

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

PRINTED: 07/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OR SUPPLIER BETH SHOLOM HOME OF EASTERN VI			STREET ADDRESS, CITY, STATE, ZIP CODE 6401 AUBURN DR VIRGINIA BEACH, VA 23464		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 880 SS=E	<p>An unannounced COVID-19 Focused Survey was conducted offsite on 4/27/20 through 4/29/20 and onsite on 6/25/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.</p> <p>An unannounced COVID-19 Focused Survey was conducted offsite on 4/27/20 through 4/29/20 and onsite on 6/25/20. The facility was not in compliance with F-880 of 42 CFR Part 483, Federal Long Term Care requirements.</p> <p>The census in this 120 bed facility was 109 at the time of survey. A total of 107 residents were tested resulting in 1 confirmed case of COVID. A total of 170 staff members were tested resulting in five confirmed cases of COVID. All residents and staff had recovered from COVID-19 at the time of survey.</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>	F 880			

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

TITLE

(X6) DATE

Rebecca Moralez

Administrator

7/16/2020

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	Continued From page 1 §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; §483.80(a)(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 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.	F 880			

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F 880	<p>Continued From page 2</p> <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> <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 facility staff failed to follow infection control practices by inappropriately donning (applying) and doffing (removing) PPE (personal protective equipment) in the correct sequential order; and failed to follow infection control practices for two of two residents in the survey sample, Resident #1 and Resident #2.</p> <p>The findings included;</p> <p>Resident #1 was admitted to the facility on 10/15/18 with diagnoses that included but were not limited to unspecified dementia without behavioral disturbance. Resident #1's most recent MDS (minimum data set) assessment was quarterly assessment with an ARD (assessment reference date) of 4/8/20. Resident #1 was coded as being moderately impaired in the ability to make daily decisions on the Staff Assessment for Mental Status exam.</p> <p>On 6/25/20 at 7:31 a.m., an observation was conducted on the 400 hallway (Non-COVID Unit).</p>	F 880	<p>F880: Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) Failed to properly wear face masks and practice appropriate social distancing</p> <p>1. Resident #1 did not experience any adverse outcomes such as illness and symptoms of COVID-19 as a result of the private sitter not properly wearing her face mask and practicing appropriate social distancing. The noted private sitter was reeducated immediately on proper wearing of face masks and maintaining social distancing of 6ft.</p>		

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F 880	<p>Continued From page 3</p> <p>At 7:33 a.m. Resident #1's room was observed. A person wearing a green uniform was observed sitting in a chair approximately three feet from Resident #1. This person had a facemask positioned underneath her chin.</p> <p>On 6/25/20 at 8:46 a.m., an interview was conducted with the above person. When asked her role at the facility, OSM (other staff member) #1, stated that she was a private sitter. When asked if she had her face mask on earlier, OSM #1 stated that her face mask was on half way. When asked how far away do you have to be from a resident if you do not have a face mask on correctly, OSM #1 stated that she should be six feet away. When asked if she was six feet away from Resident #1, OSM #1 stated that she was not. When asked if she should have had her face mask on properly, OSM #1 stated that she should have.</p> <p>On 6/25/20 at 8:50 a.m., an observation was conducted of the quarantine unit specifically the hallway for admissions/readmissions only. There were no positive COVID-19 cases on that hallway. At 8:52 a.m. CNA (certified nursing assistant) #1 was observed donning PPE (personal protective equipment) prior to entering a room on droplet precautions. The CNA had her surgical mask already in place. The CNA then put on her gloves then gown and entered the room.</p> <p>At 8:53 a.m., CNA #1 removed her gown and gloves together, then took off her face mask, and then went to the PPE cart outside of the resident's room and reached her hand into the box of new face masks and removed a clean face mask. CNA #1 did not sanitize or wash her hands after removing her gloves and before going the</p>	F 880	<p>2. All residents who have private sitters have a potential to be affected. Nursing administration conducted observations on 6/25/2020 of private sitters and proper wearing of face masks and social distancing was observed and no other residents were affected.</p> <p>3. The facility policy "Infection and Prevention Control Policy" was reviewed. All private caregivers will be reeducated on the policy and procedure by Staff Development Specialist or designee by the compliance date. Additional education will be made available via educational videos on resident televisions.</p> <p>4. Private sitters will be required to properly wear face masks and adhere to social distancing of 6ft. Weekly spot checks to assess for proper wearing of PPE and social distancing will be conducted by Unit Managers or designee and results will be reviewed weekly by the QAPI committee for a minimum of 90 days. Non-compliance will be addressed through further education and/or other actions as appropriate. Results of weekly audits will be tracked, trended and reported during the next quarterly QAPI meeting in October and as necessary to maintain compliance.</p> <p>5. Our corrective action plan will be in place by July 31, 2020.</p>		

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F 880	<p>Continued From page 4</p> <p>clean box of face masks. CNA #1 was then observed to walk down the hallway and sanitized hands using the free standing hand sanitizer stand in the hallway.</p> <p>On 6/25/20 at 8:56 a.m., an interview was conducted with CNA #1. When asked the sequence to remove PPE, CNA #1 stated that she should take off her gloves, gown and then mask. When asked what should be done after removing gloves, CNA #1 stated that she should wash her hands. When asked if the CNA did that, CNA #1 stated that she couldn't go back in the resident's room to wash her hands with soap and water once her PPE was removed. When asked if she should have sanitized her hands prior to removing her mask and prior to getting a new mask, CNA #1 did not say anything. When asked if she could have contaminated the new box of masks, CNA #1 stated, "Yes."</p> <p>On 6/25/20 at 9:03 a.m., an observation was made on the 100 hall unit (recovery unit) At 9:04 a.m., CNA #2 was observed already to have her mask on. CNA #2 then stopped in front of a resident's room who was on droplet precautions, donned her gloves first, then her gown, and went into the resident's room. At 9:06 a.m., CNA #2 was observed doffing her PPE appropriately.</p> <p>On 6/25/20 at 9:06 a.m. an interview was conducted with CNA #2. When asked if she was educated on the proper donning of PPE, CNA #2 stated that she was. When asked the proper sequence of applying PPE, CNA #2 stated that she would already have her face mask on, then she should first apply gloves, and then her gown.</p> <p>On 6/25/20 at 9:15 a.m. signage/education in</p>	F 880	<p>F 880: Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) Failed to properly Don/Doff PPE and hand-sanitizing</p> <ol style="list-style-type: none"> Residents on the quarantined halls did not experience any adverse outcomes such as illness and symptoms of COVID-19 as a result of the staff failing to properly don/doff PPE and properly sanitizing their hands. Hand sanitizer was immediately placed outside of each quarantined room. All resident admitted to the facility have a potential to be affected. Nursing administration conducted observations on 6/25/2020 of nurses and CNAs and proper donning/doffing of PPE was observed and no other residents were affected. The facility policy "PPE: Donning/Doffing" was reviewed. Nursing staff will be re-educated on the policy and procedure by Staff Development Specialist or designee by the compliance date. Monthly PPE donning and doffing PPE demos for nursing staff and private caregivers will be held by Staff Development or designee for a minimum of 3 months. Staff will be required to properly don/doff PPE. Weekly spot checks to assess for proper donning/doffing PPE and hand-sanitizing will be conducted by Unit Managers and results will be reviewed weekly by the QAPI committee for a minimum of 90 days. Non-compliance will be addressed through further education and/or disciplinary action as appropriate. Results of weekly audits will be tracked, trended and reported during the next quarterly QAPI meeting in October and as necessary to maintain compliance. Our corrective action plan will be in place by July 31, 2020. 		

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F 880	<p>Continued From page 5</p> <p>front of the 101-112 hallway documented in part, the following:</p> <p>"Donning: gather PPE; perform hand hygiene using hand sanitizer, gown, respirator or mask...perform hand hygiene gloves...Doffing: "Gloves, gown, healthcare may now exit room, perform hand hygiene... respirator and mask. Do not touch front of respirator or mask, hand hygiene..."</p> <p>On 6/25/20 at 9:16 a.m. observations were conducted on hallway 101-112 (Hot Spot) unit. At 9:18 a.m., CNA #3 was observed in front a resident's doorway donning PPE (non-COVID positive resident but on droplet precautions). CNA #3 already had her facemask in place. CNA #3 then applied her gloves and then gown and walked into the resident's room. On 6/25/20 at 9:19 a.m., CNA #3 was observed in the doorway of a resident's room doffing PPE. CNA #3 was observed removing her gloves, then her gown, she then hung up her gown, took off her face mask and threw it away. CNA #3 exited the room and then sanitized her hands. CNA #3 then put on a new surgical face mask. CNA #3 did not sanitize or wash her hands prior to removing her facemask and exiting the room.</p> <p>On 6/25/20 at 9:20 a.m., an interview was conducted with CNA #3. When asked the process for donning PPE, CNA #3 stated that she should put on her gown, gloves, and that she would already have her facemask on. CNA #3 was told about the above observations. When asked if that was proper sequence of donning PPE; CNA #3 stated, "Well is it?" CNA #3 was told again about the above observations and CNA #3 stated, "Oh." CNA #3 then stated that the resident she was working with was on droplet precautions because</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>she came back from an operation. CNA #3 stated that the resident was not COVID-positive.</p> <p>On 6/25/20 at 9:32 a.m., a family member was observed in a resident's room that was on the "Hot Unit." This resident will be identified as Resident #2.</p> <p>Resident #2 was admitted to the facility on 12/1/17 and readmitted on 6/7/20 with diagnoses that included but were not limited to unspecified fracture of the lower femur, right femur, and wedge compression fracture of the T5-T6 vertebra. Resident #2's most recent MDS (minimum data set) assessment was a five day scheduled assessment with an ARD (assessment reference date) of 6/1/2020. Resident #2 was coded as being moderately impaired in the ability to make daily decisions scoring 11 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>On 6/25/20 at 9:32 a.m., Resident #2's family member was observed in his room applying foot pedals to his wheelchair. She was then observed removing items off his bedside table. Resident #2's family member had on a surgical mask only. On 9:32 a.m., an interview was conducted with the family member. Resident #2's family member stated that normally private sitters were in the room with him because he had frequent falls. Resident #2's family member stated that she sometimes helped with watching Resident #2.</p> <p>Review of Resident #2's June 2020 POS (Physician Order Summary) revealed the following current order: "Droplet Precautions r/t (related to) prophylactic monitoring of COVID-19." This order was initiated</p>	F 880	<p>F 880: Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) Failed to properly wear appropriate PPE</p> <ol style="list-style-type: none"> 1. Resident #2 did not experience any adverse outcomes such as illness and symptoms of COVID-19 as a result of their family member not properly wearing full PPE (only wearing a mask). The noted family member was reeducated immediately on proper wearing of PPE. 2. All residents who have compassionate care family members have a potential to be affected. Nursing administration conducted observations on 6/25/2020 of residents with visiting compassionate care family members and proper wearing of PPE was observed and no other residents were affected. 3. Resident visiting family members will be reeducated on the policy and procedure by Staff Development Specialist or designee by the compliance date. Additional education will be made available via educational videos on resident televisions. 4. Resident family members will be required to properly wear proper PPE while visiting. Weekly spot checks to assess for proper wearing of PPE will be conducted by Unit Managers or designee and results will be reviewed weekly by the QAPI committee for a minimum of 90 days. Non-compliance will be addressed through further education and/or other actions as appropriate. Results of weekly audits will be tracked, trended and reported during the next quarterly QAPI meeting in October and as necessary to maintain compliance. 5. Our corrective action plan will be in place by July 31, 2020. 		

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F 880	<p>Continued From page 7 on 6/7/20.</p> <p>On 6/25/20 at 10:03 a.m., an interview was conducted with ASM (administrative staff member) #1, the Administrator and ASM #2 the DON (Director of Nursing). When asked about Resident #2's diagnosis, ASM #1 stated that Resident #2 had completed his 14 day quarantine observation since being admitted back to the facility. ASM #1 stated that he was waiting to go into another room (the recovery side) of the quarantine unit. When asked if the family member had been educated on COVID-19 and the proper PPE to don while in the resident's room, ASM #2 stated that she had. When asked what PPE should be worn while caring for Resident #2, ASM #2 stated, "She should wear a facemask, gowns and gloves like everyone else." ASM #1 and #2 were made aware of Resident #2's family member only wearing a surgical mask while in his room. ASM #1 stated that Resident #2's daughter would be re-educated on proper PPE.</p> <p>When asked the ASM #2 if the private sitter for Resident #1 had been educated on proper PPE, ASM #2 stated, "Yes." The above observations were shared with ASM #1 and ASM #2. ASM #2 stated, "Everyone is given a facemask when they enter the building and educated to wear. We will re-educate." When asked what her expectations are, ASM stated, "I expect everyone to wear a facemask at all times to protect our residents." Also stated was, "We will re-educate the sitter and provide equipment and call the family and let them know she was re-educated."</p> <p>The observation of the facility staff not donning and doffing appropriately was also reviewed with</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>ASM #1 and ASM #2. ASM #1 was made aware that only two hand sanitizers were observed in the hallway as well as three isolation bins on each hallway. ASM #1 stated, "We will reassess and have hand sanitizers appropriately placed at all doors on the warm and hot units and have isolation bins at each room." ASM then stated, "We will re-educate all staff- nursing staff and housekeeping on new process and adding to Policy and Procedures." ASM #2 stated, "We will re-educate staff on Donning and Doffing PPE."</p> <p>On 6/25/20 at 2:30 p.m., ASM #1 provided evidence that all four staff members were educated on hand hygiene and proper PPE use.</p> <p>Facility policy titled, "Handwashing Policy," documents in part, the following: "...5. Use alcohol based hand rub; or alternatively soap and water for the following situations...m. after removing gloves...after removing and disposing personal protective equipment."</p>	F 880			

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