

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

PRINTED: 09/23/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495423</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>BONVIEW REHABILITATION AND HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7246 FOREST HILL AVE RICHMOND, VA 23225</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.	E 000		
F 000	The census in this 196 certified bed facility was 136 at the time of the survey. 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.	F 000		
F 880 SS=E	The census in this 196 certified bed facility was 136 at the time of the survey. 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		9/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  09/18/2020
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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 1 of 3 nursing units within the facility.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19.</li> <li>2. The facility staff failed to change mop water after cleaning a Resident room on droplet precautions for COVID-19 prior to cleaning other Resident rooms not on droplet precautions.</li> </ol>	F 880	<p>F880</p> <p>The three staff members Employees H and J; and RN B were re-educated by Director of Clinical Services (DCS) on Infection Exposure Prevention and Transmission Precautions including the donning and donning of appropriate PPE for residents on droplet transmission based precautions as September 12, 2020. The environmental services manager educated Employee H on August 28, 2020 on procedures for cleaning isolation rooms as well as the procedure for changing mop water when going from isolation rooms to clean rooms. Corrective action was completed with Employees H &amp; J and RN B.</p> <p>Current residents have the potential to be affected by the deficient practices</p>		

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F 880	<p>Continued From page 3</p> <p>3. The facility staff failed to don (put on) PPE before entering a Resident room on droplet precautions for COVID-19.</p> <p>1A). On 8/26/2020 at approximately 1:40 PM, while accompanied by Employee C (Assistant Director of Nursing ADON), Employee J was observed outside of room 214. Room 214's door was closed with the following signs on the exterior of the door: "Sequence for putting on personal protective equipment (PPE): 1. Gown, 2. mask or respirator, 3. goggles or face shield, 4. gloves". A second sign read, "Droplet/Contact Precautions What to wear: mask, gloves, gowns, eye protection, door should remain closed". A third sign on the door read, "Droplet Precautions: Stop: Visitors report to the nurse before entering. Personal Protective Equipment (PPE), hand hygiene, patient placement, patient transport".</p> <p>Employee J was observed to have on a mask and eye protection. Employee J then put on an isolation gown by putting her arms through the sleeves and tied it at the waist. Employee J failed to put the gown over her head to secure it at the neck and it was observed to fall away from her chest. Employee J entered the Resident's room. Employee J did not put gloves on prior to entering the room. Employee J touched the Resident's over bed table with her ungloved hands. Employee C, the ADON, called Employee J back to the doorway. Employee J then put the isolation gown over her head and commented "I thought I had tied it". Surveyor A asked Employee J why she didn't have gloves on, Employee J stated, "I have them right here" (she was holding gloves in her hand). Surveyor A asked if Employee J was to put PPE on prior to entering the room,</p>	F 880	<p>identified. The Executive Director, Director of Clinical Services, Assistant Director of Clinical Services and Regional Director of Clinical Services conducted observations of housekeeping staff donning appropriate PPE and cleaning rooms from 9/18 to 9/22/20 to ensure it was being done properly and infection control practices were being followed per transmission based precautions. Additionally, on 9-18-20 to 9-22-20, the Director of Clinical Services, Assistant Director of Clinical Services and Regional Director of Clinical Services observed the staff in the resident care areas of the center donning/doffing of PPE to ensure it was being applied and removed appropriately. Breaches in Infection Control practices observed were rectified with immediate corrective action and 1 on 1 re-education of staff member at the time of observation.</p> <p>A)The Executive Director (ED), Director of Clinical Services (DCS), Assistant Director of Clinical Services (ADCS) and interdisciplinary team, to include the Environmental Services Manager, will be reeducated by the Regional Director of Clinical Services (RDCS) on Transmission Based Precautions including the donning the appropriate PPE and donning/doffing PPE. B) The DCS or designee will educate facility staff on Transmission Based Precautions including the donning the appropriate PPE and donning/doffing PPE. C) ADCS or designee will complete donning and doffing competency for each employee providing correction if breaches</p>		

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F 880	<p>Continued From page 4</p> <p>Employee J stated "yes".</p> <p>1B) Surveyor A observed that Employee J had a procedure mask on underneath her N95 (medical respirator). When Employee J was asked about this she stated, "that's how they do it in other buildings". (Note: By applying the N95 mask over the procedure mask, it fails to maintain a seal and therefore any particles/contaminates would be able to potentially enter or exit under the mask.) Employee J was asked if this is how she was trained, Employee J didn't respond. Surveyor A asked if Employee J normally works at this facility and Employee J stated, "yes".</p> <p>Surveyor A asked Employee C if staff are to wear a procedure mask under their N95 (medical respirator), Employee C stated, "no ma'am they have been told they can wear it on top, but it is not effective underneath because it prevents them obtaining a seal".</p> <p>On 8/26/2020 at approximately 3:10 PM during an end of day meeting the facility Administrator, ADON, Infection Preventionist and Regional Director of Clinical Services were made aware of the observations of Employee J. During this call, RN A (the infection preventionist) was asked when staff should be donning (putting on) PPE. RN A stated, "before entering the room". The facility staff were then asked if they expect staff to wear a procedure mask under their N95, RN A stated, "no, it doesn't give you a proper seal".</p> <p>On 8/26/2020 the facility staff provided evidence of Employee J receiving training on 6/3/2020 regarding infection control and hand washing. Employee J received training on 8/18/20 regarding "proper PPE Doff/Don [put on and</p>	F 880	<p>are observed. D) The Environmental Services (ES) Manager will re-educate ES staff on appropriate procedure for sanitizing isolation rooms including order of cleaning isolation rooms and frequency for changing mop water in between clean and isolation rooms.</p> <p>Facility staff were educated on infection control practices regarding the prevention of nosocomial infections and will have skills competency of donning and doffing PPE completed in accordance with training upon hire and quarterly to include; physicians, nurse practitioners, dietary, environmental services, rehabilitation services staff by September 29, 2020.</p> <p>The Director of Clinical Services or designee will conduct random observations of staff donning and doffing appropriate PPE for rooms requiring droplet transmission based precautions 5 times a week for 4 weeks to verify compliance with infection control practices related to PPE, then 2 x weekly for 4 weeks and as needed thereafter, or until compliance is met. ED or designee will conduct random observations of ES staff cleaning and sanitizing rooms to verify compliance sanitizing isolation rooms including order of cleaning isolation rooms and frequency for changing mop water in between clean and isolation rooms 5 days a week x 4 weeks then 2 x week for 4 weeks, then weekly times x 4 weeks, then 2 x month times 3 months to verify compliance is maintained.</p>		

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F 880	<p>Continued From page 5 removal], COVID-19 protocol".</p> <p>On 8/27/2020 a review of the facility policy titled "Standard and Transmission Based Precautions" was reviewed. It read, "Apply PPE upon room entry and remove PPE prior to leaving the room: gloves, gown".</p> <p>The CDC guidance is as follows: "During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces. Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don [put on] gloves upon entry into the room or cubicle. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient. Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before leaving the patient-care environment". Accessed online at: <a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a></p> <p>The facility Administrator and ADON were made aware of the findings.</p> <p>No further information was provided.</p> <p>2. On 8/26/2020 at 1:47 PM Employee H was observed cleaning in Room 217, which was on</p>	F 880	<p>A root cause analysis was completed to identify causative factors resulting in deficient practices. Quality Assurance Committee meeting was held on September 21, 2020 to review plan. Outcomes of monitoring will be report to QAPI committee monthly and revision of correction updated as indicated.</p> <p>Date of Compliance: 9/28/2020</p>		

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F 880	<p>Continued From page 6</p> <p>droplet precautions. An interview was conducted with Employee H. When asked about her process/practice she indicated she cleans the room then goes to the next room. When asked at what point she changes her mop water, if she changes between each room, Employee H stated "no, I go to the next one and do several before I change because they really aren't that dirty".</p> <p>Surveyor A observed that multiples rooms on the hallway with room 217 were on droplet precautions, there were also several rooms that were not on droplet precautions.</p> <p>On 8/26/2020 at approximately 3:10 PM during an end of day meeting the facility Administrator, ADON, Infection Preventionist and Regional Director of Clinical Services were made aware of the observations and interview with Employee H. During this call, Surveyors A and B asked what the expectation is when staff are cleaning. The facility Administrator stated, "when mopping of the rooms, they change the water every 2 rooms and if on precautions they are to change it between every room".</p> <p>On 8/26/2020 the facility staff provided the survey team with training records dated 8/21/2020 that revealed Employee H had been educated on cleaning isolation rooms based on CDC guidance.</p> <p>The CDC gives the following guidance: "Environmental Infection Control: Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly...." Accessed online 8/27/2020 at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA</a></p>	F 880			

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F 880	<p>Continued From page 7</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/recommendations.html">_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a></p> <p>The facility Administrator and ADON were made aware of the findings.</p> <p>No further information was provided.</p> <p>3. On 8/26/2020 at 1:52 PM Surveyor A, while accompanied by Employee C, the ADON, an observation was made of RN B, the unit manager, entering Resident room 219. Room 219 was identified by signage to be on droplet precautions. The following signage was observed on the exterior of the door: "Sequence for putting on personal protective equipment (PPE): 1. Gown, 2. mask or respirator, 3. goggles or face shield, 4. gloves". A second sign read, "Droplet/Contact Precautions What to wear: mask, gloves, gowns, eye protection, door should remain closed". A third sign on the door read, "Droplet Precautions: Stop: Visitors report to the nurse before entering. Personal Protective Equipment (PPE), hand hygiene, patient placement, patient transport".</p> <p>RN B, the unit manager was observed to have on her N95 mask and a face shield but at no point was she observed to put on an isolation gown or gloves. Upon RN B's exit from Room 219 Surveyor A asked about wearing PPE in the room, RN B stated, "yes I should have put on a gown and gloves but I didn't think I was going to be in there but a minute". RN B stated she was aware of the importance of wearing full PPE.</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>On 8/26/2020 Employee C, the ADON, stated that RN B should have had on a gown and gloves prior to entering room 219.</p> <p>On 8/26/2020 at approximately 3:10 PM during an end of day meeting the facility Administrator, ADON, Infection Preventionist and Regional Director of Clinical Services were made aware of the observations and interview with RN B. During this call, Surveyors A and B asked what the expectation is. The facility Administrator stated RN B should have put on gloves and a gown before entering Room 219.</p> <p>On 8/27/2020 a review of the documents the facility submitted to the survey team revealed RN B had attended training from the CDC entitled "Nursing Home Infection Preventionist Training Course" and completed it on 12/7/2019.</p> <p>On 8/27/2020 a review of the facility policy titled "Standard and Transmission Based Precautions" was reviewed. It read, "Apply PPE upon room entry and remove PPE prior to leaving the room: gloves, gown".</p> <p>CDC guidance stated: "Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown". Accessed online at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p>CDC guidance further stated: "Gloves: Put on clean, non-sterile gloves upon entry into the</p>	F 880			

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F 880	Continued From page 9 patient room or care area. Gowns: Put on a clean isolation gown upon entry into the patient room or area". Accessed online at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a>  The facility Administrator and ADON were made aware of the findings.  No further information was provided.	F 880			