

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

PRINTED: 09/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BATTLEFIELD PARK HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 FLANK ROAD PETERSBURG, VA 23805</b>
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 08/26/2020 and continued with offsite review through 08/27/2020. 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 88 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 onsite 08/26/2020 and continued with offsite review through 08/27/2020. 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 120 certified bed facility was 88 at the time of survey.	F 000	F880 Infection Prevention & Control  1. All residents have the potential to be affected. Visitors' logs will be verified as individuals sign in. 2. All residents have a potential to be affected by this practice. DON/Designee will validate the process is being followed throughout the day. 3. BOM/Designee will conduct daily audits 5 times a week for 1 month to validate visitor sign in and temp log verification protocol is being followed. IP/Designee will re-educate all staff to ensure compliance with visitor screening via log and the appropriate temperature range.	
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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X5) DATE **9/11/2020**

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	<p>4. The results of the visitor log audits will be reported in the monthly Quality Assurance Performance Improvement (QAPI) Committee meeting for 2 months then quarterly for 1 quarter. The committee will evaluate and make further recommendations as indicated.</p> <p><u>September 14, 2020</u></p>	
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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, and facility documentation review, the facility staff failed to implement appropriate screening practices for 2 out of 2 facility entrances. (A) The front entrance sign-in sheets did not demonstrate temperatures of individuals entering the facility were within an acceptable range or verified. (B) The Wing One side entrance screening document did not contain screening questions for symptoms of COVID-19.</p> <p>The findings include:</p> <p>On 08/26/2020 at approximately 9:20 AM, this surveyor entered the facility. Employee D, the receptionist, stated the surveyor would need to take their own temperature and sign in the logbook. A thermometer was attached to the wall. When standing in front of the thermometer, in close proximity to the forehead, it gave a</p>	F 880		
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F 880	<p>Continued From page 3</p> <p>temperature reading. After a temperature reading flashed on the screen, Employee D stated the surveyor would now have to sign in the logbook. An excerpt of the form header in the logbook documented, "Any individual entering the building must have a temperature recorded before entering resident care areas." The form had the capacity for 29 entries (rows) and had 9 columns labeled as follows:</p> <p>Date; Time In; Name; Who are they visiting? What part of the facility will they be at? Temperature within Normal Limits Y/N (Do not record actual temp); Traveled outside the US/ or New York, Florida, Texas, Arizona, within the past 14 days? Y/N Any signs/symptoms of illness including cough, body aches, shortness of breath, headache, Y/N only. (no specifics) Initials of Person taking temperature; Time visitor or vendor exited.</p> <p>There were 7 entries on the logbook before this surveyor signed in. The date was 08/26/2020 for all the entries. The time range was 8:45 AM through 9:20 AM. The column entitled, "Temperature within Normal Limits Y/N (Do not record actual temp)" had documented "Y" by each person that signed in. The column entitled, "Initials of Person Taking Temperature" was blank beside each entry.</p> <p>On 08/26/2020 at approximately 9:30 AM, Employee D, the receptionist, was interviewed. Employee D verified she was the receptionist and that she has worked at the facility for 26 years. Employee D also verified that she screens</p>	F 880		
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F 880	<p>Continued From page 4</p> <p>individuals coming in to the facility. This surveyor referenced the sign in logbook that did not have temperature values and asked Employee D how she knows what an individual's temperature value is as they check in. Employee D stated that she watches what the temperature is and then initials the logbook.</p> <p>The thermometer was situated approximately 12 feet from where the receptionist was seated and visible from her area. Employee D was shown the blank column in the logbook entitled, "Initials of Person Taking Temperature" and Employee D stated, "I haven't done it in awhile." Employee D then initialed each entry in the column entitled, "Time Visitor or Vendor Exited." Employee D was asked (in the presence of the administrator) about the expectation for temperature threshold for individuals entering the facility. Employee D stated, "100 degrees." The administrator then stated, "It's 99 degrees."</p> <p>On 08/26/2020 at approximately 10:05 AM, an interview with Certified Nursing Assistant A (CNA A) was conducted. When asked for a temperature value when she would feel the need to alert the nurse, CNA A stated, "99.3."</p> <p>On 08/26/2020 at approximately 10:15 AM, an interview with Licensed Practical Nurse A (LPN A) was conducted in the presence of the ADON. When asked about the screening process temperature threshold, LPN A stated, "99.9." The ADON then stated, "It's 99.3."</p> <p>On 08/26/2020 at approximately 10:40 AM, an interview with Employee E, a physical therapist, was conducted. When asked about the screening process coming into work, Employee E stated</p>	F 880		
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F 880	<p>Continued From page 5</p> <p>she enters through the front door, takes her temperature, and signs in the logbook. When asked about what happens if no one is at the desk, Employee E stated that she can take her own temperature and then sign in to the log book. When asked about the temperature threshold that would stop her from entering the building, Employee E stated, "If my temp was 100.3, I wouldn't go in."</p> <p>On 08/26/2020 at approximately 11:30 AM, this surveyor and the ADON entered the red unit. LPN D was asked about the screening process coming in to work, LPN D stated that she enters the facility from the door by the first nurse's station where the time clock is located. LPN D stated there is a thermometer there, she takes her temperature and fills in the questionnaire. When asked what is recorded about the temperature, LPN D stated that she records what the temperature is (temperature value) and the nurse supervisor or off-going nurse verifies it. LPN D then stated that if the temperature was 99 or above, she would recheck it and notify the supervisor.</p> <p>On 08/26/2020 at approximately 12:50 PM, a copy of the employee screening documents at the nurse's stations (for August) was requested from the administrator.</p> <p>On 08/27/2020 at approximately 9:35 AM, the facility provided a copy of employee screening logs designated, "Front Desk Sign-In for August 2020." With a date range of 08/13/2020 through 08/26/2020, there were 26 pages of sign-in sheets. The pages had 28 to 30 entries each and some pages had blank rows. Of the 764 opportunities for the column entitled, "Initials of</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>Person Taking Temperature" to be initialed to verify the temperature value, there were 251 times the temperature value was not verified and signed off in the column entitled, "Initials of Person Taking Temperature." Out of 6 entries in the logbook by Employee E (dated 08/18/2020, 08/19/2020, 08/21/2020, 08/24/2020, 08/25/2020, and 08/26/2020), there were 4 times the temperature value was not verified and signed off in the column entitled, "Initials of Person Taking Temperature."</p> <p>On 08/27/2020 at approximately 10:00 AM, a telephone interview with the ADON was conducted. When asked about how many entrances are utilized for employees to enter the building, the ADON stated, "One entrance." The ADON stated everyone enters the building through the front door. When reviewing the statements made by LPN D, the ADON stated staff could come in the side entrance on Wing One but they "don't do that anymore." When asked if they had employee screening documents at the nurse's stations, the ADON stated, "Yes." A copy of those logs were requested.</p> <p>On 08/27/2020 at approximately 1:15 PM, the administrator provided a copy via email of two documents and verified they were the employee screening logs for the side entrance of Wing One by the time clocks. The administrator also wrote in the email, "At this time nursing is unable to locate the other sheets for the month." The first document contained the same headers for 9 columns as the front door sign in sheets. The form had 24 rows where staff entered their names and information. The date range was 08/07/2020 through 08/09/2020. In the column entitled, "Initials of Person Taking Temperature",</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>there were temperature values but no initials. The second document with a date range of 08/12/2020 through 08/14/2020 was entitled, "Visitor Registration" with a sub-title handwritten, "Afterhours Visitors Log." There were 18 rows with names and information. There were 6 columns with the following headers: Resident's Name; Visitor's name (The word "Visitor's" was crossed out and the phrase "&amp; temp" was added) Time In; Time Out; Are you bringing smoking materials to the resident? (yes or no) Have you traveled to a country or area known to have active cases of corona virus in the past two weeks? The document did not contain a column for initials of person taking and verifying the temperature. The document did not include a column for screening of symptoms of COVID-19. In the column entitled, "Name &amp; Temp", there was a temperature value recorded on each row.</p> <p>The facility's infection control policy provided by the administrator did not address temperature thresholds for screening residents and staff for COVID-19.</p> <p>On 08/27/2020 at approximately 1:45 PM, the administrator and DON were notified of findings. The DON verified that employees can enter the facility through the Wing One side door if arriving before 8:00 AM. The expectation is that the employee will have their temperature taken, verified by the supervisor and the supervisor will initial in the column.</p> <p>In summary, through observations, interviews,</p>	F 880		



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F 880	Continued From page 8 and facility documentation review, there were inconsistencies in the screening policy of staff for COVID-19.	F 880		