately 11:05 a.m., the surveyor observed RN #3 obtain a nasal swab sample from employee #1. After obtaining this sample and while it was processing the surveyor, RN #1, and RN #3 reviewed the manufacturer's instructions. Page 2 of these instructions read in part, .Nasal Swab Only the swab provided in the kit is to be used for nasal swab collection .carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible .Using the same swab, repeat sample collection in the other nostril . Page 1 included information to indicate what was provided with the test kits (40) nasal swabs were included for use with the BinaxNOW COVID-19 Ag Card test. RN #3 verbalized to the surveyor that they had only obtained a sample from employee #1's right nare and stated their facility policy stated to only use one nare. After reading the manufacturer's instructions RN #3 began the process of obtaining a nasal swab sample from employee #2. RN #3 was observed to obtain a sample from employee #2's right nare only. RN #1 asked RN #3 if they had obtained the nasal sample from employee #2 from both nares. RN #1 verbalized that they had not. The facility provided the surveyor with a copy of their policy titled, COVID-19 Infectious Disease. This document read in part, COVID-19 Testing for Staff and Residents .Steps for collecting a COVID-19 nasopharyngeal Specimen .It is not necessary to collect specimen from other nare if the tip of the swab is fully saturated from first nare. Place swab into [MEDICAL CONDITION] transport medium .send to lab . This document did not include a date. The surveyor observed RN #3 obtain two rapid test samples that were processed onsite and not sent to the lab. The facility also provided the surveyor with a copy of document from the CDC (centers for disease control and prevention). The facility staff had highlighted the following statement for a NP (nasopharyngeal) sample. .Specimens can be collected from both sides using the same swab, but it is not necessary to collect specimens from both sides if the minitip is saturated with fluid from the first collection . This document also included the following information that had not be highlighted by the facility staff, .Anterior nares specimen .insert the swab at least 1 cm (0.5 inch) inside the nostril .Sample both nostrils with same swab . On 10/15/2020 at 4:00 p.m., during an interview with RN #1 and #2. RN #1 verbalized to the surveyor that they had spoken with RN #3 yesterday and instructed them to swab both nares when obtaining the COVID-19 samples. During an interview with RN #3 on 10/16/2020 at 12:40 p.m., RN #3 was asked the difference between a nasal swab and a nasopharyngeal swab. RN #3 verbalized that the nasal swab was thinner. RN #3 verbalized to the surveyor that they had used the swabs that were packaged with the rapid test kit when obtaining the samples and they had been obtaining samples from both nares until last Monday. RN #3 then added if they did not obtain an adequate amount of mucus, they would swab the other nare unless the person had a medical reason such as a deviated septum. RN #3 stated they were obtaining samples from both nares now. The surveyor accessed the website https://www.fda.gov/media/ 8/download on 10/16/2020. This website included information regarding the BinaxNOW COVID-19 Ag Card. The document was dated August 26, 2020 and was titled, FACT SHEET FOR HEALTHCARE PROVIDERS. .This test is to be performed only using nasal swab specimens collected from individuals who are suspected of COVID-19 by their healthcare provider within the first seven days of the onset of symptoms .The BinaxNOW COVID-19 Ag Card can be used to test nasal swab samples directly using a dual nares collection (swab inserted in both nares) . Both IPs (infection preventionists) were out during the time of the survey and were not interviewed. No further information regarding this issue was provided to the surveyor prior to the exit conference on 10/16/20.

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.