

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

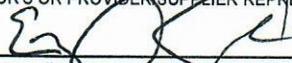
PRINTED: 07/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OR SUPPLIER ANNANDALE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6700 COLUMBIA PIKE ANNANDALE, VA 22003	
(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 onsite Emergency Preparedness survey was conducted on 7/22/20 through 7/23/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000	<p>F000 – The statements made in the following plan of correction are not admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p style="text-align: center;">RECEIVED AUG 07 2020 VDH/OLC</p>	
F 000	INITIAL COMMENTS An onsite COVID-19 Focused Survey was conducted from 7/22/20 to 7/23/20. The facility was not in compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated during the 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. §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:	F 880		

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

TITLE

(X6) DATE



EXECUTIVE DIRECTOR

8/5/2020

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)(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; (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> <p>§483.80(a)(4) A system for recording incidents</p>	F 880		

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F 880	<p>Continued From page 2 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 observations, staff and resident interviews and facility documentation, the facility staff failed to ensure infection control measures were consistently implemented to prevent the development of transmission of a communicable disease (COVID-19).</p> <p>Specifically, the facility staff failed to maintain physical distancing during the screening process and while on the elevator to prevent the possible transmission of infection; failed to follow the facility's screening process to include temperature checks and questions related to COVID-19 exposure or symptoms; and failed to to perform appropriate hand hygiene.</p> <p>The findings include:</p> <p>1. The facility staff failed to maintain physical distancing during the screening process and while on the elevator to prevent the possible transmission of infection.</p> <p>On 7/22/20 from 6:43 a.m. to 7:20 a.m., Registered Nurse (RN) #1 was observed screening the oncoming 7 a.m. to 3 p.m. staff.</p>	F 880	<ol style="list-style-type: none"> 1. Facility out-going temperatures will be checked prior to end of the shift on the units to avoid clustering in the lobby. The Nurse supervisor or designee will check in-coming staff temperatures and a second staff member will be posted outside the facility to ensure six feet social distancing when entering the building for start or end of shift. 2. Facility will be adding additional stickers and lines in the lobby, vestibule, and outside area to mark where staff should be standing while awaiting for their temperature to be checked. All new hires will be educated on getting out-going temperatures checked prior to the end of shift on the units to avoid clustering in the lobby and that social distancing should be maintained when entering and exiting the building during orientation. All Residents had the potential to be affected. 3. All staff will be educated on getting out-going temperatures checked prior to the end of shift on the units to avoid clustering in the lobby, only 2 people in the elevator at one time and that social distancing should be maintained when entering and exiting 	8/11/2020	

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F 880	<p>Continued From page 3</p> <p>Although there were large round red signs plastered on the side walk leading into the outer door of the facility, in the vestibule area between the outer and inner door, as well as on the floor in the lobby that denoted 6 foot areas to position themselves, the staff were not adhering to the signs. Staff grouped up in the vestibule waiting to be buzzed in by RN #1. She consistently redirected most of the staff to back out of the vestibule to allow 6 feet physical distance in order to buzz in and permit one staff to enter the lobby . As staff entered the lobby, the RN kept directing the staff to stand on the 6-foot signs and marking on the floor to maintain the required physical distance.</p> <p>On 7/22/20 at 7:10 a.m., a refrigerator repair vendor entered the vestibule with two other persons and once RN #1 buzzed in an oncoming staff, with no regard for maintaining physical distance or his natural place in line outside on the sidewalk, he came in with an oncoming staff, approached the front reception desk beside the another staff and stated, " I am here about that refrigerator." The RN was in the process of taking an infrared temperature of the staff in line, but immediately obtained the vender's temperature, essentially screening two persons at the same time.</p> <p>During aforementioned observations of the screening process, more than two employees would board the elevators. The RN was observed perspiring as she stated, "I try to do the best I can to control and redirect staff, but I can't always catch everything." There were clear signs on the outside of the elevator that instructed "no more than two people per ride" in order to maintain 6-feet physical distance. When this surveyor was</p>	F 880	<p>the building by the Staff Development Coordinator or designee.</p> <p>4. This process will be monitored with random weekly monitoring on all shifts. The shift supervisors, DON or designee will complete monitoring 3 times a week for 3 months. Monitoring will be submitted to QAPI committee for review and recommendations.</p> <p>5. 8/11/2020</p>	8/11/2020	

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F 880

F 880 Continued From page 4

standing at the elevator door to board it, an employee with a resident in the wheelchair turned and stated, "You can come on with us, we don't count two persons per ride when we have a resident with us." The surveyor did not board the elevator which would have placed three persons at less than 6-foot range.

2. The facility staff failed to follow the facility's screening process to include temperature checks and questions related to COVID-19 exposure or symptoms in order allow safe entry to protect staff and residents from potential transmission of infection.

The receptionist had taken over the screening process on 7/22/20 at 8:00 a.m. At 8:20 a.m., the receptionist received a buzzer notification from outside of the kitchen back door, which initiated viewing the person over the monitor. The person at the door was the milk delivery distributor requesting entry into the kitchen. The receptionist told him he needed to ride around to the front lobby to screen in and then drive back around to be buzzed in. She stated she was the only one that had the code in order to open the kitchen's back door. She said the milk delivery distributor said he had already been in the kitchen earlier, so the receptionist called the kitchen to inform the kitchen staff that milk delivery distributor wanted entry into the kitchen. The receptionist said she was told to let him in, which she did. She turned to this writer and said, "I shouldn't have done that but I thought that person that told me to let him in had more authority than me." She said I called to inform the Administrator.

On 7/22/20 at 8:35 a.m., this surveyor went to the kitchen and upon entering spoke to Dietary Staff

1. Facility staff went down and took the Milk Delivery driver's temperature and asked the screening questions. Temperature and screening questions within normal limits. Facility also contacted Milk Company who stated they do temperature checks and screenings before any driver starts for the day. Immediately Receptionist and Kitchen staff were re-educated on the procedure of having all vendors come to the front door for the temperature and screening checks before being able to make a delivery at the back door.
2. All current receptionists are re-educated on ensuring no one makes a delivery at the back door before having their temperature and screening taken at the Front Lobby. All future receptionists will be educated on ensuring no one makes a delivery or enters the building before coming to the Front Lobby to ensure temperature and screening take place during orientation. Facility changed back door code to ensure no employees have it and that the door could only be buzzed in from the camera at the desk. Facility increased signage at doors with reminders for vendors to first stop at the Front Lobby. Facility or regional staff will contact vendors to re-educate them on the process of deliveries. All Residents had the potential to be affected.

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F 880	<p>Continued From page 5</p> <p>#1. He stated, "He was here earlier, so I told her to let him in." A second Dietary Staff #2 verified that the milk delivery man had been in the kitchen earlier, brought a cart into the walk-in refrigerator and delivered milk, but came back around 8:15 a.m. to take the milk back that he had delivered earlier. Dietary Staff #2 said, "He came in again with his cart, into the refrigerator and took back 100 cartons of whole milk, stating he brought too much earlier and needed to take it back." He also stated the Assistant Administrator had just left to screen the milk delivery distributor out. When asked how he got into the kitchen earlier, he stated, "Maybe through the door where we take out the trash, but he should not have come in that way and not before he went up to the front to be screened."</p> <p>On 7/22/20 at 9:00 a.m., the staff surveillance line listing was reviewed to determine if the milk delivery distributor had screened in earlier. There was only one recent entry with no time that indicated "Milk Delivery Guy (no location) 97.7 temperature, no cough and no shortness of breath." The receptionist stated the Assistant Administrator screened the milk delivery man as he was leaving the kitchen around 8:30 a.m. on 7/22/20 and called her to write in the information on the staff surveillance line listing form.</p> <p>3. The facility staff failed to perform appropriate hand hygiene in accordance with the Centers for Disease Control and Prevention (CDC) guidelines and the facility's policy and procedure for standard precautions.</p> <p>On 7/22/20 at 9:20 a.m., Housekeeper #1 was observed on West I removing trash from resident rooms using her bare hands to press trash down</p>	F 880	<p>3. All dietary, housekeeping and receptionist staff were re-educated on ensuring vendors first check in with the Front Desk to get temperature and screening question checks before coming around to the back door of the facility by the Staff Development Coordinator or Designee</p> <p>4. This process will be monitored with random weekly monitoring on all shifts. The shift supervisors, department heads or designee will complete monitoring 3 times a week for 3 months. Monitoring will be submitted to QAPI committee for review and recommendations.</p> <p>5. 8/11/2020</p> <p>1. The housekeeper identified was re-educated on not pushing trash down into a trash bag with her bare hands, tying the trash bag if bag is full, and discard in soiled utility room. Once exited the soiled utility room the employee must utilize the hand sanitizer by the door. She then had to show return demonstration.</p> <p>2. All current housekeeping staff will be re-educated on not pushing trash down into a trash bag with bare hands, tying the trash bag if bag is full, and discard in soiled utility room. Once exited the soiled utility room the employee must utilize the hand sanitizer located by the door. Education will be completed by Infection Preventionist or Staff Development Coordinator. All Residents had the potential to be</p>	<p>8/11/2020</p> <p>8/11/2020</p>

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F 880	<p>Continued From page 6</p> <p>into plastic bags. Afterwards, she then tied up and transported the bagged trash to the biohazard room. The housekeeper walked off the unit to the basement. Although there were no COVID-19 cases on WEST I, the housekeeper failed to wear gloves while handling trash and or wash her hands after removing trash from individual room, as well as after disposal of trash in the biohazard room.</p> <p>On 7/22/20 at 11:50 a.m., an end of day debriefing was conducted with the Administrator, Assistant Administrator, Director of Nursing (DON) and Assistant Director of Nursing (ADON). They stated they would find out what happened with the milk delivery situation. The DON stated that the milk delivery man should not have taken milk back because they may have been able to use it on the units. The Assistant Administrator stated more re-training would take place with the vendors. The DON stated hand washing and the use of alcohol based hand rub had been a focus with all staff, but re-training would be conducted with the housekeeping staff.</p> <p>On 7/23/20 at 11:39 a.m., a phone interview was conducted with the Food Service Manager (FSM). She stated she was not present in the kitchen when the milk delivery distributor entered the kitchen and he should have never come in with a cart and entered the walk-in refrigerator. She stated he should have rung the buzzer, have the front desk allow the door to be opened and the milk taken from him. She stated he should have never been allowed to come in a second time either, enter the refrigerator with his cart and take back milk. She also stated only the front desk had the code and ability to allow entry from the kitchen's back door, but exit is possible when they</p>	F 880	<p>3. All current Housekeeping employees will be re-educated on not pushing trash down into a trash bag with bare hands, tying the trash bag if bag is full, and discard in soiled utility room. Once exiting the soiled utility room the employee must utilize the hand sanitizer by the door. Infection Preventionist or Staff Development Coordinator will complete the education. All new Housekeeping employees will be in-serviced on not pushing trash down into a trash bag with bare hands, tying the trash bag if bag is full, and discard in soiled utility room. Once exiting the soiled utility room the employee must utilize the hand sanitizer by the door and must show return demonstration. Infection Preventionist or Staff Development Coordinator will complete the education.</p> <p>4. This process will be monitored by random audits completed by shift supervisors, Staff Development Coordinator, DON or designee will complete monitoring 3 times a week for 3 months. Monitoring will be submitted to QAPI committee for review and recommendations.</p> <p>5. 8/11/2020</p>	8/11/2020	

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F 880	<p>Continued From page 7</p> <p>take the trash out from the kitchen and maybe that was how he was able to gain entry the first time. The FSM said, "My people know what to do, they have been trained, but more training will take place. All persons, to include vendors, must stop up front first for the initial screening, then come to the kitchen back door where we will take the product from the vendors. I am also concerned about where he took that milk to. I have had serious conversation with the company where we obtain our milk supply."</p> <p>The nursing facility's COVID-19 plan incorporated visitor and employee screening dated 3/5/20. The screening included temperature checks and questions at the start and end of shift, as well as symptoms of a cough and/or shortness of breath. The COVID-19 plan updated 4/8/20 included if the temperature was identified (100.4 per CDC), that person would be asked to return home. All staff would be entering and exiting the building through the front lobby.</p> <p>The nursing facility's all staff in-services on COVID plan dated 3/6/20 and 3/7/20 included PPE usage, hand washing and respiratory droplet precautions. The training incorporated the policy and procedure titled Standard Precautions dated 10/31/18 that indicated hand hygiene is a simple but effective way to prevent the spread of infections by breaking the chain of infection. Proper cleaning of hands can prevent the spread of germs and the facility will adhere to 2016 CDC guidelines. Hand hygiene included two techniques: 1. Hand washing with soap and water 20 sec; 2. Alcohol-based hand sanitizer. Hand hygiene to be performed after handling personal items and provision of care between residents, potential of exposure to patients and/or infectious</p>	F 880		

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F 880	Continued From page 8 materials and after glove removal. This policy applied to healthcare personnel and housekeeping (among other staff and contractual staff). Social Distancing postings (no date) at the nurse's stations and elevators indicated staff should practice social distancing and maintain 6 feet distance from each other, including in staff huddles and break rooms to help prevent transmission of COVID-19.	F 880		

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