STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

An unannounced Medicare/Medicaid revisit survey to the standard survey ending 1/26/17 was conducted 3/8/17 through 3/9/17. One complaint was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements.

The census in this 197 certified bed facility was 161 at the time of the survey. The survey sample consisted of 15 current record reviews (Residents #101 through 115).

{F 253} SS=E 483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES

(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
This REQUIREMENT is not met as evidenced by:
Based on general observations of the facility, the facility staff failed to ensure resident equipment was maintained in a sanitary manner on 2 of 4 nursing units (South 1 and 2).

The findings include:

On 3/9/17 at 10:35 a.m., during general observations on the South 2 unit with the Clinical Manager, in room 203 B was an in use oxygen concentrator with a dust covered filter. Also in room 203 B was a thick dried beige substance which appeared to be a spilled enteral feeding product observed on the feeding pole, oxygen concentrator, right hand siderail and the floor between the feeding pole and the bed. In room

{F 253}

1. The Environmental Service team cleaned all identified resident equipment at the time of the survey. The Clinical Managers cleaned all identified oxygen concentrators filters at the time of the survey on Thursday March 9, 2017. The Clinical Manager informed the surveyor of the facility's established protocol of changing oxygen tubing and cleaning of oxygen concentrator filters weekly on Thursday's nights.

2. Resident who utilize equipment have the potential to be affected. The Environmental Service team members, along with the Clinical Managers, conducted environmental rounds. No other residents were affected.

3. The Staff Development Coordinator provided continuing staff education regarding maintaining a sanitary, orderly and comfortable living environment. Staff members will clean and sanitize equipment when any spills or debris is noted. The Environmental Service Team will clean equipment during daily room cleaning. The nursing staff will continue to change the O2 concentrator filters during weekly O2 tubing changes. The Maintenance Department will conduct deep cleaning of wheel chairs on a monthly basis.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 03/22/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 253}	Continued From page 1 211 B a thick dried beige substance which appeared to be a spilled enteral feeding product was observed on the feeding pole and floor. There was also approximately 300 milliliters of a tube feeding product in a bag on the pole but the feeding was not in progress yet the port which connects with gastrostomy tube was left uncovered. The motorized wheel chair in room 212 B was with heavy dirt and dust as well as yellow sugar substitute wrappers, crumbs and spills. The resident was asked when was the chair last cleaned or washed, the reply was about 10 years ago. This resident's annual Minimum Data Set Assessment with an assessment reference date of 12/13/16 was coded 15 out of a possible 15 for cognitive abilities, This indicated the cognitive abilities for daily decision making were intact. In room 214 A a thick dried beige substance which appeared to be a spilled enteral feeding product was observed on the feeding pole base, the over bed table and floor beneath the feeding pole. The over bed table was also with debris on the table top and base. In room 223 B a tube feeding pump was observed with a partially peeled label on the pole as well as a thick dried beige substance which appeared to be a spilled enteral feeding product on the feeding pole base and the floor beside the pole. In the corridor near the South 2 nurses' station were two sit to stand lifts with dust, dirt and crumbs on the foot board. In the corridor near the shower room on South 1 unit were two hoyer lifts with dust and debris. In room 120 B the surveyor was accompanied by the South 2 Clinical Manager and observed an oxygen concentrator in use. When the Clinical Manager removed the filter for viewing, it was completely covered with thick dust. An oxygen concentrator was also observed in room 129 B. It was not in use when we	{F 253}	4. The Environmental Service Director will conduct Environmental Surveillance rounds weekly for four weeks, then monthly to validate that the resident living environment is maintain in a clean and sanitary manner. The Clinical Managers will conduct visual inspection of O2 concentrator filters weekly for four weeks, then monthly for three months to validate that O2 concentrator filters are maintained in a clean and sanitary manner. Findings will be reported to the QAPI Committee for review and further recommendations. 5. Date of Compliance March 22, 2017	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 253}	Continued From page 2 entered the room. The Clinical Manager removed the filter for viewing, it too was covered in thick white dust as well as the bed the resident was seated on. On 3/9/17 at approximately 5:00 p.m., the above information was shared with the Administrator and Director of Nursing. No further information was provided at that time. The Director of Nursing provided the surveyor with an update on 3/9/17 at approximately 5:50 p.m., which stated the housekeeping staff had corrected the above cleaning of the resident's equipment. The South 1 Clinical Manager informed the surveyor the oxygen concentrator filters had been replaced. She also stated the concentrators tubing is changed weekly and the filters are cleaned or changed at that time. The facility's policy and procedure titled "Geri/Wheelchair/Other Resident Equipment-Disinfecting and Cleaning" dated 1/14/14 indicated resident equipment would be cleaned according to established schedules and as needed, clean each chair with cleaning agent, rinse and thoroughly between resident use and as needed.	{F 253}		
{F 314} SS=D	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity - (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-	{F 314}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 314}	Continued From page 3	{F 314}		

(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and

(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.
This REQUIREMENT is not met as evidenced by:
Based on observations, staff interviews, clinical record review, and review of the facility's policy the facility staff failed to ensure residents received necessary care and services to promote healing of current pressure ulcers and prevention of new pressure ulcers from developing for 2 of 15 residents (Resident #102 and 105), in the survey sample.

1. For Resident #102, the facility staff failed to consistently ensure pressure relieving devices were appropriately utilized, the resident was positioned to avoid undue pressure and bilateral heels were float as ordered.

2. For Resident #105, the facility staff failed to consistently implement pressure relieving interventions and continuously evaluate used devices for effectiveness and ensure the heels were floated.

The findings included:

1. Resident #102 no longer resides in the facility. Positioning devices were utilized for resident #102 in accordance with the resident's prescribed plan of care. Resident #102 had the ability to make independent changes in her position. The Clinical Manager and Certified Nursing Assistant repositioned the resident during rounds.

   Resident #105 continues to reside in the facility. Positioning devices were utilized in accordance with the resident's prescribed plan of care at the time of the survey. The RN did reposition the resident's following the completion of the dressing change in accordance with the resident's prescribed plan of care. The Clinical Manager repositioned the resident during rounds and consulted the Occupational Therapist regarding evaluation of the resident for positioning.

2. Residents identified as being at risk for alterations in skin integrity secondary to impaired mobility have the potential to be affected. The IDT team conducted a review of residents with wounds, to include re-evaluation per Occupational Therapy for positioning. No other residents were affected.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 314}	Continued From page 4	{F 314}		

1. Resident #102 was originally admitted to the facility 12/23/16 and readmitted 2/13/17. The current diagnoses included: a stroke, coronary artery disease, high blood pressure, high cholesterol, diabetes and pressure ulcer (1).

The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 12/30/16 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long and short term memory problems as well as severely impaired for daily decision making. The resident was coded for no mood or behavior problems. In section "G" (Physical functioning) the resident was coded as requiring extensive assistance of 1 person with bed mobility, transfers, personal hygiene, dressing, and toilet use. Total care of 1 person with bathing.

(1) Pressure ulcers occur when tissue is compressed between bony prominence and an external surface. CMS RAI Version 3.0 Manual page M-1

The physician order summary had an order dated 2/14/17 which read; Off load bilateral heels while in bed.

The current care plan dated 12/28/16 read; At risk for further impaired skin integrity due to impaired mobility with co-morbidities, stroke with right sided weakness, secondary to overall decline due to disease process. The goal read; promote wound healing, granulation and prevent infection during the next 90 days, 3/1/17. The interventions included; monitor skin for further

3. The Staff Development Coordinator provided continuing education to the staff regarding proper positioning and skin integrity. Residents noted to be at risk for alterations in skin integrity will be reviewed by the IDT team with an individualized, resident-centered plan of care developed and implemented to include proper positioning along with the utilization of appropriate positioning devices. The nursing staff will continue to position residents to promote comfort and skin integrity. The nursing staff will continue to conduct rounds during their shift and reposition residents in accordance with their prescribed plan of care and the established standards of practice.

4. The Clinical Managers will conduct observational rounds of residents who require assistance with positioning weekly for four weeks, then monthly for three months to validate that residents are positioned in accordance with their prescribed plan of care. Findings will be reported to the QAPI Committee for review and further recommendations.

5. Date of Compliance
March 22, 2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 314}	Continued From page 5	{F 314}		

reddened, open or irritated areas. Turn and reposition resident if unable to reposition self. Monitor percent of meal eaten every shift. Weekly skin inspection. Low air loss mattress. Float heels with heels up cushion while in bed.

On 3/8/17 at approximately 5:10 p.m., Resident #102 was observed lying on a first step low air loss mattress facing the door. The resident did not respond or open her eyes when spoken to and the lower extremities could not be viewed for they were covered with the bed linens.

On 3/9/17 at 11:50 a.m., Resident #102 again was observed in bed just before pressure ulcer care was rendered. The resident had a blue positioning wedge beneath her feet and a pillow supporting the right ankle but not floated. All devices were removed prior to pressure ulcer care and not replaced at the end of wound care because a certified nursing assistant came in to provide activities of daily (ADL) prior to the nurses left the room. The Clinical Manager informed the certified nursing assistant the wedge and pillow in the chair at the end of the bed were to be used for positioning the resident after ADL care was rendered.

On 3/9/17 at approximately 3:50 p.m., two surveyors and the Clinical Manager made an observation of Resident #102's positioning in bed. The resident was positioned too low in the bed resulting in the resident's left toes resting against the foot board, the blue wedge was positioned in the bed beneath the left leg and a pillow was positioned beneath the right foot but the left foot.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 314}	Continued From page 6	{F 314}		

Neither heel was floated. The Clinical Manager stated the resident would be repositioned. The Clinical Manager immediately called for assistance to reposition the resident.

2. Resident #105 was originally admitted to the facility 1/25/16 and readmitted 10/4/16 after a discharge to an acute care facility. The current diagnoses included; anoxic brain injury, stroke, high blood pressure, diabetes, heart failure and pressure ulcers (1).

The annual Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 1/30/17 coded the resident as comatose. In section "G" (Physical functioning) the resident was coded as requiring extensive assistance of 2 people with bed mobility, total care of 2 people with dressing, personal hygiene and bathing and toilet use, and total care of 1 person with eating. The resident required use of a indwelling catheter and was incontinent of bowels.

(1) Pressure ulcers occur when tissue is compressed between bony prominence and an external surface. CMS RAI Version 3.0 Manual page M-1

The physician order summary revealed an order dated 2/1/17 which read; skin prep bilateral heels and float.

The current care plan dated 2/6/17 read; (resident's name) at risk of alteration in skin integrity related to alteration and immobility. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 314}	Continued From page 7	{F 314}		

goal read; (resident's name) will remain free of skin breakdown over the next 90 days, 5/16/17. The interventions included; Use pillows, pads or wedge to reduce pressure on heels and pressure points. Turn and reposition. Perform nutritional screening. Adjust diet/supplements as indicated to reduce the risk of skin breakdown. Check skin for redness, skin tears, swelling or pressure areas. Report any signs of skin breakdown. Do not massage skin over pressure areas.

Resident #105 was observed 3/9/16 at approximately 12:30 p.m., in bed, lying on a first step low air loss mattress. Two facility nurses were present to provide the resident's pressure ulcer care. Registered Nurse (RN) #3 stated the resident had received Tylenol 500 milligrams at approximately 12:00 noon to promote comfort during pressure ulcer care. The nurses washed their hands and RN #3 cleaned the over bed table with super sani-cloth wipes, a disposable underpad was used to drape the table. Needed supplies were placed on the disposable underpad. RN #3 washed her hands and so did RN #2. RN #3 explained the procedure to the resident, verified the order and stopped the resident's tube feeding. RN #2 and #3 positioned the resident. RN #3 washed her hands, return to the resident, positioned the disposable incontinence pad to protect the bed linens. Both opened the resident's incontinence brief and folded it under the resident. The old dressing dated 7a - 7p was removed and RN #3 changed her gloves, measured the sacral pressure ulcer (1.5 centimeters by 1.0 centimeter by 0.5 centimeter) and placed the cotton tip applicator and measuring tape on the bed. RN #3 removed the gloves, washed her hands approximately 10 seconds, applied gloves, irrigated the pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 314}	Continued From page 8	{F 314}		

ulcer with normal saline, wiped the pressure ulcer, picked up the Aquacel extra, cut a piece, put it in the wound bed, applied skin prep around the pressure ulcer and applied a dressing the sacral pressure ulcer. RN #3 removed the gloves and washed her hands approximately 10 seconds. RN #3 left the room, returned washed her hands approximately 20 seconds, positioned the resident with RN #2 assistance, provided peri-care, cleaned stool incontinence, changed her gloves, cleaned her scissors with super sani-cloth wipes, changed her gloves, removed the dressing to the left foot and removed her gloves. RN #2 was asked to listen for the amount of time RN #3 washed her hands. RN #3 washed her hands approximately 12 seconds, left the room, returned washed her hands approximately 8 seconds, applied gloves, RN #2 held Resident #105's left leg up and RN #3 irrigated the left heel pressure ulcer while looking under and up at the wound. RN #3 removed her gloves, washed her hands approximately 9 seconds, left the room, returned to the room, washed her hands approximately 11 seconds, applied gloves, measured the pressure ulcer, applied santyl to the cotton tip applicator, followed by application of a 4 by 4 gauze and kling wrap. Dated tape was applied to the kling wrap. RN #3 removed her gloves, applied another pair of gloves, RN #3 and RN #2 positioned the residents left heel directly on the bed with the toes straight up. RN #3 removed the red bag from the bed, changed her gloves, washed her hands 15 seconds, applied gloves, cleaned the table, removed her gloves, washed her hands approximately 20 seconds, cleaned the scissors, and washed her hands approximately 25 seconds. RN #2 washed her hands and RN #3, RN #2 and the surveyor left the room to dispose of the waste. Outside the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 314}	Continued From page 9	{F 314}		

North 4 soiled utility room at approximately 1:25 p.m., the surveyor asked RN #3, how long should she wash her hands to prevent spread of infections, RN #3 immediately answered 20 seconds. The surveyor asked RN #2 were they going to leave Resident #105's feet positioned with the left heel directly in the mattress. RN #2 stated she and RN #3 had positioned the lower extremities appropriately. RN #2 and the surveyor returned to Resident #105's room and the foot was positioned as stated above. The surveyor left RN #2 with the resident repositioning the feet.

On 3/9/17 at approximately 3:50 p.m., two surveyors accompanied by the North 4 Clinical Manager entered Resident #105's room for an observation of the resident's positioning. Resident #105's lower extremities were positioned with a folded pillow under bilateral legs and bilateral feet were observed on the bed. They were not floated with the pillows used. RN #2 stated the pillow was floating the resident's heels when she left.

The facility policy titled "Pressure Ulcer Prevention" revised 11/12/16 documented in part, read as; Policy Statement: To prevent development of pressure ulcers. All Residents are assessed for pressure ulcer risk on admission, every week times 4 after admission, quarterly, with significant change and annually using the Braden scale. Weekly skin inspections are conducted and documented on all residents by licensed staff. Complete weekly skin inspection form. Turning and repositioning frequency is dependent on resident assessment and chart on TAR (Treatment Administration Record). Pressure ulcer prevention order set is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

{F 314} Continued From page 10 {F 314}

implemented based on need.

On 3/9/17 at approximately 5:00 p.m., the above findings were shared with the Administrator and Director of Nursing. The Director of Nursing stated their first choice in devices to float a residents heel are pillows, if they are ineffective wedges are used. The Director of Nursing also stated the Occupational Therapist was consulted to assess Resident #105 for the most appropriate devices for the individual.

{F 441} SS=D 483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS {F 441}

(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);

(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}	Continued From page 11	{F 441}		

facility;

(ii) When and to whom possible incidents of communicable disease or infections should be reported;

(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;

(iv) When and how isolation should be used for a resident; including but not limited to:

(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

(f) Annual review. The facility will conduct an annual review of its IPCP and update their

1. Resident #105 continues to reside in the facility. Resident #105 experienced no untoward affects.

   RN# 3 continues to be employed per the facility. RN#3 was re-educated per the Staff Development Coordinator at the time of the survey.

2. All residents have the potential to be affected. No other residents were affected.

3. The Staff Development Coordinator provided Continuing education to the staff regarding Infection Control standards of practice to include proper hand washing. The staff will adhere to the established standards of practice regarding Infection Control to include proper handwashing techniques.

4. The Staff Development Coordinator/Designee will conduct wound care observations on three nurses weekly for four weeks then monthly for three months to validate adherence to the established standards of practice regarding Infection Control during wound care, to include proper hand washing technique. Findings will be reported to the QAPI Committee for further review and recommendations.

5. Date of Compliance
   March 22, 2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}	Continued From page 12	{F 441}		

program, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on observations, staff interviews and review of the facility's policy, the facility staff failed to ensure infection control measures were maintained to prevent the spread of infection for 1 of 15 residents (Resident #105), in the survey sample.

The facility staff failed to maintain proper and effective hand hygiene procedures during wound care for Resident #105.

The findings included:

Resident #105 was originally admitted to the facility 1/25/16 and readmitted 10/4/16 after a discharge to an acute care facility. The current diagnoses included; anoxic brain injury, stroke, high blood pressure, diabetes, heart failure and pressure ulcers (1).

The annual Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 1/30/17 coded the resident as comatose. In section "G" (Physical functioning) the resident was coded as requiring extensive assistance of 2 people with bed mobility, total care of 2 people with dressing, personal hygiene and bathing and toilet use, and total care of 1 person with eating. The resident required use of a indwelling catheter and was incontinent of bowels.

(1) Pressure ulcers occur when tissue is compressed between bony prominence and an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}	Continued From page 13	{F 441}		

external surface. CMS RAI Version 3.0 Manual page M-1

The physician order summary revealed an order dated 2/1/17 which read; skin prep bilateral heels and float.

The current care plan dated 2/6/17 read; (resident's name) at risk of alteration in skin integrity related to alteration and immobility. The goal read; (resident's name) will remain free of skin breakdown over the next 90 days, 5/16/17. The interventions included; Use pillows, pads or wedge to reduce pressure on heels and pressure points. Turn and reposition. Perform nutritional screening. Adjust diet/supplements as indicated to reduce the risk of skin breakdown. Check skin for redness, skin tears, swelling or pressure areas. Report any signs of skin breakdown. Do not massage skin over pressure areas.

Resident #105 was observed 3/9/16 at approximately 12:30 p.m., in bed, lying on a first step low air loss mattress. Two facility nurses were present to provide the resident's pressure ulcer care. Registered Nurse (RN) #3 stated the resident had received Tylenol 500 milligrams at approximately 12:00 noon to promote comfort during pressure ulcer care. The nurses washed their hands and RN #3 cleaned the over bed table with super sani-cloth wipes, a disposable underpad was used to drape the table. Needed supplies were placed on the the disposable underpad. RN #3 washed her hands and so did RN #2. RN #3 explained the procedure to the resident, verified the order and stopped the resident's tube feeding. RN #2 and #3 positioned

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}	Continued From page 14	{F 441}		

the resident. RN #3 washed her hands, return to the resident, positioned the disposable incontinence pad to protect the bed linens. Both opened the resident's incontinence brief and folded it under the resident. The old dressing dated 7a - 7p was removed and RN #3 changed her gloves, measured the sacral pressure ulcer (1.5 centimeters by 1.0 centimeter by 0.5 centimeter) and placed the cotton tip applicator and measuring tape on the bed. RN #3 removed the gloves, washed her hands approximately 10 seconds, applied gloves, irrigated the pressure ulcer with normal saline, wiped the pressure ulcer, picked up the Aquacel extra, cut a piece, put it in the wound bed, applied skin prep around the pressure ulcer and applied a dressing the the sacral pressure ulcer. RN #3 removed the gloves and washed her hands approximately 10 seconds. RN #3 left the room, returned, washed her hands approximately 20 seconds, positioned the resident with RN #2's assistance, provided peri-care, cleaned stool incontinence, changed her gloves, cleaned her scissors with super sani-cloth wipes, changed her gloves, removed the dressing to the left foot and removed her gloves. RN #2 was asked to listen for the amount of time RN #3 washed her hands. RN #3 washed her hands approximately 12 seconds, left the room, returned, washed her hands approximately 8 seconds, applied gloves, RN #2 held Resident #105's left leg up and RN #3 irrigated the left heel pressure ulcer while looking under and up at the wound. RN #3 removed her gloves, washed her hands approximately 9 seconds, left the room, returned to the room, washed her hands approximately 11 seconds, applied gloves, measured the pressure ulcer, applied santyl to the cotton tip applicator, followed by application of a 4 by 4 gauze and kling wrap. Dated tape was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}	Continued From page 15	{F 441}		

applied to the kling wrap. RN #3 removed her gloves, applied another pair of gloves, RN #3 and RN #2 positioned the residents left heel directly on the bed with the toes straight up. RN #3 removed the red bag from the bed, changed her gloves, washed her hands 15 seconds, applied gloves, cleaned the table, removed her gloves, washed her hands approximately 20 seconds, cleaned the scissors, and washed her hands approximately 25 seconds. RN #2 washed her hands and RN #3, RN #2 and the surveyor left the room to dispose of the waste. Outside the North 4 soiled utility room at approximately 1:25 p.m., the surveyor asked, RN #3, how long should she wash her hands to prevent spread of infections, RN #3 immediately answered 20 seconds. The surveyor asked, RN #2 were they going to leave Resident #105 feet positioned with the left heel directly in the mattress. RN #2 stated she and RN #3 had positioned the lower extremities appropriately. RN #2 and the surveyor returned to Resident #105's room and indeed the foot was positioned as stated above. The surveyor left RN #2 with the resident repositioning the feet.

The facility's policy title "Hand Hygiene," with a revision date of 9/8/15 read the following: Purpose: To provide guidelines to employees for proper and appropriate hand washing that will aid in the prevention of transmission of nosocomial infections.

Procedure: Vigorously lather hands with soap and rub them together using friction to all surfaces 20 seconds under a moderate stream of running water at a comfortable temperature. Rinse hands thoroughly under running water. Hold hands lower

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495173	A. BUILDING _____ B. WING _____	R 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER NORFOLK	249 SOUTH NEWTOWN RD NORFOLK, VA 23502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}	Continued From page 16	{F 441}		

than wrist. Do not touch fingertips to inside of sink. Dry hands thoroughly with paper towels and then turn off faucet with those towels. Discard towels in trash.

Miscellaneous: Appropriate 20 second handwashing must be performed under the following conditions: After handling soiled items, before performing resident care, etc...

The Policy and Procedure with 6/23/16 revision date, titled: "life Care - Wound Care" documented the following:
Purpose: To provide aseptic wound care in accordance with Physician's orders.
Required Action steps:
4. Set up clean area with supplies.
5. Wash hands thoroughly and put on gloves
7. Discard Equipment and Wash hands

On 3/9/17 at approximately 5:00 p.m., the above findings were shared with the Administrator and Director of Nursing. The Director of Nursing stated RN #3 had been re-educated by the staff Development Coordinator since the above observation.