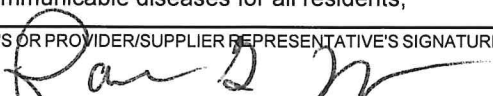


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OR SUPPLIER GLENBURNIE REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 LIBBIE AVE RICHMOND, VA 23226		
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E 000	Initial Comments	E 000	The filing of the plan of correction does not constitute an admission that the alleged deficiencies did, in fact, exist. This plan of corrections is filed as evidence to comply with requirements of participation and continue to provide high quality resident centered care.		
F 000	INITIAL COMMENTS	F 000	<ol style="list-style-type: none"> 1. CNA #1 and CNA #2 identified with failing to perform glove/gown changes and hand hygiene were re-educated to appropriate use of PPE, 2. All Residents in facility have potential to be affected by infection control practices. 3. DON and/or Supervisors will in-service staff on appropriate PPE and hand hygiene usage including when changing PPE (isolation gowns) in between Residents and practicing appropriate glove changing and hand hygiene. 4. DON and/or Supervisors will conduct Audits for appropriate PPE, glove and hand hygiene infection control practices observation X 15 staff members each week x 4 weeks then monthly x 2 months. Discuss and review findings and revise plan as needed in QAPI x 3 months 5. Date of compliance: 6/29/2020 		
F 880 SS=D	<p>An unannounced abbreviated COVID-19 Focused Survey was conducted remotely and onsite on 6/8/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).</p> <p>The census in this 125 certified bed facility was 63 . Of the 63 current residents, 26 residents were positive for the COVID-19 virus.</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and 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,</p>	F 880			

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



TITLE

ADMINISTRATOR

(X6) DATE

6/25/2020

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.

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F 880	<p>Continued From page 1</p> <p>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> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the 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: <ul style="list-style-type: none"> (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. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 infection control practice to prevent the spread of infection and communicable disease during a COVID-19 outbreak on one of two units in the facility, the Linden unit. They facility staff failed to wear the correct PPE (personal protective equipment) and failed to change gloves between residents when distributing lunch trays to both COVID positive and negative residents on the Linden unit.</p> <p>The findings include:</p> <p>On 6/8/2020 at 10:00 a.m., entrance to the facility was conducted with ASM (administrative staff member) #1, the administrator. ASM #1 informed the surveyor that rooms with pink stickers on the door indicated that the resident was positive for COVID-19, and that the rooms with a green sticker on the door indicated that the resident was negative for COVID-19.</p> <p>On 6/8/2020 at 12:01 p.m., CNA (certified nursing assistant) #1 was observed pushing a cart containing resident meal trays onto the Linden unit. CNA #1 put on a yellow isolation gown and gloves; he was already was wearing a mask. He took a lunch tray into room 200. Without changing</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>gloves or sanitizing his hands, CNA #1 left room 200, picked up another tray from the cart and entered Room 203. The pink sticker on the door indicated that the resident in Room 203 was positive for COVID-19. CNA #1 did not put on a second isolation gown when he entered Room 203. While in Room 203, observation revealed CNA #1's yellow isolation gown in contact with the resident's overbed table. Further observation revealed CNA #1 assisting another staff member with pulling the resident up in bed. Before he left Room 203, CNA #1 changed his gloves and sanitized his hands. He did not change gowns. CNA #1 returned to the cart and picked up another lunch tray. He went into Room 204. The green sticker on the door indicated the resident in Room 204 was negative for COVID-19. While in Room 204, observation revealed CNA #1 touched the resident's wheelchair and overbed table, and his yellow gown was in contact with both objects. Without changing gloves or sanitizing his hands, CNA #1 obtained another lunch tray from the cart and entered Room 201. Room 201 had a green sticker on the door. CNA #1's gown and gloves touched the resident's bed as CNA #1 put the tray on the overbed table and leaned over to help re-position the resident. CNA #1 removed his gloves and sanitized his hands; he did not change his gown. He obtained a new lunch tray and went into Room 212, which had a pink sticker on the door, indicating the resident was positive for COVID-19. CNA #1 placed the lunch tray on the overbed table, and then leaned against the resident's bed and blankets, touching the resident's pillows. CNA #1 then removed his gloves and sanitized his hands.</p> <p>On 6/8/2020 at 12:25 p.m., CNA #1 was interviewed. When asked what should happen</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>with PPE after coming in contact with a resident who is positive for COVID-19, CNA #1 stated, "I'm just passing out lunch trays."</p> <p>On 6/8/2020 at 12:29 p.m., CNA #2 was observed going into Room 228 to deliver a lunch tray. Room 228 had a pink sticker on the door, indicating the resident was positive for COVID-19. She was wearing a gown, gloves, and mask. She placed the resident's lunch tray on the overbed table. CNA #2 leaned against the resident's bed as she assisted the resident with using her bed controls. She touched the resident's blankets and some of the resident's belongings. When she left the room, she did not remove her gown. She changed her gloves and sanitized her hands. She then went into Room #218 to assist the resident with eating. The door to Room 218 had a pink sticker on it.</p> <p>On 6/8/2020 at 12:38 p.m., CNA #2 was interviewed. When asked should happen with PPE after contact with a resident who is positive for COVID-19, CNA #2 stated that when she is passing the lunch trays out, she is not "handling the patient," and did not have to change her gown.</p> <p>On 6/8/2020 at 12:41 p.m., ASM #1 and ASM #2 were informed of these concerns. ASM #2 was asked about the process staff followed regarding PPE contact with items and surface in a COVID-19 positive resident room such as bed linens, overbed table, or belongings. ASM #2 stated, "They should be wearing full PPE." She stated full PPE included a gown, gloves, and mask. She stated the gloves should be removed and hands sanitized, and that the gown should be removed after coming into contact with a resident</p>	F 880			

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F 880	<p>Continued From page 5 who is positive for COVID-19.</p> <p>A review of the facility policy, "COVID-19 Isolation - Initiating Contact/Droplet Precautions," revealed, in part: "Gloves will be worn (clean, non-sterile) when entering the room. While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage). Gloves will be removed and hand hygiene performed before leaving the room. Staff will avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed. A disposable gown will be donned upon entering the room and removed before leaving the room. Avoid touching potentially contaminated surfaces with clothing after gown is removed."</p> <p>No further information was provided prior to exit.</p> <p>REFERENCES</p> <p>(1) "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 SARSCoV-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</p> <p>(2) "PPE: Personal protective equipment is special equipment you wear to create a barrier between you and germs. This barrier reduces the</p>	F 880			

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F 880	Continued From page 6 chance of touching, being exposed to, and spreading germs." This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000447.htm	F 880			