

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

PRINTED: 11/11/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/27/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER-CANTERBURY OF RICHMOND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 WESTBROOK AVE RICHMOND, VA 23227</b>		
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E 000	Initial Comments	E 000			
	A COVID-19 Focused Emergency Preparedness Survey was conducted 10-27-2020. 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.				
F 000	The census in this 158 certified bed facility was 135 at the time of the survey. <b>INITIAL COMMENTS</b>	F 000			
	A COVID-19 Focused Infection Control Survey was conducted 10-27-2020. 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 survey sample consisted of 7 residents.				
F 886	The census in this 158 certified bed facility was 135 at the time of the survey.	F 886			
SS=E	<b>COVID-19 Testing-Residents &amp; Staff</b> CFR(s): 483.80 (h)(1)-(6)				
	§483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:				
	§483.80 (h)((1) Conduct testing based on				
			<b>1. Address how correction will be accomplished for those residents/staff found to have been affected by the deficient practice:</b>  a.) Resident #105 had a PCR nasal swab for SARS-CoV-2 completed on 11/4/2020 and results were negative.  b.) Resident #106 had a PCR nasal swab for SARS-CoV-2 completed on 11/4/2020 and results were negative.		11/4/2020  11/4/2020

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

Electronically Signed

*Shirley Blackwell*

TITLE

*Administrator*

(X6) DATE

*11/13/20*

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.

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F 886	Continued From page 1 parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.  §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;  §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.  §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.	F 886	c.) Resident #107 had a PCR nasal swab for SARS-CoV-2 completed on 11/4/2020 and results were negative. d.) Resident #101 had a PCR nasal swab for SARS-CoV-2 completed on 11/4/2020 and results were negative. e.) C.N.A. "A" Employee was on vacation from 10/12/2020-10/26/2020, so no labs were missed. After her return, she had a PCR nasal swab for SARS-CoV-2 completed on 11/04/2020 and results were negative. f.) R.N. "A" had a PCR nasal swab for SARS-CoV-2 completed on 10/16/20 and results were negative.  <b>2. Address how the facility will identify other residents/staff having the potential to be affected by the same deficient practice:</b>  a) An audit will be completed by the Unit Managers to ensure that 100% of all current residents have had either a Rapid Antigen test and/or PCR nasal swab for SARS-CoV-2 completed within the past 7 days.  b) An audit will be completed by the Infection Preventionist to ensure that all staff, Vendors and individuals providing services have been tested for COVID-19 via Rapid Antigen test and/or PCR nasal swab for SARS-CoV-2 completed within the past 7 days.  <b>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</b>  a) Residents will be tested every Wednesday during an identified outbreak using the specified parameters set forth by the Secretary for a minimum of 14 days with no further positive results. b) The Assistant Director of Nursing will put a schedule for staff testing into place to ensure that employees are to be tested within specified parameters set forth by the Secretary of 3-7 days, depending on positivity rate for the County, after an outbreak is identified for the duration of the pandemic.	11/4/2020  11/4/2020  11/4/2020  10/16/2020   11/16 /2020  11/16 /2020   11/4/2020  11/16/2020	



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F 886	<p>Continued From page 3</p> <p>10/1/2020 and 10/7/2020. No other testing was noted after 10/7/2020. There are 14 days between 10/7/2020 and 10/21/2020.</p> <p>On 10/27/2020, review of the clinical record for Resident #106 revealed they resided on the third floor of the facility. Resident #106 was tested for COVID-19 on 10/9/2020 and again on 10/19/2020. There are 9 days between 9/30/2020 and 10/09/2020. There are 10 days between 10/09/2020 and 10/19/2020.</p> <p>On 10/27/2020, a review of the clinical record for Resident #107 revealed they also resided on the third floor. Resident #107 was tested for COVID-19 on 10/9/2020, 10/19/2020, and 10/26/2020. There are 9 days between 9/30/2020 and 10/09/2020. There are 10 days between 10/09/2020 and 10/19/2020.</p> <p>On 10/27/2020, review of the clinical record for Resident #101 revealed they were a Resident on the third floor of the facility. Resident #101 was tested for COVID-19 on 10/9/2020 and again on 10/19/2020. There are 9 days between 9/30/2020 and 10/09/2020. There are 10 days between 10/09/2020 and 10/19/2020.</p> <p>Testing for CNA A, revealed she was tested for COVID-19 on 10/2/2020 and 10/7/2020. There are 14 days between 10/7/2020 and 10/21/2020.</p> <p>Testing for RN A, revealed testing for COVID-19 on, 10/2/2020, 10/7/2020, 10/16/2020, and 10/21/2020. There are 9 days between 10/7/2020 and 10/16/2020.</p> <p>On 10/27/2020 at 1:30 PM, an interview was conducted with Employee D, the Infection</p>	F 886			

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F 886	Continued From page 5 infection). Continue to test all staff and residents that tested negative every 3-7 days until 14 days since the most recent positive result has passed".  On 10/27/2020 at 5:30 PM, during an end of day meeting the facility Administrator was made aware of the findings and stated, "I can't tell you a reason why we did that". No further information was submitted.	F 886			