

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

PRINTED: 07/09/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/23/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PORTSMOUTH HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 LONDON BOULEVARD PORTSMOUTH, VA 23704</b>		
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E 000	Initial Comments	E 000			
F 000	<p>An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 6/16/20 through 6/17/20 and onsite 6/22/20 through 6/23/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Survey was conducted offsite from 6/16/20 through 6/17/20 and onsite 6/22/20 through 6/23/20. The facility was not in compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 120 certified bed facility was 100 at the time of survey. No residents had tested positive for COVID-19. Eight residents were currently in the observation unit due to transfers from acute care hospitals. No staff had tested positive for COVID-19. A point prevalence survey (PPS) had been scheduled by the National Guard for 7/8/20. The National Guard told the facility they would call before that date to confirm they were still on schedule to come and perform the COVID-19 testing.</p>	F 000			

**RECEIVED**

**JUL 31 2020**

**DIOLC**

F 880 Infection Prevention & Control  
SS=E CFR(s): 483.80(a)(1)(2)(4)(e)(f)

F 880

§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.

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

TITLE

(X6) DATE

*Bandra D. Dee*

*Administrator*

*7/29/20*

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:IMBB11

Facility ID: VA0035

If continuation sheet Page 1 of 9

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<p>F 880</p> <p>Continued From page 1</p> <p>§483.80(a) Infection prevention and control program.</p> <p>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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(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:             <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</li> </ul>	<p>F 880 F880</p> <p>To remain in compliance with all Federal and State regulations, the facility has taken or will take the actions set forth in the following plan of correction:</p> <p><u>What Corrective Action will be accomplished for those residents/employees affected by the deficient practice:</u></p> <ul style="list-style-type: none"> <li>1.a. The six residents have been educated to wear face masks and comply to social distancing when out of their rooms.</li> <li>1.b. The employees received re-education to proper donning of face masks, applying face masks to residents when out of room, redirecting/supervising residents to not remove face mask, supervise residents for social distancing, and proper disposal of soiled linens</li> <li>1.c. Employees returned demonstration competency of donning and doffing PPE.</li> </ul> <p><u>How to identify other residents/employees having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <ul style="list-style-type: none"> <li>2.a. Current residents have the potential to be affected by this practice. Current residents will be educated to wear face masks when out of room and comply to social distancing. Director of Nursing/designee will document in progress notes and care plan residents identified with impaired cognition and /or noncompliance issues.</li> <li>2.b. The Director of Nursing/designee will educate new residents upon admission on wearing face mask when out of room and social distancing.</li> <li>2.c. New hires will receive education on donning/doffing PPE, social distancing, applying and supervising residents to wear face mask when out of room, and proper disposal of soiled linens in orientation.</li> </ul> <p><u>What measures will be put into place or systemic changes to ensure that the deficient practice does not recur:</u></p> <ul style="list-style-type: none"> <li>3.a. Infection Control education will be included in the monthly staff meetings for every department x 3 months. Education to include donning/doffing PPE, social distancing, residents wearing face masks when out of room and redirection/supervision, social distancing, appropriately storage of soiled linen and Facility COVID protocols.</li> </ul>
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3.b. Newly admitted residents will be educated on wearing face masks and social distancing.

How the corrective action will be monitored to ensure the deficient practice will not recur:

4.a. Care Keeper team will conduct audits five times/week for 3 months observing employees and residents compliance to wearing PPE, social distancing, and disposal of soiled linens. Care Keeper audits results will be submitted to the Administrator and reviewed at the QAPI meeting.

Date when corrective action completed:

8/5/20

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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 and staff interviews the facility's staff failed to ensure infections control measures were consistently implemented to prevent the development and/or transmission of a communicable disease (COVID-19), and other infectious diseases for 6 residents (Residents #1-#6) in the survey sample. The residents were not wearing facial coverings and/or not social distancing. Also, facility staff failed to wear facial coverings/masks appropriately, and failed to store used linen appropriately.</p> <p>The findings included:</p> <p>1. Resident #1 was originally admitted to the facility 6/7/10 and readmitted 4/9/12 after an acute care hospital stay. The current diagnoses included dementia and psychiatric disorder.</p> <p>The quarterly Minimum Data Set (MDS)</p>	F 880	
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F 880	<p>Continued From page 3 assessment with an assessment reference date (ARD) of 4/9/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 10 out of a possible 15. This indicated Resident #1's cognitive abilities for daily decision making were moderately impaired.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring total care of one person with bathing, extensive assistance of one person with bed mobility, transfers, toileting, and personal hygiene, and supervision of one person with eating.</p> <p>On 6/22/20 at approximately 2:00 p.m., Resident #1 was observed self-propelling up and down the corridor, passing by multiple staff, other residents, and the nurse's station where staff were seated. The resident was unmasked and no one intervened. The Administrator was walking along and also made the observation. The Administrator spoke with a staff member concerning the matter, shortly thereafter Resident #1 was observed self-propelling up and down the corridor with a mask on and making no attempts to remove it. Resident #1 was observed again at approximately 2:45 p.m., in the corridor with the mask still on and donned appropriately.</p> <p>2. On 6/22/20 at approximately 2:20 p.m., Resident #2 and Resident #3 were observed seated outside the activity room. They were not physically six feet apart. They stated they didn't share a room but they were waiting together for activity staff to open the door so they could make snack purchases (drinks and cookies). Neither resident had been tested for COVID-19.</p> <p>Resident #2 was originally admitted to the facility</p>	F 880	
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F 880	<p>Continued From page 4</p> <p>9/7/19 and had never been discharged from the facility. The current diagnoses included; dementia and stroke.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 5/13/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 10 out of a possible 15. This indicated Resident #2's cognitive abilities for daily decision making were moderately impaired.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring supervision of one person with wheel chair locomotion</p> <p>Resident #3 was originally admitted to the facility 8/15/13 and had never been discharged from the facility. The current diagnoses included a seizure disorder and hypertension.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 4/16/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #3's cognitive abilities for daily decision making were intact.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring supervision after set-up with wheel chair locomotion.</p> <p>The Administrator stated to the residents that they were too close to each other and she physically assisted Resident #2 to distance from Resident #3. The Administrator stated since they self-propel and were not in an area staff frequents, the staff likely didn't observe they were</p>	F 880	
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F 880	<p>Continued From page 5</p> <p>physically too close. The activity room is off a main corridor where many residents reside and in an area viewable to all walking the corridor.</p> <p>3. On 6/22/20 at approximately 2:20 p.m., Certified Nursing Assistant (CNA) #1 was observed in the corridor with the mask below her nose. CNA #1 was interviewed at the time of the observation in the presence of the Administrator. CNA #1 stated "It keeps sliding." CNA #1 attempted to pinch the nasal area together to aid the mask to not slide down but it didn't pinch. CNA #1 had donned the mask up side down, therefore the area with the metal clip to adjust across the bridge of the nose was beneath the chin. The Administrator stated all staff had been educated on donning a mask and education is ongoing.</p> <p>4. On 6/22/20 at approximately 2:26 p.m., Certified Nursing Assistant #2 was observed in a resident room with the mask below the nose. Once CNA #2 entered the corridor an interview was conducted. CNA #2 stated the mask "Won't stay up." CNA #2 attempted to adjust the mask across the nose but it came down again. Further observation revealed the mask was donned up side down with the metal adjuster beneath the chin instead of over the bridge of the nose.</p> <p>5. On 6/22/20 at approximately 2:35 p.m., Environmental staff #1 was observed in the corridor with the mask beneath the nose. Environmental staff #1 stated it slides as the mask was adjusted over the nose. The mask slipped down again. Environmental staff #1 was unable to adjust the adjuster, which should have been over the bridge of the nose because the adjuster was beneath the chin. Environmental</p>	F 880	
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F 880	<p>Continued From page 6 staff #1 donned the mask appropriately and pinched the adjuster to get a better fit.</p> <p>6. On 6/22/20 at approximately 2:38 p.m., Resident #4 and Resident #5 were observed seated wheel chair to wheel chair together in Resident #5's room. They were talking about vacations and sharing a cruise catalog, neither resident was wearing a mask. Unit Manager #1 stated the two residents were not husband and wife and they didn't room together but they were good friends. Neither resident had been tested for COVID-19.</p> <p>Resident #4 was originally admitted to the facility 9/9/19 and had never been discharged from the facility. The current diagnoses included; dementia and diabetes.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/24/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 13 out of a possible 15. This indicated Resident #4's cognitive abilities for daily decision making were intact.</p> <p>Resident #5 was originally admitted to the facility 10/23/19 and had never been discharged from the facility. The current diagnoses included high blood pressure and peripheral vascular disease.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/30/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #5's cognitive abilities for daily decision making were moderately impaired.</p>	F 880	
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F 880	<p>Continued From page 7</p> <p>Unit Manager #1 donned a mask on each resident but didn't physically separate them six feet apart. Resident #4 and Resident #5 were again observed in Resident #5's room at approximately 3:03 p.m., they were still seated in the same position and wearing their masks.</p> <p>7. On 6/22/20 at approximately 2:59 p.m., Resident #6 was observed on the Observation Unit. The resident was on the observation unit pending no signs and symptoms of COVID-19 for 14 days, after a hospital discharge. Resident #6 had a mask on but it was positioned below the nose and mouth. The Resident left the room and walked in the corridor to talk. The resident rambled on and on without making a sensible statement. Inside the room was a staff member identified as Resident #6's sitter to keep the resident engaged and deter wandering. The sitter didn't assist the resident to don the mask appropriately nor redirect the resident back to the room from the corridor. An interview was conducted with Sitter #1. Sitter #1 stated "I try but; it doesn't work." Unit Manager #2 stated on 6/22/20 at approximately 3:45 p.m., there are items available in room to engage the resident but because the resident's attention span is very short one can only engage the resident for short periods of time.</p> <p>8. On 6/22/20 at approximately 3:05 p.m., Certified Nursing Assistant #3 was observed in a resident room with a large amount of linen on the floor at the doorway. CNA #3 was interviewed while scooping the linen into a plastic bag. CNA #3 stated there was no bag present in the room therefore, the linen was left on the floor until one could be retrieved. CNA #3 further stated the</p>	F 880	
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F 880	<p>Continued From page 8</p> <p>Environmental staff would ensure the floor was mopped after the linen was removed.</p> <p>On 6/23/20 at approximately 3:30 p.m., the above findings were shared with the Administrator, two Unit Managers, Social service Director, MDS Coordinator and other staff via telephone conference. No additional information was provided related to the above observations.</p>	F 880		
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