

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

PRINTED: 12/05/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEAUFONT HEALTH AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 HIOAKS ROAD RICHMOND, VA 23225</b>
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted on 08/18/2020. 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	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted on 08/18/2020. 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=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		9/3/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>08/28/2020</b>
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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>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 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 2 nursing units in the facility.</p> <p>The facility staff failed to wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>The findings included:</p> <p>On 8/18/2020 at approximately 1:15 pm, Surveyor A, accompanied by the facility's Infection Preventionist (Employee C), while on tour of the facility, observed CNA A and CNA B enter a resident room with a posted sign on the door that read: "STOP...Enhanced Droplet-Contact Precautions...Perform Hand Hygiene...Surgical</p>	F 880	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F880</p> <p>1- CNA A and CNA B were educated on the appropriate personal protective equipment to wear to wear when entering the resident room on Enhanced Droplet</p>		

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F 880	<p>Continued From page 3</p> <p>Mask when entering room...Eye Protection when entering room...Gown when entering room...Gloves when entering room...Private Room and keep door closed". Surveyor A observed that CNA A and CNA B had donned a gown, gloves, and face masks however, neither had donned eye protection prior to entering the room, the Infection Preventionist opened the door to the resident's room and confirmed that neither CNA was wearing eye protection stating, "they should have had it [eye protection] on". CNA A exited the resident's room, Surveyor A asked if she had goggles and CNA A replied, "yes". Surveyor A asked if she should have had them on and CNA A replied, "yes".</p> <p>On 8/18/2020 at approximately 2:00 pm, Surveyor A, accompanied by the Infection Preventionist, met with the Director of Nursing (DON, Employee B) to discuss the observations of staff not wearing eye protection while inside resident rooms with posted signs for Enhanced Droplet-Contact Precautions. The Infection Preventionist confirmed the observations made during the tour with Surveyor A, saw that some staff members were not compliant with the posted enhanced infection control precautions, and verified there were no concerns related to shortages of any PPE (personal protective equipment).</p> <p>The Facility Administrator and the Director of Nursing were made aware of the findings during the end of day meeting held on 8/18/2020. No further information was provided.</p>	F 880	<p>Precautions to prevent the spread of COVID-19 on 8/18/20.</p> <p>2-The Staff Development Coordinator or designee will monitor staff entering current Resident rooms on Enhanced Droplet Precautions to ensure that they are donning appropriate personal protective equipment when entering the rooms.</p> <p>3- The Staff Development Coordinator educated all staff on the proper personal protective equipment to wear when entering Enhanced Droplet Precaution Resident rooms to prevent the spread of COVID-19.</p> <p>4-The Staff Development Coordinator or designee will conduct observations of staff entering resident rooms with Enhanced Droplet Precautions to ensure that they are wearing the appropriate personal protective equipment when entering the rooms 3x/week x 4, weekly x2, monthly x1. Results of the audits will be presented to the quarterly Quality Assurance committee for review and recommendation.</p> <p>5-Completion date 09/03/20.</p>		