

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2020
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NAME OF PROVIDER OR SUPPLIER CANTERBURY REHABILITATION & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE CORRECTED COPY RICHMOND, VA 23238
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E 000	Initial Comments	E 000		
F 000	An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 4/1/2020 through 4/3/2020, and both onsite and offsite 4/14/2020 through 4/16/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS	F 000		
F 880 SS=E	An unannounced abbreviated COVID Focused Infection Control Survey was conducted offsite from 4/1/2020 through 4/3/2020, and a combination of both offsite and onsite 4/14/2020 through 4/16/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). On 4/1/2020, the census in this 190 certified bed facility was 141. Of the 141 current residents, 91 residents had tested positive for the COVID-19 virus; of the 91 residents who tested positive, 50 of those residents had active cases. On 4/14/2020, the census was 109. Of the 109 residents, 28 tested negative, five residents were recovered. The remaining 76 residents tested positive, including one resident whose test result was pending. The survey sample consisted of eight current resident reviews (Residents #1 through #7, and Resident #10) and two closed record reviews (Residents #8 and #9). Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and	F 880	This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and the facility is in compliance with the participation requirements.	

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Arnell J. Davis, Administrator</i>	TITLE <i>S/30/2020</i>	(X6) DATE
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A 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 880	<p>Continued From page 1</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(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:</p> <p>§483.80(a)(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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the</p>	F 880	<p>F 880</p> <ol style="list-style-type: none"> 1. Unable to retroactively correct Certified Nursing Assistant #5 related to hand sanitizing procedure and the donning of required personal protective equipment. Certified Nursing Assistant #5 is currently out on medical leave and will be reeducated prior to return by the Director of Nursing or designee. Certified Nursing Assistant #5 is in process of progressive disciplinary action. 2. All residents potentially affected. 3. Director of Nursing or designee to provide education to Nurses and Certified Nursing staff on policy and procedure for hand sanitation, donning and doffing of personal protective equipment. Nurses and Certified Nursing Assistants will perform competencies for hand hygiene and donning and doffing of PPE, with an emphasis on return demonstration on hand hygiene. 	

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F 880 Continued From page 2
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.

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

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

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, and facility document review, it was determined that the facility staff failed to implement the infection control program to prevent infection and the transmission of communicable diseases, for one of ten residents in the survey sample, (Resident #10), and on two of three facility units, (Grove and Westham).

The facility staff failed to perform hand hygiene before providing resident care, and failed to wear an isolation gown while providing care to Resident #10.

CNA (certified nursing assistant) #3 failed to wear gloves and failed to sanitize their hands between

F 880

4. Director of Nursing or designee to complete ten (10) observations weekly times four (4) weeks for Nurses and Certified Nursing Assistants for hand hygiene and the donning and doffing of personal protective equipment while providing care. The QAPI Committee will make recommendations based upon the results of the audits. The audits will continue until continued compliance is achieved and the QAPI Committee recommends decrease in audit frequency or dissolution of the audits.

5. Date of Compliance: 5/7/2020

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F 880 Continued From page 3
residents while distributing and setting up evening meal trays for residents on the Coronavirus (COVID19)-positive hallway of the Westham Unit.

On the Grove unit Coronavirus (COVID19)-negative hallway, OSM (other staff member) #7, a housekeeper, failed to clean surfaces with a cleaning product in a resident's room, in accordance with the manufacturer's instructions for Coronavirus.

CNA # 2 failed to use correct hand washing procedures while delivering resident meal trays on the Coronavirus (COVID19)-negative hallway of the Westham unit.

The findings include:

1. Resident #10 was admitted to the facility on 11/10/17; diagnoses include, but are not limited to Lewy Body dementia with behaviors (1), psychosis (2), and blindness. On the most recent MDS (minimum data set), a quarterly assessment with an assessment reference date of 3/2/2020, Resident #10 was coded as severely impaired for making daily decisions. Resident #10 was coded as completely dependent on staff assistance for bed mobility and eating.

A review of Resident #10's progress notes revealed an entry on 4/5/2020 that documented the resident had been tested two times for Coronavirus (COVID19) (3), and was negative on both occasions.

On 4/14/2020 at 1:00 p.m., the survey team entered the facility. The team was met by ASM (administrative staff member) #2, the interim DON (director of nursing). ASM #2 instructed the

F 880

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F 880	<p>Continued From page 4</p> <p>survey team that they would need to begin their observations on the Coronavirus (COVID19)-negative hallways and complete all observations before moving to the Coronavirus (COVID19)-positive hallways. After the survey team put on their PPE (personal protective equipment) (4), including gown, mask, gloves, shoe covers, and hair covers, ASM #2 instructed the surveyors to put a white lab coat on over their gowns, and to wear this while on the Coronavirus (COVID19)-negative hallway. She stated this was to protect the residents who did not yet have the virus, from contracting it. ASM #2 stated once the surveyors were finished in the Coronavirus (COVID19)-negative hallways, they should remove the lab coats, and could then go on the Coronavirus (COVID19)-positive hallways with isolation gowns, gloves, and masks. ASM #2 stated that once the surveyors left the Coronavirus (COVID19)-positive hallways, they could not return to the Coronavirus (COVID19)-negative hallways without a complete change of PPE, including isolation gowns, masks, and gloves.</p> <p>On 4/14/2020 at 1:44 p.m., CNA (certified nursing assistant) #5 was observed walking down the Coronavirus (COVID19)-negative hallway on the Grove unit. CNA #5 was observed wearing a protective mask, but was not wearing an isolation gown or gloves. With her ungloved hand, CNA #5 touched a resident who was ambulating in the hallway. Without sanitizing her hands, she donned gloves and reached onto the supply cart to obtain a chux. She took this chux into Resident #10's room, touched Resident #10's head and arm, and adjusted the resident's sheet and blanket. She removed her gloves and did not immediately wash her hands. At 1:48 p.m., CNA</p>	F 880			

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F 880 Continued From page 5

#5 washed her hands in Resident #10's sink for less than 20 seconds, donned gloves, and, with the assistance of another staff member, pulled Resident #10 up in bed. At 1:50 p.m., CNA #5 removed her gloves and washed her hands in the sink for less than 20 seconds. She wore a mask, sanitized her hands, and donned gloves, but no gown. At 1:58 p.m., CNA #5 went back into Resident #10's room to give the resident water. At 2:12 p.m., ASM #2 stepped onto the Coronavirus (COVID19)-negative hallway. ASM #2 was observed looking at CNA #5, and stated, "Where is your gown?" The surveyor could not hear CNA #5's answer. CNA #5 was observed immediately putting on a yellow isolation gown. At 2:25 p.m., CNA #5 was observed going from room to room in the Coronavirus (COVID19)-negative hallway. She was not wearing a gown, and did not put on a gown before going into residents' rooms.

A review of facility education records revealed that CNA #5 was educated on PPE and handwashing on 3/12/2020, 3/16/2020, and 3/19/2020.

On 4/14/2020 at 2:35 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the acting unit manager. LPN #2 stated that when staff is working with residents on the Coronavirus (COVID19)-positive hallways, they should wear a cloth lab coat. When coming off the hallway, the staff member should spray Virex (5) on the coat, and hang it up "for at least three minutes to dry." She stated staff working on the Coronavirus (COVID19)-negative hallway should put on a yellow disposable gown. LPN #2 stated the purpose of the lab coats and gowns were to protect the residents who did not have the virus.

F 880

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F 880 Continued From page 6

On 4/14/2020 at 2:49 p.m., CNA #5 was interviewed. When asked what PPE she usually wears, CNA #5 stated she is usually working on the Coronavirus (COVID19)-negative hallway. CNA #5 stated she usually wears a yellow isolation gown "the whole time." She stated she wears a mask, and changes gloves between caring for residents. When asked why she had been observed multiple times caring for residents on the Coronavirus (COVID19)-negative hallway without wearing a gown, CNA #5 stated, "I wasn't even thinking about not wearing a gown. I just wasn't thinking."

On 4/15/2020 at 5:05 p.m., ASM #2 was interviewed by phone. When asked about transmission-based precautions for the Coronavirus (COVID19)-negative hallways, ASM #2 stated the negative hallways are on reverse isolation to ensure there is no cross contamination from the residents on nearby Coronavirus (COVID19)-positive hallways. ASM #2 stated the staff on the Coronavirus (COVID19)-negative hallways should be wearing disposable gowns as they enter the unit, to prevent cross contamination from the residents on the Coronavirus (COVID19)-positive hallway. ASM #2 stated this is the guidance recommended by the state epidemiology team. When asked specifically what a CNA who is providing direct care for a resident should be wearing, ASM #2 stated, "A gown, mask and gloves." When asked when staff should perform hand hygiene, ASM #2 stated staff should sanitize their hands before putting on new gloves, after removing gloves, and any contact with a resident.

On 4/15/2020 at 5:20 p.m., ASM #1, the

F 880

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F 880	Continued From page 7 administrator, ASM #2, ASM #4, the regional director of clinical services, and ASM #5, the regional director of operations, were informed of these concerns. A policy regarding the PPE and procedure for the facility's practice of reverse isolation was requested. ASM #1 stated there is no policy for this. A review of the facility policy, "Handwashing/Hand Hygiene," revealed, in part: This facility considers hand hygiene the primary means to prevent the spread of infection...All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors...Wash hands with soap...and water for the following situations...When hands are visibly soiled...Use an alcohol-based hand rub...for the following situations:...Before and after direct contact with residents...After contact with objects (e.g. [for example] medical equipment in the vicinity of the resident, After removing gloves, Before and after entering isolation precaution settings...Hand hygiene is the final step after removing and disposing of personal protective equipment...Single-use disposable gloves should be used:...When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions...Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water." No further information was provided prior to exit.	F 880		

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F 880	Continued From page 8 References: (1) "Lewy body dementia (LBD) is a disease associated with abnormal deposits of a protein called alpha-synuclein in the brain. These deposits, called Lewy bodies, affect chemicals in the brain whose changes, in turn, can lead to problems with thinking, movement, behavior, and mood. Lewy body dementia is one of the most common causes of dementia." This information is taken from the website https://www.nia.nih.gov/health/what-lewy-body-dementia . (2) "Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations. Delusions are false beliefs, such as thinking that someone is plotting against you or that the TV is sending you secret messages. Hallucinations are false perceptions, such as hearing, seeing, or feeling something that is not there." This information is taken from the website https://medlineplus.gov/psychoticdisorders.html . (3) Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named SARS-CoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by SARS-CoV-2 has been named COVID-19. This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments	F 880		

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F 880	<p>Continued From page 9</p> <p>(4) PPE: Personal protective equipment is special equipment you wear to create a barrier between you and germs. This barrier reduces the chance of touching, being exposed to, and spreading germs. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000447.htm</p> <p>(5) Virex 256 - "One-step quaternary disinfectant cleaner and deodorant to clean and disinfect hard surfaces. Application: Used in medical and general institutional facilities. For Use as a One-Step Cleaner/Disinfectant: Apply use solution to hard, non-porous environmental surfaces. To disinfect, all surfaces must remain wet for 10 minutes." This information was obtained from the website: www.diversey.com.</p> <p>"CDC (Centers for Disease Control) recommendations reflect the important role of hand hygiene for preventing the transmission of pathogens in healthcare settings for a wide range of pathogens. The ability of hand hygiene, including hand washing or the use of alcohol-based hand sanitizers to prevent infections is related to reductions in the number of viable pathogens that transiently contaminate the hands. Hand washing mechanically removes pathogens, while laboratory data demonstrate that 60% ethanol and 70% isopropanol, the active ingredients in CDC-recommended alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as, the 2019-nCoV.</p> <p>While the exact role of direct and indirect spread</p>	F 880		

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F 880	<p>Continued From page 10</p> <p>of coronaviruses between people that could be reduced by hand hygiene is unknown at this time, hand hygiene for infection prevention is an important part of the U.S. response to the international emergence of COVID-19.</p> <p>CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in healthcare settings, based upon greater access to hand sanitizer. Health care providers who use alcohol-based hand sanitizers as part of their hand hygiene routine can inform patients that they are following CDC guidelines." This information is taken from the website https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</p> <p>Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings Update April 13, 2020 in part documents the following:</p> <p>2. Adhere to Standard and Transmission-Based Precautions</p> <p>Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.</p> <p>In all areas where healthcare is delivered, provide supplies and equipment necessary for the consistent observance of Standard Precautions, including hand hygiene products and personal protective equipment (e.g., gloves, gowns, face and eye protection) ...</p> <p>Gowns: Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown</p>	F 880		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER CANTERBURY REHABILITATION & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE CORRECTED COPY RICHMOND, VA 23238		
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F 880	Continued From page 11 in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. If there are shortages of gowns, they should be prioritized for: aerosol generating procedures, care activities where splashes and sprays are anticipated, high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care." This information is taken from the website https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#adhere . It is found in the CDC (Centers for Disease Control) guidance to health care providers. In Fundamentals of Nursing, Lippincott Williams and Wilkins, 2007, page 140-143, concerning handwashing and the use of hand sanitizer: "The hands are conduits for almost every transfer of potential pathogens from one patient to another, from a contaminated object to the patient, or from a staff member to the patient. Hand hygiene is the single most important procedure in preventing infection....typically hands are washed with soap before coming on duty; before and after direct or indirect patient contact;...before preparing or administering medications...always wash your hands with soap after removing gloves...when using hand sanitizer, apply a small amount of the alcohol-based hand rub to all surfaces of the hands. Rub hands together until all of the	F 880			

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F 880	<p>Continued From page 12 product has dried (usually about 30 seconds)."</p> <p>2. On 4/14/2020 at 4:53 p.m., CNA (certified nursing assistant) #3 was observed delivering resident meal trays on the Coronavirus (COVID19)-positive hallway of the Westham unit. She was dressed in an isolation gown and mask. She was not wearing gloves. She removed a meal tray from the meal cart and delivered it to a resident's room. While in this room, she touched personal items on an overbed table and then items on the meal tray as she set the tray up for the resident to eat. CNA #3 also touched the curtain between the two residents. Without washing her hands, she returned to the meal cart and repeated this process while delivering meals to three additional rooms, all without wearing gloves and without sanitizing her hands between meal trays.</p> <p>A review of facility education records revealed that CNA #3 was educated on PPE and handwashing on 3/12/2020, 3/16/2020, and 3/19/2020.</p> <p>On 4/15/2020 at 4:33 p.m., CNA #3 was interviewed by phone. When asked when hands should be washed/sanitized while delivering meal trays, CNA #3 stated she always washes her hands before leaving a resident's room after delivering a tray. She added that she doesn't always wash her hands between trays if she is delivering a tray to residents who share a room. CNA #3 stated, "I wear gloves whenever I go in the room." When asked why it is important to wear gloves and perform hand hygiene, CNA #3 stated, "You want to prevent cross contamination</p>	F 880	<p>F 880</p> <ol style="list-style-type: none"> 1. Unable to retroactively correct Certified Nursing Assistant #3 related to donning gloves while delivering meals on a COVID positive unit. Certified Nursing Assistant #3 has been reeducated by the Director of Nursing or designee on hand sanitation and the donning and doffing of required personal protective equipment. 2. All residents potentially affected. 3. Director of Nursing or designee to provide education to Nurses and Certified Nursing Assistants on policy and procedure for hand sanitation, donning and doffing of personal protective equipment with an emphasis on return demonstration on hand hygiene and wearing of required personal protective equipment. 		

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F 880	<p>Continued From page 13</p> <p>to my residents." She added that she also wants to protect herself. She stated the facility has provided "many" in-services regarding PPE and hand washing.</p> <p>On 4/15/2020 at 5:05 p.m., ASM (administrative staff member) #2, the interim director of nursing, was interviewed by phone. When asked when staff should perform hand hygiene, ASM #2 stated staff should sanitize their hands before putting on new gloves, after removing gloves, and any contact with a resident.</p> <p>On 4/15/2020 at 5:20 p.m., ASM #1, the administrator, ASM #2, ASM #4, the regional director of clinical services, and ASM #5, the regional director of operations, were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>References: "CDC recommendations reflect the important role of hand hygiene for preventing the transmission of pathogens in healthcare settings for a wide range of pathogens. The ability of hand hygiene, including hand washing or the use of alcohol-based hand sanitizers to prevent infections is related to reductions in the number of viable pathogens that transiently contaminate the hands. Hand washing mechanically removes pathogens, while laboratory data demonstrate that 60% ethanol and 70% isopropanol, the active ingredients in CDC-recommended alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as, the 2019-nCoV.</p> <p>While the exact role of direct and indirect spread</p>	F 880	<p>4. Director of Nursing or designee to complete ten (10) observations weekly times four (4) weeks for Nurses and Certified Nursing Assistants for hand hygiene and the donning and doffing of personal protective equipment while providing care and the delivering of meals. The QAPI Committee will make recommendations based upon the results of the audits. The audits will continue until continued compliance is achieved and the QAPI Committee recommends decrease in audit frequency or dissolution of the audits.</p> <p>5. Date of Compliance: 5/7/2020</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

495272

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY
COMPLETED

04/16/2020

NAME OF PROVIDER OR SUPPLIER

CANTERBURY REHABILITATION & HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1776 CAMBRIDGE DRIVE CORRECTED COPY
RICHMOND, VA 23238

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F 880	<p>Continued From page 14</p> <p>of coronaviruses between people that could be reduced by hand hygiene is unknown at this time, hand hygiene for infection prevention is an important part of the U.S. response to the international emergence of COVID-19.</p> <p>CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in healthcare settings, based upon greater access to hand sanitizer. Health care providers who use alcohol-based hand sanitizers as part of their hand hygiene routine can inform patients that they are following CDC guidelines." This information is taken from the website https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</p> <p>In Fundamentals of Nursing, Lippincott Williams and Wilkins, 2007, page 140-143, concerning handwashing and the use of hand sanitizer: "The hands are conduits for almost every transfer of potential pathogens from one patient to another, from a contaminated object to the patient, or from a staff member to the patient. Hand hygiene is the single most important procedure in preventing infection....typically hands are washed with soap before coming on duty; before and after direct or indirect patient contact;...before preparing or administering medications...always wash your hands with soap after removing gloves...when using hand sanitizer, apply a small amount of the alcohol-based hand rub to all surfaces of the hands. Rub hands together until all of the product has dried (usually about 30 seconds)."</p> <p>3. On 4/14/2020 at 2:06 p.m., OSM (other staff member) #7, a housekeeper, was observed going</p>	F 880	<p>F880</p> <p>1. The identified room on Grove was later appropriately re- sanitized after reported findings for time compliance of Virex application. Reeducation has been completed by the Director of Nursing or designee to housekeeper #7 related to Virex -256 and required "sit time" prior to wiping of surfaces.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 15</p> <p>into a room on the Coronavirus (COVID19)-negative hallway of the Grove unit. Wearing a gown, mask, and gloves, OSM #7 was observed spraying a cleaning product on the over bed table and a television stand. OSM #7 then followed, within 30 seconds, by wiping the cleaning product from the over bed table and television stand with a paper towel. When asked what product she was using, OSM #7 stated she uses Virex (1) disinfectant cleaner. OSM #7 stated she sprays everything down, and then lets it sit "for a little bit." When asked to clarify how long she lets the Virex sit, OSM #7 stated, "I let it sit for a couple of minutes." When asked if she knew the amount of contact time required for the Virex to be effective for Coronavirus (COVID19), OSM #7 stated she does not have a set time before she wipes it off. She stated that if she is cleaning a room after a resident's discharge and before a new resident is admitted, she lets the Virex stay on all surfaces for ten minutes before wiping the surfaces down.</p> <p>A review of facility education records did not definitively reveal when OSM #7 was trained on the use of Virex.</p> <p>On 04/14/2020 at 2:28 p.m., an interview was conducted with OSM [other staff member] # 6, a housekeeper. When asked about the disinfectant she was using and the process of using it, OSM # 6 stated that they use Virex 256 (1) [disinfectant]. OSM # 6 stated she sprays the Virex cleaner on the light switches, the base of the towel dispenser, the sink, sink handles and sink spout. She stated she sprays the Virex on the door handle in bathrooms, the overbed tables, surfaces on bedside tables, exterior side of the foot of bed, the whole bed if the resident is not in</p>	F 880	<ol style="list-style-type: none"> 2. All residents potentially affected. 3. Director of Nursing or designee to provide reeducation to Housekeeping Director and housekeeping staff on procedure for the disinfecting of equipment and surfaces with Virex- 256. Housekeeping staff will perform competencies for the application and removal of Virex-256. 4. Director of Nursing or designee to complete ten observations weekly times four (4) weeks for Housekeeping staff for the disinfecting of equipment and surfaces with an emphasis on application and removal time for Virex -256 .The QAPI Committee will make recommendations based upon the results of the audits. The audits will continue until continued compliance is achieved and the QAPI Committee recommends decrease in audit frequency or dissolution of the audits. 5. Date of Compliance: 5/7/2020 	
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F 880	<p>Continued From page 16</p> <p>bed, the top of the heating and air conditioning unit, the bathroom grab bars, raised toilet seats, and toilet handles. OSM # 6 further stated she sprays everything in room and then comes back through and wipes it down. When asked how long the Virex should be left standing on the items before it is wiped down, OSM # 6 stated, "It is not ten minutes by the time I go around the room and wipe it down." When asked if she had received training on the use of the Virex, OSM # 6 stated yes, and that the only place the Virex was to sit for 10 minutes was when it was sprayed on the counter at the nurses' station.</p> <p>On 04/14/2020 at 2:36 p.m., an interview was conducted with OSM #5, director of housekeeping. When asked about the use of Virex in the facility, OSM #5 stated that the Virex is sprayed on all surfaces, and has to sit on the surface for 10 minutes to be effective. OSM #5 stated, "It doesn't kill the coronavirus unless it sits for ten minutes." When asked how the facility ensures the Virex is being applied as instructed, OSM #5 stated that they were doing observations of housekeeping staff to see if staff is following Virex procedures.</p> <p>The "[Name of Manufacturer] Virex-265" instructional label documented in part, "...this product kills the following on hard, non-porous surfaces ...Viruses- ...Human Coronavirus." Under "For Use as a One-Step Cleaner/Disinfectant" it documented, "Pre-clean heavy soiled areas. Apply Use Solution to hard, non-porous environmental surfaces. All surfaces must remain wet for 10 [ten] minutes. Wipes surfaces and let dry."</p> <p>On 4/15/2020 at 5:20 p.m., ASM (administrative</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of clinical services, and ASM #5, the regional director of operations, were informed of these concerns. A policy regarding the use of Virex was requested. ASM #1 stated there is no policy for this, and the facility goes by the manufacturer's instructions.</p> <p>No further information was provided prior to exit.</p> <p>(1) Virex 256 - "One-step quaternary disinfectant cleaner and deodorant to clean and disinfect hard surfaces. Application: Used in medical and general institutional facilities. For Use as a One-Step Cleaner/Disinfectant: Apply use solution to hard, non-porous environmental surfaces. To disinfect, all surfaces must remain wet for 10 minutes." This information was obtained from the website: www.diversey.com.</p> <p>The CDC recommendations reflect the importance of disinfectant procedures and document in part the following: 10. Implement Environmental Infection Control Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.</p>	F 880		

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F 880	<p>Continued From page 18</p> <p>This information is taken from the website https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</p> <p>4. On 04/14/2020 at 4:59 p.m., an observation was conducted of CNA [certified nursing assistant] # 2 passing evening meal trays to residents on the Coronavirus (COVID19)-negative hallway of the Westham unit. Observations of CNA # 2 delivering the first four meal trays to each resident revealed that after placing the tray on each of the resident's over-the-bed-tables, CNA #2 removed her gloves, went to the sink in the resident's room, turned on the water, and rinsed her hands off under the water. CNA #2 then obtained paper towels from the hands-free towel dispenser, dried her hands and put on a new pair of gloves. CNA #2 then delivered the next meal tray. Further observations during these first four meal tray deliveries failed to evidence CNA #2 using soap to wash her hands. An observations at 5:01 p.m. revealed that after CNA #2 delivered the next tray, she washed her hands with soap and water for 10 seconds. At 5:04 p.m., CNA #2 entered another resident's room, turned off the call bell, and then washed her hands with soap and water for five seconds. At 5:08 p.m., CNA #2 was observed delivering another meal to a resident, and was then observed washing her hands with soap and water for five seconds.</p> <p>Review of the facility's "Hand Hygiene Auditing Tool" dated "March 2020" documented CNA #2 was observed conducting hand hygiene on the Westham unit on "3/14/20." Further review of the auditing tool revealed that CNA #2 disposed of gloves properly, completed hand hygiene, was in compliance with hand hygiene and completed</p>	F 880		
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F 880	<p>Continued From page 19 re-education for hand hygiene.</p> <p>On 04/15/2020 at 4:13 p.m., a telephone interview was conducted with CNA [certified nursing assistant] # 2. When asked to describe the procedure for hand washing, CNA #2 stated, "Lather up with soap, wash for 20 seconds, rinse and dry." When asked how she determines 20 seconds while washing her hands, CNA #2 stated she sings the 'Happy Birthday' song to herself. CNA #2 was informed of the above observations. When asked if she recalled not conducting correct hand washing as documented above, CNA #2 stated, "I wash my hands thoroughly after each time I go into a resident's room whether I'm feedings or changing them." When asked why it was important to use correct hand washing procedures, CNA # 2 stated to prevent germs, cross contamination and to protect the resident and myself.</p> <p>On 04/15/2020 at approximately 4:55 p.m., ASM [administrative staff member] # 1, administrator, ASM # 2, interim director of nursing, ASM # 4, regional director of clinical services and ASM # 5, regional director of operation, were made aware of the above findings.</p> <p>No other information was provided prior to exit.</p>	F 880			