

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

PRINTED: 07/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OR SUPPLIER PORTSIDE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4201 GREENWOOD DRIVE PORTSMOUTH, VA 23701	
(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
E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 5/18/20 through 5/22/20 and onsite and offsite 6/22/20 through 6/24/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000	Preparation and/or execution of this plan of correction does not constitute admission on agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal and state law requires it.	
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted offsite from 5/18/20 through 5/22/20 and onsite and offsite from 6/22/20 through 6/24/20. The facility was not in compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirements. The census in this 124 certified bed facility was 86 at the time of survey. Three residents tested positive for COVID-19. Two of the three remained in the facility and were relocated to the observation unit. One of the three residents was hospitalized with a non-COVID-19 diagnosis. No staff had tested positive for COVID-19.	F 000		
F 880 SS=D	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 comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at	F 880	F 880 Infection and Prevention Control 1. Resident #1 still resides in the facility. The situation regarding the transporting of soiled linen was remedied by placing a receptacle for infectious waste inside Resident #1's room. 2. All residents are at risk when there is not an effective infection control program. DON/designee did a quality review of all current residents on isolation to verify that the appropriate isolation set up was present in the resident's room to include isolation bins for proper disposal of linen and trash to prevent transmission of a communicable disease from resident's room when they are on transmission based precautions. No other residents were affected by this deficient practice. 3. DON, ADON or designee will educate current licensed nursing staff on appropriate infection control practice when transporting soiled linen to prevent the transmission of a communicable disease from resident's room when they are on transmission based precautions. 4. DON, ADON, or designee will complete 2 observations for infection control practices for	

residents on transmission based precautions 3 times per week for 2 weeks. Variances will be reviewed for patterns and/or trends, staff re-educated when deficient practice is identified and results reported to QAPI for input and guidance.

5. Date of Compliance: July 24, 2020

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

TITLE

(X6) DATE

Kaetryn Haks-Richards

Administrator

7/11/2020

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 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 circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p>	F 880			

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F 880	Continued From page 2 §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 observations, clinical record review, and staff interviews, the facility staff failed ensure infection control measures were consistently implemented related to transporting soiled linen to prevent the transmission of a communicable disease from one resident's room (Resident #1) who was on transmission based precautions. The findings included: Resident #1 was originally admitted to the facility 12/10/20 and readmitted 3/12/20, after an acute care hospital stay. The current diagnoses included a new onset of an elevated temperature. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/21/20 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 decision making abilities.	F 880		

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F 880	<p>Continued From page 3</p> <p>In section "G" (Physical functioning) the resident was coded as requiring total care of two people with bathing, total care of one person with transfers, dressing, toileting, and personal hygiene, extensive assistance of one with bed mobility, and supervision after set-up with eating.</p> <p>On 6/22/20 at approximately 10:30 a.m., Resident #1 was observed in bed facing the doorway. Outside of the room was an over the bed table holding two boxes of gloves and a package containing multiple cloth white gowns. Above the table was a sign which read: wear a mask, gloves and gown, no dietary staff may enter. Certified Nursing Assistant (CNA) #1 was observed standing inside Resident #1's room near the doorway. CNA #1 was observed wearing a mask and gloves and holding an arm full of soiled linens. CNA #1 stated, "I just took off the gown." No containers or bags for soiled linen or infectious waste were observed inside Resident #1's room. CNA #1 exited the resident's room with the linens and proceeded in the corridor to a door with a lock, which required a code to be keyed in. CNA #1 balanced the soiled linens between left arm, her body and the door as the code was keyed and the door was opened. Once inside the room CNA #1 put the linens into a receptacle with other linens. She then left the room, sanitized her hands and stated "I will speak with my Manager about placement of linens for residents on droplet precautions." CNA #1 didn't return with any information.</p> <p>An interview was conducted with Clinical Manager #1 on 6/22/20 at approximately 10:40 p.m. Clinical Manager #1 stated Resident #1 presented with an elevated temperature on</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>6/21/20, therefore the decision to place the resident on precautions was instituted. Clinical Manager #1 also stated a COVID-19 test would be completed.</p> <p>At approximately 11:20 a.m., a Maintenance staff member was observed setting up storage cabinets outside and specialty boxes with biohazard bags (yellow and red) inside specific resident rooms. An interview was conducted with the Maintenance staff at approximately 11:30 a.m. He stated he was assisting the nursing staff to get the rooms set-up with needed supplies. He further stated the items needed are available to the nursing staff whenever needed but because there were so many rooms requiring the set-up the supply of plastic cabinets were depleted and the wooden cabinets were being utilized. He also stated the box and biohazard bag systems which are placed inside the resident room are always available to nursing staff.</p> <p>On 6/24/20 at approximately 9:45 a.m. via telephone, the above findings were shared with the Administrator, Director of Nursing and Clinical Manager. They acknowledged understanding of the information.</p>	F 880			