

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

PRINTED: 07/14/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>831 ELLERSLIE AVE COLONIAL HEIGHTS, VA 23834</b>		
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted offsite 4/16/2020 through 4/17/2020 and onsite 6/15/2020 and continued with offsite review through 6/16/2020. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000			
F 000	The census in this 196 certified bed facility was 136 at the time of the onsite survey. INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted offsite 4/16/2020 through 4/17/2020 and onsite 6/15/2020 and continued with offsite review through 6/16/2020. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	F 000			
F 880 SS=D	The census in this 196 certified bed facility was 136 at the time of the onsite survey. 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	F 880		7/17/20	

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

TITLE

(X6) DATE

Electronically Signed

07/06/2020

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 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 a minimum, the following elements:  §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	F 880			

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F 880	<p>Continued From page 2</p> <p>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> <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 documentation review, the facility staff failed to properly follow infection prevention protocols related to COVID-19 in two areas (the lobby and Physical Therapy Departments) of 10 observed areas.</p> <p>The findings included:</p> <p>The Receptionist, a Dietary Staff member, and the Physical Therapy Director were observed not wearing a mask.</p> <p>On 06/15/2020 at 11:06 AM, Surveyor A entered the facility. During a tour that lasted until 11:45 AM, Surveyor A observed the Receptionist behind two Plexiglass partitions. The Receptionist did not have on a facemask. The Receptionist</p>	F 880	<p>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.</p> <ol style="list-style-type: none"> <li>1.The 3 staff members identified with no face mask were re-educated to use of facemask.</li> <li>2.Observation of other staff members on the day of findings 6/15/2020 were identified with face mask on by surveyor and unit manager</li> <li>3.Facility Educator or department manager will in-service staff on appropriate face mask use while in the</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>greeted Surveyor A and handed the Kiosk to initiate the questionnaire and temperature check as per the protocol at the facility.</p> <p>Surveyor A observed a staff member going to the bathroom in the lobby and was not wearing a mask. The staff member (Employee F) stated she worked in dietary.</p> <p>In addition, the Physical Therapy Director was observed not wearing a mask while sitting in her office with the door open. There were four residents and staff members in the gym who were each wearing masks. When the Physical Therapy Director saw Surveyor A and a facility staff person enter the room, the Physical Therapy Director put on a mask.</p> <p>On 06/15/2020 at 12:08 PM, an interview was conducted via the telephone with the Director of Nursing and Assistant Director of Nursing who stated they were sitting in the same office. The Director of Nursing was asked about the expectations regarding the use of masks within the facility. The Director of Nursing stated the expectation was that "everybody should wear an N95 mask while in the building." The Assistant Director of Nursing stated all of the employees should wear the masks. When asked if they were aware of the fact that employees were observed without wearing masks, the Director Nursing stated she was informed about three employees who did not have on masks. When asked if the facility was experiencing shortages of PPE, the Director of Nursing stated no. A copy of the facility policy was requested to be sent via email. The Director of Nursing stated she would submit the copy.</p>	F 880	<p>facility and N-95 during direct care of residents. Department managers while in their office will have their face mask on while door is open and may remove when door is closed and social distance of 6 foot within a shared office. Face mask will available at front lobby near receptionist ledge.</p> <p>4.Designated Department Managers or designee from department (Director of Maintenance/Housekeeping, DON, ADON, UMs, Rehab Director, Administrator, Dietary Manager ) will observe 15 staff members for use of appropriate face mask each week x 4 weeks then monthly x 2 months. Discuss and review findings and revise plan as needed in QAPI x 3 months.</p>		

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F 880	<p>Continued From page 4</p> <p>On 06/15/2020 at 3:13 PM, an interview with the Administrator was conducted via telephone. The Assistant Director of Nursing and Unit Manager were in the Administrator's office during the interview. When asked about the process for wearing masks in the facility , the Administrator stated she had been informed that three staff members did not have on their masks in non patient care areas.</p> <p>When asked about the facility policy regarding wearing of masks, the Administrator stated staff members do not have to wear masks when they are not in patient care areas. The Administrator stated the lobby was not a patient care area. The Administrator was asked if Physical Therapy is considered a patient care area. The Administrator stated yes but the staff working with the residents had on their masks and the residents had on masks. The Administrator stated the residents who were in the Physical Therapy gym had all tested negative for COVID-19. The Administrator stated that employees in individual offices do not have to wear a mask if no residents are within 6 feet of the office. The Administrator was asked to provide a copy of the policies regarding the wearing of masks.</p> <p>On 06/15/2020 at 3:19 PM, Surveyor A and Surveyor B called the Administrator and Director of Nursing on a conference call. Surveyor A explained that she had seen the Receptionist without a mask behind the Plexiglass partition which had Plexiglass on two sides. Surveyor A also stated she observed a Dietary Employee in the lobby hallway and was not wearing a mask. The Dietary Employee was observed walking in the hallway, retrieved the key to the Women's bathroom and used the bathroom and returned</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>the key to the basket on the ledge near the Receptionist's desk.</p> <p>The Administrator stated the receptionist sits behind a desk with Plexiglass on two sides and did not need to wear a mask because she was not in a patient care area. The Administrator stated the facility staff do not need to wear a mask unless they are in patient care areas. When asked if the Physical Therapy gym was considered a patient care area, the Administrator stated yes. The Administrator apologized and stated she was not at the facility when the observations took place and would need to gather more information. When asked about shortages of PPE, the Administrator stated the facility was not experiencing shortages of Personal Protective Equipment (PPE) .</p> <p>During the end of day debriefing on 6/15/2020, the facility Administrator, Assistant Director of Nursing and Unit Manager were informed of the findings. The Administrator stated the facility staff did not have to wear masks unless they were in patient care areas. The Administrator stated she did not wear a mask in her office either. The Administrator stated the facility was not experiencing shortages of Personal Protective Equipment (PPE) . The Administrator was asked to provide a copy of the CDC guidelines that the facility was following and the facility policy that advised no use of masks unless in patient care areas.</p> <p>Review of the facility documentation presented showed guidance on "Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response. "</p> <p>The documentation did not address the use of</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>regular facemasks in the facility. In addition, the facility still had COVID-19 positive cases in the facility.</p> <p>According to the "VDH COVID-19 Resources for Long-Term Care Facilities, Updated May 6, 2020", the facility should follow these guidelines:</p> <p>On Page 9 of 22, "At this time of Public Health Emergency and widespread community transmission, it is recommended that all HCP in every LTCF wear a facemask while in the facility.</p> <ul style="list-style-type: none"> <li>o This serves a dual purpose of preventing entry of the virus into the facility and protecting staff from splashes and sprays of infectious material.</li> </ul> <p>This is an example of what CDC refers to as source control which is a physical measure taken to prevent respiratory pathogens including SARS-CoV-2 from being introduced, persons being exposed, or the environment being contaminated in a facility. An example of source control includes recommending masking for visitors and HCP.</p> <ul style="list-style-type: none"> <li>o HCPs should wear a cloth face covering when outside the facility, change into a facemask when they enter the facility, wear facemasks while on duty, and change into a cloth face covering when they exit the facility.</li> </ul> <p>Cloth face coverings are not PPE. They help prevent entry of the virus into the facility but do not offer the HCP a higher level of protection from exposures while at work.</p> <ul style="list-style-type: none"> <li>o A facemask can be a surgical mask, which has been approved by the FDA, or a procedure mask,</li> </ul>	F 880			

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F 880	<p>Continued From page 7</p> <p>which is not regulated by FDA. A surgical mask should be worn if splashes or sprays are anticipated and supplies are adequate. The most important thing is for staff to wear a facemask at all times when they are in the facility."</p> <p>Per the CDC's guidance stated "healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required". CDC recommendations/guidelines accessed online 6/9/2020 at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html</a></p> <p>CMS's "COVID-19 Long-Term Care Facility Guidance" dated April 2, 2020, read: "For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility." accessed online at <a href="https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf">https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf</a></p> <p>On 6/16/2020 at 2:25 PM during the end of day debriefing, the Administrator was advised of the findings. The facility staff reported experiencing no shortage of PPE at the current time. The Administrator stated she was going to meet with the facility's corporate consultant to discuss the</p>	F 880			



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F 880	Continued From page 8 wearing of masks in the facility.  No further documentation or information was provided.	F 880		