

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE			STREET ADDRESS, CITY, STATE, ZIP CODE 132 LANCASTER DRIVE IRVINGTON, VA 22480	
(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 A COVID-19 Focused Emergency Preparedness Survey was conducted offsite 05/27/2020 through 05/28/2020 and onsite 06/09/2020. 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. The census in this 42 certified bed facility was 32 at the time of the onsite survey.	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted offsite 5/27/2020 through 5/28/2020 and onsite 6/9/2020. 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. The census in this 42 certified bed facility was 32 at the time of the onsite survey.	F 000		
F 880 SS=E	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.	F 880		6/24/20

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

TITLE

(X6) DATE

Electronically Signed

06/24/2020

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>§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 circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 2 of 5 areas of the facility.</p> <p>The findings included:</p> <p>The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>On 6/9/2020 at approximately 11:55 AM Surveyor C observed Employee F and Employee G in the laundry room folding clean laundry with their face masks removed from their face and resting below their chin. When Surveyor C questioned this,</p>	F 880	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in this plan of correction. The plan constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates included.</p> <p>1. Director of Nursing and Housekeeping Director educated staff on how to properly wear facemask. 6/7/20</p>		

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F 880	<p>Continued From page 3</p> <p>Employee F and Employee G stated they had removed the masks because they were hot.</p> <p>On 6/9/2020 at approximately 12:05 PM Surveyor C observed CNA B in the doorway of a Resident room, assisting a Resident in a wheelchair. CNA B lowered her mask to talk to a co-worker and the Resident. CNA B then attempted to put the mask back on, but failed to cover the nose. CNA B only covered their mouth. Surveyor C asked CNA B about removing her mask and CNA B stated, she removed the mask because they couldn't hear her when she spoke. Surveyor C asked CNA B if she had received training on the COVID-19 virus and proper use of PPE? CNA B responded yes she had. CNA B then pulled the mask up and adjusted it over her nose and mouth.</p> <p>The observations on 6/9/2020 by Surveyor C were made in the presence of the facility Director of Nursing (DON). Surveyor C asked the DON "what is your process with staff and masks?" The DON stated, "staff always wear masks while in the building".</p> <p>On 6/9/2020 at 3:19 PM a telephone conference was held by Surveyor B with the facility Administrator and DON. The DON and Administrator indicated that the facility supply of personal protective equipment (PPE), including masks was adequate. When asked about their expectation on use of masks they stated, "healthcare workers put them on upon entry and wear throughout their shift, if it becomes soiled or dirty they are able to change it, otherwise they wear it the duration of their shift and then dispose it at the end of their shift". When the Administrator and DON were asked about the importance of wearing a mask, the DON stated,</p>	F 880	<p>2. All residents have the potential to be affected. There have been no reports of residents being adversely affected by this observation. Residents continue to be monitored for signs/symptoms of respiratory illness.</p> <p>3. Director of Nursing, Housekeeping Director or designee will educate staff across all shifts on how to properly wear facemask to prevent the spread of COVID-19. 6/24/20</p> <p>4. Director of Nursing and/or Housekeeping Director will observe at least 5 staff wearing mask properly 3x weekly x 4 weeks and PRN. Findings will be reported to the Administrator and to Quality Assurance and Performance Improvement Committee. Monitoring may be adjusted as needed.</p>		

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F 880	<p>Continued From page 4</p> <p>"to continue to keep us at zero cases and minimize source control for COVID". The facility management was asked if they expect staff to wear masks in a manner that would cover their mouth and nose and both responded, "yes".</p> <p>Review of the facility document titled "employee COVID-19 Daily Screening" it stated, "you must wear a mask on entry". The facility DON was asked what this meant and she stated, the staff put it on when they come in and wear it all day.</p> <p>On 6/9/2020 a review of the facility policy titled "Emergent Infectious Diseases (EID) Employee Prevention and Protection Plan" with a revision date of 4/5/2020 read, "Follow CDC (Center for Disease Control) guidelines regarding the need for employees to wear protective equipment".</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: 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</p> <p>CMS's "COVID-19 Long-Term Care Facility Guidance" dated April 2, 2020, read: "For the</p>	F 880			

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F 880	Continued From page 5 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 6/9/2020 at https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/9/2020. No further information was provided.	F 880			