

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

PRINTED: 08/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495368	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OR SUPPLIER THE NEWPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 11141 WARWICK BLVD NEWPORT NEWS, VA 23601	
(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	E 000		
F 000	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted from 7/28/20 through 7/30/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. INITIAL COMMENTS	F 000		
F 880	An unannounced COVID-19 Focused Survey was conducted 7/28/20 through 7/30/20. The facility was not in compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirements. The census in this 60 certified bed facility was 32 at the time of survey. On 6/29/20 The National Guard PPS (Point Prevalence Survey)testing was done. The number of cumulative Residents who are currently in the facility testing COVID-19 positive was one Resident. Cumulative of all staff testing COVID-19 Positive was zero. On 7/08/20 a facility based PPS testing was done and as a result one Resident tested positive for COVID-19, however no staff tested positive. On 7/21/20 a facility based PPS testing was done. Results for all was still pending and the next facility based PPS testing was scheduled for 7/31/20.	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.			8/14/20

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

TITLE

(X6) DATE

Electronically Signed

08/14/2020

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 observations, staff interviews, clinical record review, and review of facility documentation, the facility staff failed to follow droplet precautions using the preferred or alternative Personal Protective Equipment (PPE) to provide care to 2 of 32 residents in the facility identified with the COVID-19 virus (Residents #1 and #2).</p> <p>The findings include:</p> <p>1. On 7/28/20 at approximately 12:15 p.m., during observations on the "Warm Unit" Licensed Practical Nurse (LPN) #1 was observed in Resident #1's room which was considered a warm room, making the resident's bed. LPN #1 only wore a face covering (surgical mask and face shield). The signage on the door read: Warm Room PPE. Any staff in the room: listing pictures of mask +gloves+faceshield ADD (picture of)</p>	F 880	<p>This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with participation requirements</p> <p>1. Resident # 1 and Resident #2 were monitored daily for 14 days and have remained symptom free of COVID 19.</p> <p>2. All warm rooms were checked to ensure the PPE signs were visible before entrance and appropriate PPE was available prior to entrance.</p>		

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F 880	<p>Continued From page 3</p> <p>gown if performing High contact resident care or touching linens: LPN #1 stated, "I didn't see it, I'm sorry." And stated, "I would have worn gloves and a gown if I had noticed the sign." LPN#1 took the signage off of the resident's door and placed the sign under the resident's room number. She also placed a bin/container with necessary PPE (Personal Protective Equipment) beside Resident #1's room.</p> <p>On 7/28/20 an email was received from the Administrator which read as follows: I spoke to the nurse who was on the unit yesterday and was made aware of the warm room sign not being visible as it should be. It was corrected during that time yesterday and made sure that all appropriate PPE containers/set up were in the correct place and accessible.</p> <p>The Facility Description dated 5/28/20 for No Active Cases in "Warm Zone" read: Eye Protection: Personal full face shield/indirect vented goggles assigned at beginning of shift-Worn during patient care. Face Mask: Procedure Mask for entire shift. Gowns: Reusable gowns kept in each room for each shift with direct patient care.</p> <p>2. On 7/28/20 at 12:30 p.m., during observations on the unit, Registered Nurse (RN, Hospice Nurse) #1 was observed feeding Resident #2 wearing a cloth mask.</p> <p>An interview was conducted with RN #3 at 12:30 p.m., concerning the above issue. She stated, "The Hospice Nurse must follow our guidelines," "We are not allowed to wear cloth masks." RN #3 stated "In the beginning of the pandemic we could wear them."</p>	F 880	<p>All residents receiving hospice services & the corresponding hospice providers were identified. Each hospice company was contacted and education was provided to reinforce adherence to standard IPC measures including hand hygiene and correct use of personal protective equipment (PPE) for health care professionals.</p> <p>3. The facility has implemented additional signage and stantions to remind all healthcare professionals of the appropriate PPE required before entering the resident care area.</p> <p>4. The Infection Preventionist/designee will conduct observations of various health care professionals three times weekly for 6 weeks to ensure staff are utilizing appropriate PPE according to CDC/VDH guidance. The Infection Preventionist/designee will maintain a record of the observations conducted. Any health care professional requiring additional training will be identified and re-educated. Results of the observations & any identified patterns or trends will be reported to the Quality Assurance and Performance Improvement Committee.</p>		

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F 880	<p>Continued From page 4</p> <p>On 7/28/20 at 12:50 p.m. an interview was conducted with RN #2 (Assistant Director of Nursing) concerning the above issue. She stated, "Surgical masks should be worn."</p> <p>On 7/28/20 at approximately, 1:05 p.m., an interview was conducted with Other Staff #1 concerning the screening process and facial coverings. She stated, "Employees and visitors come in the building with face masks on." "If someone is wearing a cloth mask they have to switch to the surgical masks located in the box on the desk."</p> <p>On 7/28/20 at approximately 1:10 p.m. an interview was conducted with RN #1 (Hospice Nurse) concerning wearing a cloth face mask while feeding Resident #2. She stated, "I usually come inside wearing my cloth mask then switch to wearing a surgical mask." RN #1 stated "I forgot."</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Implement Source Control Measures. "HCP should wear a facemask at all times while they are in the facility. oWhen 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. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required.</p> <p>On 7/30/20 at 4:15 p.m., a telephone exit</p>	F 880			

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F 880	Continued From page 5 conference was conducted with the Administrator and the Assistant Director of Nursing. All of the above observations, interviews and concerns were shared. The Administrator stated, "I've discussed with the staff to put signs in the exact place in all of the warm rooms." "I contacted the Hospice agency concerning the nurse wearing a cloth mask," and, "I've also informed them that if we have any changes in our guidance we will contact them."	F 880		