

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

PRINTED: 08/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted 08/06/2020 through 08/12/2020. 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 120 certified bed facility was 94 at the time of the survey.	E 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted 08/06/2020 through 08/12/2020. 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 survey sample consisted of 11 residents. The census in this 120 certified bed facility was 94 at the time of the survey.	F 000	F-880 E Infection Control 1.a) All facility staff was re-trained on doff (remove) personal protective equipment (PPE) between COVID-19 and non COVID-19 sections to prevent the potential spread of COVID-19. 1.b) Resident #107 was provided a face covering. All facility staff is to provide and/or encourage residents to wear face mask when out of room and to careplan if resident is non-compliant with wearing face mask. 1.c) Director of Nursing and/or designee (Employee C) to report all newly confirmed positive infection of covid-19 to the local health authorities and notification of prior cases.		
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	F 880			

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

TITLE

(X6) DATE

Administrator

08/24/2020

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 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 contact with residents or their food, if direct</p>	F 880	<p>2a.) All residents have potential to be affected. All facility staff will remove PPE between COVID19 and non COVID 19 sections.</p> <p>2.b) All residents have potential to be affected. All facility staff will provide and/or encourage residents to wear face mask when out of rooms.</p> <p>2.c) All residents have potential to be affected. Employee C will report timely COVID 19 cases to local health department.</p> <p>3.a) Director of Nursing and/or designee to provide re-education to nursing personnel on doffing (removing) of PPE between designate COVID-19 and Non-COVID-19 sections to ensure compliance for 5 RNs, LPN, and/or CNAs weekly x 3 weeks then monthly x 3 months.</p>		

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F 880	<p>Continued From page 2</p> <p>contact will transmit the disease; and (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, clinical record review and facility documentation, the facility staff failed to maintain infection control practices and perform required reporting in accordance with the Center for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and Department of Health recommendations to prevent the spread of COVID-19 on 2 of 2 nursing units of the facility.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. The facility staff failed to doff (remove) personal protective equipment (PPE) between COVID-19 observation unit and the green/clean unit to prevent the potential spread of COVID-19. 2. For Resident #107 the facility staff failed to ensure the Resident wore a mask/facial covering when out of their room. 	F 880	<p>3.b) Director of Nursing and/or designee to re-educate all facility staff on resident compliance with face mask donning for 5 residents weekly x 3 weeks then monthly x 3 months.</p> <p>3.c) ED/Designee to re-educate IP on reporting requirements for COVID-19 to local health department. All prior cases will be reported.</p> <p>4.a) DON/Designee will conduct weekly audits on doffing for 3 weeks and then monthly for 3 months and all findings will be reviewed and presented to QAPI committee with recommendations as warranted for 3 months, then quarterly for 2 months.</p> <p>4.b) DON/Designee will conduct weekly audits on resident facemask compliance for 3 weeks and then monthly for 3 months and all findings will be reviewed and presented to QAPI committee with recommendations as warranted for 3 months, the quarterly for 2 months.</p> <p>4.c) DON/Designee will conduct weekly audits on COVID notification to local health department for 3 weeks and then monthly for 3 months all findings will be reviewed and presented to QAPI committee with recommendations as warranted for 3 months, the quarterly for 2 months.</p> <p>5. 9/09/2020</p>		

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F 880	<p>Continued From page 3</p> <p>3. The facility staff failed to report to local health authorities, newly confirmed positive infections of COVID-19.</p> <p>1. On 8/6/2020 at approximately 10:30 AM Surveyor A was accompanied by the facility Administrator onto unit 2 for observations. On the warm unit, which is identified as Residents who are under observation for COVID-19 signs and symptoms. CNA A was observed in room 224 in full PPE, to include N-95 mask, gloves and an isolation gown. CNA A exited the room, exited off of the warm/observation unit, through the zippered wall onto the green unit, still in full PPE. CNA A then walked to the soiled utility room to dispose of the bags, removed her gloves and washed her hands, while in the soiled utility room. CNA A then returned to the yellow unit, still wearing the isolation gown and her N-95 mask. CNA A crossed zones, therefore breaking infection control by exiting the yellow unit where Residents are under observation for COVID-19 onto a green unit, where Residents have tested negative and show no signs or symptoms of COVID-19.</p> <p>On 8/6/2020 at approximately 2:00 PM an interview was conducted with Employee F, the Senior Epidemiologist for the Health Department. Employee F has performed on-site visits, guidance to the facility, and maintains frequent communication with the facility staff regarding COVID-19. Employee F stated that she has advised the facility staff that they are to maintain the green zone as a clean area and not exit the yellow or red units with PPE on. When Employee F was told of the observation on 8/5/2020 of CNA A wearing PPE off of the yellow unit onto the</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>green unit and then returning to the yellow unit, Employee F stated this was not acceptable.</p> <p>On 8/6/2020 at approximately 3:15 PM, during an on-site observation, RN A explained to Surveyor A the yellow unit is "Residents who have come from the hospital and we are monitoring for COVID like symptoms".</p> <p>On 8/6/2020 at approximately 3:30 PM, LPN B (unit manager) confirmed that Rooms 217-231 remain on the yellow unit and contain Residents who have been readmitted from the hospital and are observed for 14 days. The Unit Manager stated that in the yellow unit staff are to don (put on) PPE before entering rooms and doff (take off) upon exiting the room.</p> <p>On 8/6/2020 and again on 8/12/2020 the facility Administrator stated the supply of PPE is adequate and extended and reuse of PPE is not occurring.</p> <p>Review of the facility policy titled: "Use of PPE during the COVID-19 Pandemic" with an effective date of 3-19-2020, read on page 3, "Consideration can be made to extend the use of isolation gowns such that the same gown is worn by the same staff when interacting with more than one resident known to be infected with the same infectious disease when these residents are housed in the same location (i.e., COVID-19 residents residing in an isolation cohort)".</p> <p>The Center for Disease Control and Prevention (CDC) in the document titled "Preparing for COVID-19 in Nursing Homes" with a revision date of June 25, 2020 read, "position a trash can near the exit inside the resident room to make it easy</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room." It further stated, "If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile)." This information was accessed online at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p> <p>The Virginia Department of Health (VDH) provides the following guidance "VDH COVID-19 Interim Guidance for Long-Term Care Facilities" with a revision date of June 19, 2020 read on page 12, "Gowns and gloves should not be worn in common areas. Staff should doff and discard them and perform hand hygiene before entering common areas."</p> <p>The facility Administrator and DON were made aware of the findings during the end of day meeting held on 8/12/2020.</p> <p>No further information was provided.</p> <p>2. For Resident #107, the facility staff failed to ensure the Resident wore a masks/facial coverings when out of their room.</p> <p>Resident #107 was initially admitted to the facility on 3/16/2018 with a re-admission date of 8/2/2020, following hospitalization for COVID-19 symptom exacerbation and diagnosis of</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>COVID-19 pneumonia. Additional diagnosis for Resident #107 included in the clinical record included but were not limited to, diabetes, major depressive disorder, schizoaffective disorder and COVID-19.</p> <p>Resident #107 was tested for COVID-19 on 7/23/2020 and on 7/26/2020 the facility was made aware of her positive COVID-19 status. On 7/30/2020 during hospitalization Resident #107 tested negative for COVID-19.</p> <p>Resident #107's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 6/19/20 was coded as a quarterly assessment. Resident #107 was coded as having short and long term memory impairments but independent in daily decision making. The Resident was also coded as requiring limited assistance of one staff for activities of daily living including ambulation, dressing, eating, personal hygiene and toileting.</p> <p>On 8/7/2020 at 2:57 PM Resident #107 was observed to exit the yellow unit through the plastic barrier and walk to the nursing station without a facial covering/mask on. Multiple staff were observed in the immediate area to include but not limited to: RN A, LPN B, LPN C, LPN D, and CNA B. Because it was shift change, numerous staff were in the immediate area. LPN B, the unit manager, interacted with Resident #107 directly during this observation. At 3:13PM staff provided Resident #107 with a face mask and Resident #107 put it on and then returned to her room.</p> <p>On 8/12/2020 at approximately 3:30 PM during a telephone call with the Administrator, Director of Nursing, and facility Infection Preventionist, the</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>facility staff indicated Residents are to wear face masks when out of their room. If they are not compliant, staff is to redirect them, encourage use and if non-compliant it would be noted in the Resident careplan.</p> <p>On 8/12/2020 during a review of Resident #107's careplan revealed the following entry: "[Resident #107 name redacted] is COVID-19 +. She is being treated and is on isolation precautions in attempt to prevent spread. Date Initiated: 07/27/2020" The goal for this careplan read: "[Resident #107 name redacted] will not spread infection to others. Date Initiated: 07/29/2020". The careplan for Resident #107 made no reference to non-compliance with wearing a mask.</p> <p>Review of the facility policy titled: "2019 Novel Coronavirus (2019-nCoV) Management" with an effective date of 1-28-2020, read on page 2, "the IP [infection preventionist] will remain aware of current CDC guidelines".</p> <p>The Center for Disease Control and Prevention (CDC) in the document titled "Preparing for COVID-19 in Nursing Homes" with a revision date of June 25, 2020 read, "Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility".</p> <p>This information was accessed online at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p> <p>The Virginia Department of Health provides the following guidance to nursing facilities in the document titled, "VDH COVID-19 Interim Guidance for Long-Term Care Facilities Updated</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>June 19, 2020" on page 16 read, "If residents are outside their rooms, staff should ensure they remain 6 feet apart, have their nose and mouth covered (facemask preferred as long as supplies permit, otherwise use a cloth covering), return to their rooms as soon as possible, and wash their hands upon return." Information accessed online at: https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf</p> <p>The facility Administrator and DON were made aware of the findings during the end of day meeting held on 8/12/2020.</p> <p>No further information was provided.</p> <p>3. The facility staff failed to report to local health authorities, newly confirmed positive infections of COVID-19.</p> <p>On 8/10/2020 at 8:50 pm, the Facility Administrator submitted a document entitled, "COVID Timeline" which contained an entry that read, "8/4/2020-Another COVID testing performed by facility".</p> <p>On 8/11/2020 at approximately 12:30 pm, a group interview was conducted which included this writer (Surveyor B), Surveyor A, the Facility Administrator (Employee A), the Director of Nursing (DON, Employee B), and the Infection Preventionist (IP, Employee C). The Facility Administrator stated that residents were tested for COVID-19 on 8/4/2020. The Facility Administrator stated, "there were 10 residents that tested positive". The Infection Preventionist</p>	F 880			

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F 880	<p>Continued From page 9 stated, "we received those results on 8/7".</p> <p>On 8/12/2020 at 9:05 am, the Facility Administrator submitted a document entitled, "COVID Positive Residents" and "COVID Positive Employees" and review of this document revealed 19 entries listed for COVID positive residents, all with "Test dates 8/4" and "Result dates 8/7" and 7 entries were found to be duplicate. Entries for "COVID Positive Employees" revealed 1 staff member with no test date listed and "Result dates 8/7". The totals revealed on the list were 12 COVID positive residents and 1 COVID positive staff member confirmed on 8/7/2020.</p> <p>On 8/12/2020 at approximately 10:45 am, a telephone interview was conducted with the Senior Epidemiologist (Employee F) for the Local Health District in which the Facility is located. The Epidemiologist confirmed that she has an established, active working relationship with the facility's Infection Preventionist. The Epidemiologist stated, "I received a phone call this morning [8/12/2020] at around 9 [am] from [name redacted, Facility Infection Preventionist] who told me that the facility had 10 new cases of COVID, however I was not given any specifics or details, I expect her to call me back later". The Epidemiologist stated that it is a requirement, and her expectation, that the facility report positive COVID results to the local health district within 24 hours of receiving the test results in order to manage potential outbreaks. The Epidemiologist stated the last communication she had received from the facility prior to 8/12/2020 was on 8/3/2020.</p> <p>On 8/12/2020 at approximately 11:45 am, a</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>telephone interview was conducted with the Facility Administrator, DON, Surveyor A, and the Infection Preventionist. The Infection Preventionist stated, "There were 10 COVID positive residents, I received the results late on 8/7, a couple may have been on 8/8, but I knew on 8/7 that we had positive cases, we also had a staff member test positive on 8/7". When asked about notification to the local health department, the Infection Preventionist stated, "I am required to notify the local health department of positive COVID cases within 24 hours because that is how they monitor for outbreaks, I called [name redacted, Senior Epidemiologist, Employee F], a couple of days ago on Monday [8/10] about the 10 positive residents".</p> <p>On 8/12/2020, review of COVID-19 lab results provided by the Facility for the residents recently tested were reviewed and revealed the following: 14 total residents were tested on 8/3 and 8/4 which resulted in 12 confirmed COVID positive residents on 8/7 and 8/8.</p> <p>On 8/12/2020, review of the facility's document, policy #1051-01, subject "2019 Novel Coronavirus (2019-nCoV) Management, effective 1/28/2020 stated:</p> <p>"Policy: The purpose of this policy is to prevent the spread/outbreak of the 2019-nCoV [COVID-19] disease in the facility and to comply with current CDC recommendations for reporting", and</p> <p>"Risk: For suspected cases of 2019-nCoV [COVID-19], health care providers or any individual having knowledge, should immediately notify both infection control personnel at their</p>	F 880			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2020
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F 880	<p>Continued From page 11</p> <p>health care facility and their local health department", and</p> <p>"Procedure: 1. The IP [Infection Preventionist] will remain aware of current CDC guidelines and of any occurrence of 2019-nCoV [COVID-19] in their area".</p> <p>Review of CDC guidance read, "All facilities should adhere to current CDC infection prevention and control recommendations, including...promptly notifying the health department about...[a] resident or HCP [healthcare personnel] with suspected or confirmed COVID-19". CDC recommendations/guidelines accessed online 8/13/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</p> <p>The Facility Administrator, the DON, and the Infection Preventionist were made aware of the findings on 8/12/2020 at approximately 2:20 pm. The Facility Administrator and Infection Preventionist requested an opportunity to re-submit an updated version of the list for COVID positive residents and staff members that was previously submitted at 9:05 am.</p> <p>An additional document was received from the Facility Administrator at 3:57 pm entitled, "Resident Test Results" and "Employee Test Results" which revealed 12 residents with "Test Date 8/4", "Result Date 8/7" with confirmed COVID positive infection and a new column added, "Health Department Notification" on 8/8/2020. The "Employee Test Results" revealed 2 staff members with "Test Date 8/5", "Result Date 8/7" with confirmed COVID positive</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER

BATTLEFIELD PARK HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**250 FLANK ROAD
PETERSBURG, VA 23805**

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F 880	Continued From page 12 infections, and no date in the "Health Department Notification" column. No further information was provided.	F 880		
F 885 SS=C	Reporting-Residents, Representatives & Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must— (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to inform residents, their representatives, and families of confirmed cases of COVID-19 infections in the facility in a timely manner in 23	F 885	F885 COVID-19 Reporting to Residents, their Representatives, and Families 1. All residents have the potential to be affected. Family notification of previous cases were mailed out. 2. All residents have the potential to be affected. Resident and family notifications will be initiated when we have positive COVID cases. 3. DON/designee to report all new cases of COVID with 24 hours but before 5pm. The Regional Director of Operations will re-educate ED, DON, and ADON/designee on the reporting requirements for each new COVID positive staff and/or resident. 4. Weekly family notification audits and/or monitoring will be conducted by IP/Designee and reported in the monthly Quality Assurance Performance Improvement (QAPI) Committee meeting for 2 months. The committee will evaluate and make further recommendations as needed. 9/09/2020	

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F 885	<p>Continued From page 13 out of 24 occurrences.</p> <p>The facility staff failed to provide cumulative updates for residents, their representatives, and families following subsequent occurrences of identified, confirmed cases of COVID-19 infections within the resident and staff population.</p> <p>The findings included:</p> <p>On 8/10/2020 at approximately 11:30 am, an interview was conducted with the Facility Administrator (Employee A) regarding notification to residents, responsible parties, and/or families about confirmed cases of COVID-19 infections within the resident and staff population. The Facility Administrator stated the first confirmed case of COVID-19 at the Facility occurred on 6/21/2020. The Facility Administrator also stated, "I sent a letter on 6/22 to notify everyone that we experienced a confirmed case of COVID within our facility, every resident was notified, a copy of the letter was scanned into their medical record and we also sent a copy to every responsible party using the postal system". The Facility Administrator was asked if any additional notifications were provided to residents or responsible parties of any subsequent confirmed COVID-19 cases within the Facility after 6/22/2020, she stated, "No".</p> <p>The Facility Administrator stated the Corporate office, located in Ohio, had provided weekly updates to family members from the beginning of the COVID pandemic in March 2020. The Facility Administrator stated, "Our Corporate office emails a letter to us [the facility] each week, usually every Monday or Tuesday, and we [the facility] are expected to mail a copy of it [the Corporate</p>	F 885			

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F 885	<p>Continued From page 14</p> <p>letter] to the family members each week, we use the regular mail service and have been doing it this way since March". Review of the Corporate letters submitted by the Facility Administrator revealed no information related to confirmed COVID cases and/or cumulative updates of subsequent confirmed COVID occurrences for any specific facility.</p> <p>On 8/10/2020, review of 11 resident records confirmed a scanned copy of a notification letter dated 6/22/2020 which read in part, "Dear Residents and Family Members, We want to inform you that we have received confirmation that an individual at [Facility name redacted] has been diagnosed with COVID-19". The closing paragraph in the letter included, "We will continue to provide you with updates as they become available" and the letter was signed by the Facility Administrator.</p> <p>On 8/10/2020, review of facility documentation provided on 8/7/2020 entitled, "COVID Positive Residents" and "COVID Positive Staff" revealed a total of 23 additional occurrences of COVID-19 positive residents and staff as follows:</p> <p>6/26/2020= 1 case 6/27/2020= 1 case 6/30/2020= 2 cases 7/4/2020= 14 cases 7/5/2020= 2 cases 7/7/2020= 1 case 7/8/2020= 1 case 7/9/2020= 2 cases 7/10/2020= 2 cases 7/13/2020= 1 case 7/14/2020= 1 case 7/15/2020= 1 case</p>	F 885			

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F 885	<p>Continued From page 15</p> <p>7/16/2020= 1 case 7/17/2020= 1 case 7/18/2020= 2 cases 7/20/2020= 2 cases 7/21/2020= 1 case 7/22/2020= 1 case 7/23/2020= 4 cases 7/24/2020= 2 cases 7/26/2020= 36 cases 8/3/2020= 3 cases 8/4/2020= 1 case</p> <p>Review of the CMS (Centers for Medicare & Medicaid Services) memo (Ref: QSO-20-29-NH), dated May 6, 2020, stated, effective on May 8, 2020, nursing home facilities will be required to provide residents, their representatives, and families of those residing in facilities, cumulative updates at least weekly or by 5 pm the next calendar day following the subsequent occurrence each time a confirmed infection of COVID-19 is identified within their facility.</p> <p>Following notification on 6/22/2020 regarding the Facility's first confirmed COVID-19 case, there was no further communication to the residents, their representatives, or family members to provide cumulative updates on the additional 23 confirmed COVID-19 occurrences within the Facility.</p> <p>On 8/11/2020 at the end of day meeting, the Facility Administrator, the Director of Nursing, and the Infection Preventionist were made aware of the findings. No further information was provided.</p>	F 885			