

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OR SUPPLIER NEWPORT NEWS NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(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 An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 9/30/20 and continued with offsite review from 10/01/20 through 10/02/20 and 10/05/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000	Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth or the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and solely submitted because of the requirement under state and federal law.		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted onsite 9/30/20 and continued with offsite review from 10/01/20 through 10/02/20 and 10/05/20. The facility was not in 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. No complaints were investigated during the survey. The census in this 102 certified bed facility was 71 at the time of survey. There were no positive COVID-19 cases of Residents or staff during the survey.	F 000	1. The screener staff member was educated immediately on 10/6/20 by the Infection Preventionist in regard to properly ensuring employee screens are completed appropriately, including staff temperature, answering all questions and signing document. 2. No residents were affected. 3. Staff will be educated by the DNS/Designee on ensuring staff complete the screening tool appropriately. 4. The DNS/designee will conduct random observations of staff screenings weekly for 8 weeks to ensure compliance with infection control guidelines and training. Findings will be reviewed by the QA performance improvement committee monthly and plan will be revised as necessary.	10/27/2020	
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. §483.80(a) Infection prevention and control program.	F 880			

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

TITLE

(X6) DATE

[Handwritten Signature]

10/6/2020

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.

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

PRINTED: 10/07/2020
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OMB NO. 0938-0391

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F 880	<p>Continued From page 1</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> <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 contact will transmit the disease; and</p>	F 880			

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F 880	<p>Continued From page 2</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, clinical record review, staff interviews and facility documentation review , the facility staff failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of a communicable disease (COVID-19), and other infectious diseases.</p> <p>The facility staff failed to implement their active screening process for 3 of approximately 48 staff members who entered the facility 9/30/20.</p> <p>The findings included:</p> <p>On 10/01/20 a review of the COVID-19 screening documents dated 9/30/20 revealed three facility staff had incomplete screenings (Other Staff #1, Other Staff #4 and Other Staff #5).</p> <p>The screening tool/document consisted of writing your name, date, time, having your temperature checked by designated facility screeners. The</p>	F 880			

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F 880	<p>Continued From page 3 documents revealed the following:</p> <p>Other Staff #1's screening document was missing a documented temperature. Other Staff #4's Screening document was missing answers to the questionnaire. Other Staff #5's Screening document was missing a documented temperature.</p> <p>An interview was conducted on 10/05/20 at 10:15 a.m., with Screener #2 (the Receptionist) concerning Other Staff #4's screening document. She stated, "I probably over looked the document. They should have answered the questions."</p> <p>An interview was conducted with the Dietary Manager (Other Staff #2) on 10/05/20 at 12:27 p.m., concerning Other Staff #1 and Other Staff #5's incomplete screening documents. She stated, "I usually take the dietary staff temperatures when they get here in the morning. If they have a high temperature, I send them home. I screen them at the back door at five minutes to six in the morning." Other Staff #2 stated, "I check the form (screening tool) then give it to the nurse (Infection Control Nurse) in the morning meeting. I probably forgot to write them down (temperatures). I should have checked them before I gave them to the nurse."</p> <p>On 10/05/20 at approximately 2:10 p.m., an interview was conducted with the Infection Control Nurse concerning the above issues. She stated, "Everybody that comes in will get their temperatures checked and only one person will be screened at a time."</p> <p>On 10/05/20 at approximately 2:40 p.m. an</p>	F 880		
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F 880	<p>Continued From page 4</p> <p>interview was conducted with Other Staff #4 concerning her incomplete screening document. She stated, "We fill out our own forms. I was screened."</p> <p>The facility policy titled "COVID-19-Pandemic Plan" revised 9/21/20 included: "Surveillance and Detection ...2. A protocol should be developed to monitor the COVID-19 illnesses in residents and staff during the outbreak, which tracks illness trends. -a system is implemented to daily monitor residents and staff for symptoms of COVID-19 -information from them (sic) monitoringsystems is utilized to implement prevention interventions such as, isolation or cohorting..."</p> <p>On 10/05/20 at approximately 3:40 p.m., the above findings were shared with the Administrator, the Infection Control Nurse and the Interim Acting Director of Nursing. No additional information was provided by the facility staff .</p>	F 880			