

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

PRINTED: 08/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/14/2020
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT BAY POINTE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454	
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E 000	Initial Comments	E 000		
F 000	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 8/13/20 through 8/14/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.  INITIAL COMMENTS	F 000		
F 880 SS-D	An unannounced COVID-19 Focused and complaint survey was conducted 8/13/20 through 8/14/20. One complaint was investigated during the course of survey. The facility was not in compliance with F-880 of 42 CFR Part 483, Federal Long Term Care requirements.  The census in this 112 certified bed facility was 79 at the time of survey. A total of 81 residents were tested resulting in 7 confirmed cases of COVID-19. A total of 80 staff members were tested resulting in 4 confirmed cases of COVID-19. There was one resident recovery and two staff recoveries from COVID-19.  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. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880	1. On 8/14/20 Resident #3 and Resident #4, PPE replaced including new N95mask specifically for individual room and each staff member entering room. Resident # 3 tests results were negative, Resident #4, did not have any further symptoms and was also removed from isolation. Staff member OSM #1, OSM #2, CNA #1 and ASM #4, were educated on isolation and	

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

TITLE

ADMINISTRATOR

(X6) DATE

8-27-20

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 880	Continued From page 1  §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;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (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: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880	infection control practices, proper wear and reuse of PPE, N95 mask. Surgical masks were discarded and new N95 mask and PPE obtained.  2. On 8/14/20 DON performed audit of all other residents who were self-quarantined in their rooms. One resident was on droplet precaution and all PPE was available, including N95 mask. On 8/14/20 DON audited all residents for covid symptoms. The findings were reviewed by the clinical team on 8/14/20 and no additional areas of concern were identified.  3. On 8/14 Facility staff education started on CDC guidelines for adhering to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2, including guidance for doffing gowns, gloves, CDC's guidance for reusing gowns and how to properly put on and take off a disposable respirator and facilities isolation and infection		

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F 880	<p>Continued From page 2</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, clinical record review, staff interview, and facility document review, it was determined that facility staff failed to follow infection control practices and failed to don and doff personal protective equipment (PPE) in a manner to prevent the spread of infection for two of five residents in the survey sample, Resident #3 and Resident #4; and failed to appropriately wear an N95 respirator while working with Resident #3.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 4/18/18 with diagnoses that included but were not limited to cerebral palsy, and muscle weakness. Resident #3's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 6/22/20. Resident #3 was coded as being severely impaired in cognitive function scoring 4 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Review of Resident #3's clinical record revealed</p>	F 880	<p>control policy.</p> <p>a. a. On 8/21/20 Administrator and QAPI team members performed RCA to identify breakdown in the system and process. Team decided to expand quarantine unit. All residents that need are PUI or new admission will be on a separate unit.</p> <p>4. DON will review infection control practices and CDC guidelines for adhering to Standard and Transmission based precautions three times a week for four weeks, then two times a week for four weeks, then once weekly for four weeks.</p> <p>The DON will audit all quarantined residents for proper donning and doffing, reusing gowns and how to properly put on and take off disposable respirators three times a week</p>		



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F 880	<p>Continued From page 3</p> <p>that she was placed on droplet precautions on 8/11/20 for a cough.</p> <p>Resident #4 was admitted to the facility on 7/17/15 and readmitted on 7/19/20 with diagnoses that included but were not limited to cerebral infarction (stroke) and muscle weakness. Resident #4's most recent MDS (minimum data set) was significant change assessment with an ARD (assessment reference date) of 7/21/20. Resident #4 was coded as being severely impaired in cognitive function scoring 99 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Review of Resident #4's clinical record revealed she was placed on quarantine for 14 days starting 8/4/20. The reason for quarantine was possible exposure to COVID-19.</p> <p>On 8/13/20 at 9:58 a.m., observation of Unit 100; Rooms 101-115 (the non-quarantine/isolation side) was conducted. Resident #3 and #4 were on enhanced droplet precautions. The sign on the doors of both rooms documented: "Enhanced Precautions Anyone entering room must wear N95, gloves, gown, eye protection."</p> <p>On 8/13/20 at 10:00 a.m., ASM (administrative staff member) #4, the NP (Nurse Practitioner) was observed at Resident #4's doorway and donned a gown and gloves. ASM #4 donned a disposable gown that was already hanging on the front of the door next to the PPE (personal protective equipment) supplies. ASM #4 stood at the foot of Resident #4's bed with LPN (Licensed Practical Nurse) #1 assessing her lower extremities. At approximately 10:06 a.m., ASM #4 exited the room and hung up the gown on the</p>	F 880	<p>for four weeks, then two times a week for four weeks, then once weekly for four weeks. The administrator will report finding to QAPI monthly for three months. The Performance Improvement Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.</p> <p>5. Date of Compliance 09/14/2020</p>		

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F 880	<p>Continued From page 4 front of the door next to the PPE supplies.</p> <p>On 8/13/20 at 10:26 a.m., OSM (Other Staff Member) #1, the restorative aide, was observed donning the same disposable gown that was hanging on the door of Resident #4's room. This was the same gown the NP had used previously. While OSM #1 was donning the gown; she was standing in the middle of the hallway talking to CNA (certified nursing assistant) #1.</p> <p>On 8/13/20 at approximately 10:33 a.m., an interview was conducted with LPN #1. When asked why Resident #4 was on droplet precautions, LPN #1 stated that Resident #4 had just recently tested negative for COVID; however she was still within her 14 day window for quarantine. LPN #1 stated that the facility will re-test for COVID after her quarantine days are up. When asked if she was being treated as if she had COVID, LPN #1 stated that she was because she was on isolation precautions. When asked if staff could wear PPE outside of Resident 4's room, LPN #1 stated, "Not if it's a gown that has already been inside the room."</p> <p>On 8/13/20 at 10:47 a.m., OSM #2, the speech therapist was observed exiting Resident #3's room with a surgical mask underneath her N95 respirator.</p> <p>On 8/13/20 at 10:57 a.m., CNA #1 was observed donning all PPE; gown, gloves, face shield and a hairnet and walked into Resident #3's room. CNA #1 was also observed wearing a surgical mask underneath her N95. CNA #1 then shut Resident #3's door. At 10:59 a.m., CNA #1 walked out of the room wearing all PPE including a gown and gloves and stated, "I know. You don't see me. But</p>	F 880			



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F 880	<p>Continued From page 5</p> <p>I didn't touch anything." CNA #1 then proceeded to the linen cart, grabbed linen and went back into Resident #3's room and shut the door.</p> <p>On 8/13/20 at 11:03 a.m., an interview was conducted with the unit manager; RN (Registered Nurse) #1. When asked why Resident #3 was on droplet precautions; RN #1 stated that her COVID tests were pending as of this morning but wasn't sure if the results were in yet. When asked when Resident #3 was tested, RN #1 stated that she was tested on 8/12/20.</p> <p>On 8/13/20 at approximately 11:45 a.m., an interview was conducted with OSM #2, the speech therapist. When asked why Resident #3 was on droplet precautions, OSM #2 stated that the resident was coughing so they put her on quarantine as a precaution. OSM #2 stated that it was her first time evaluating the resident. OSM #2 stated that she put on all the required PPE to work with Resident #3 such a gown, gloves, face mask and face shield. OSM #2 also stated that she had put her clipboard in a plastic bag. When asked if she had any direct contact with Resident #3, OSM #2 stated that she did not. When asked how far away she was from Resident #3; OSM #2 stated that she was probably about two to three feet away because the resident was hard of hearing. When asked if Resident #3 was positive for COVID, OSM #2 stated that she wasn't sure if the results were in yet. When asked if a surgical mask should be worn with an N95 while working with a resident with an unknown COVID result; OSM #2 stated that she was not sure. When asked if the surgical mask interferes with the N95 seal if worn underneath the N95, OSM #2 stated that she was not sure.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>On 8/13/20 at 12:32 p.m., an interview was conducted CNA (certified nursing assistant) #1. When asked if she had any physical contact with Resident #3 when she was in the room. CNA #1 stated, "I never touched her. I went in her room and realized there were not any linens on her bed and put new linens on." CNA #1 stated that Resident #3 was more than 6 feet away from her.</p> <p>Further review of Resident #4's clinical record revealed her COVID tests came back negative on 8/8/20.</p> <p>Further review of Resident #3's clinical record revealed a COVID swab was obtained on 8/11/20. As of 8/13/20, the results were pending.</p> <p>On 8/13/20 at approximately 1:30 p.m., ASM #1, the Administrator, ASM #2, the DON and ASM #3, the corporate nurse were made aware of the above concerns.</p> <p>On 8/14/20 at approximately 12:23 p.m., ASM #1 presented Resident #3's negative COVID result that was just sent to the facility.</p> <p>Facility Policy titled, "Isolation-Categories of Transmission Based Precautions," documents in part, the following: "Droplet...gowns...a. With COVID-19 or PUI (Patient Under Investigation) based on CDC guidance."</p> <p>Review of CDC (Center for Disease Control) guidance for doffing gowns documents in part, the following: "How to Take Off (Doff) PPE Gear...Healthcare personnel should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection...How to Doff PPE gear...Remove</p>	F 880			



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F 880	Continued From page 7 gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. Healthcare personnel may now exit patient room... * Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices..."  CDC's guidance for reusing gowns documents in part, the following: "Extended use of isolation gowns...Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP (Health Care Personnel) when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort)."  Review of CDC guidance titled, "How to properly put on and take off a disposable respirator," documents in part, the following: "Do not allow facial hair, glasses, clothing or anything else to prevent proper placement or come between your face and the respirator."  No further information was presented prior to exit.	F 880			