

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: 495273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE NORFOLK, VA 23504	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p>	F 880		9/18/20

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

TITLE

(X6) DATE

Electronically Signed

08/26/2020

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.

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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			

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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, staff interview and clinical record review, it was determined that facility staff failed to maintain infection control practices for 5 of 5 residents (Residents #1, #2, #3, #4, & #5) in the survey sample on the quarantine and isolation units.</p> <p>The findings included;</p> <p>Resident #1 was admitted to the facility on 1/31/19 and readmitted on 8/20/19 with diagnoses that included but were not limited to metabolic encephalopathy and cognitive communication deficit. Resident #1's most recent MDS (minimum data set) assessment was an annual assessment with an ARD (assessment reference date) of 2/4/20. Resident #1 was coded as being severely impaired in cognitive function scoring 08 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Resident #2 was admitted to the facility on 4/14/15 with diagnoses that included but were not limited to vascular dementia without behavioral disturbance, stroke, and COVID-19. Resident</p>	F 880	<ol style="list-style-type: none"> 1. CNA #1 and CNA #2 were provided education by the Infection Preventionist on proper PPE usage, donning/doffing, proper precautions and infection control on 8/25/2020. All vital signs equipment were cleaned on 8/26/2020. 2. Residents on CNA's #1 & #2 assignment have the potential to be affected. 3. The Staff Development Coordinator (SDC) and or designee will educate the direct care nursing assistant staff on infection control practices (to include cleaning equipment, handwashing, donning and doffing PPE) by 9/11/2020. 4. The Director of Clinical Service (DCS) and or designee will round for observation of proper PPE in rooms, cleaning of medical equipment, donning/doffing PPE and staff following proper precautions 5 x week for 2 weeks, 2 x week for 4 weeks, then monthly for two months. The DCS/designee will report observations to the Quality Assurance Performance Improvement Committee (QAPI) and 		

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F 880	<p>Continued From page 3</p> <p>#2's most recent MDS assessment was an annual assessment with an ARD of 8/12/20. Resident #2 was coded as being severely impaired in cognitive function scoring 09 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Resident #3 was admitted to the facility on 3/17/17 and readmitted on 11/2/18 with diagnoses that included but were not limited to stroke, COPD (chronic obstructive pulmonary disease), and Alzheimer's disease. Resident #3's most recent MDS assessment was a quarterly assessment with an ARD of 7/16/20. Resident #3 was coded as being moderately impaired in cognitive function scoring 12 out of possible 15 on the BIMS.</p> <p>Resident #4 was admitted to the facility on 4/8/18 and readmitted on 4/18/19 with diagnoses that included but were not limited to COVID-19 and stroke with left sided paralysis. Resident #4's most recent MDS assessment was a quarterly assessment with an ARD of 7/16/20. Resident #4 was coded as being cognitively intact in the ability to make decisions scoring 15 out of possible 15 on the BIMS.</p> <p>Resident #5 was admitted to the facility on 10/16/19 with diagnoses that included but were not limited to Parkinson's Disease, and bipolar disorder. Resident #5's most recent MDS assessment was a quarterly assessment with an ARD of 7/23/20. Resident #5 was coded as being severely impaired in cognitive function scoring 09 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>On 8/25/20 at 11:34 a.m., observation was made</p>	F 880	revise the plan as necessary.		

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F 880	<p>Continued From page 4</p> <p>of the 114-124 hallway. Resident #1 was on droplet precautions. PPE (personal protective equipment) was located outside the resident's room.</p> <p>On 8/25/20 at 11:49 a.m., CNA (certified nursing assistant) #1, was observed walking into Resident #1's room. CNA #1 already had a face mask and face shield in place. CNA #1 did not don gloves or a gown prior to entering the room. CNA #1 walked over to Resident #1, tapped her on the shoulder (with her bare hands) and began to assist Resident #1 with her lunch. CNA #1 then stopped assisting and donned gloves. CNA #1 did not sanitize or wash her hands prior to donning gloves. CNA #1 then proceeded to assist Resident #1 with her lunch. CNA #1 was approximately one foot away from Resident #1 while assisting. At 11:52 a.m., RN (Registered Nurse) #1 walked by Resident #1's room and observed CNA #1 not wearing a gown. RN #1 poked her head in the doorway and told the CNA to put a gown on. RN #1 then handed CNA #1 a gown. At 11:56 a.m., CNA #1 was finished with assisting Resident #1 and doffed (removed) her gown. CNA #1 washed her hands for 20 seconds and left the room.</p> <p>On 8/25/20 at 12:04 p.m., an interview was conducted with CNA #1. When asked why Resident #1 was on droplet precautions, CNA #1 stated that Resident #1 was a readmission from the hospital and that she was placed on a 14 day quarantine. When asked how long Resident #1 was on quarantine, CNA #1 stated that she was not sure. CNA #1 stated, "I am getting back from quarantine myself." When asked about the PPE that should be worn while working with a resident on droplet precautions, CNA #1 stated that she</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>should be putting on a gown, mask, face shield, and gloves prior to entering the room. When asked if she had donned a gown and gloves prior to entering Resident #1's room, CNA #1 stated that she did not put on a gown prior to entry, and that she put on gloves after she had been in Resident #1's room. CNA #1 then stated, "I should have." When asked if she knew the COVID status of Resident #1, CNA #1 stated that she wasn't sure but she would think the nurses would tell her if Resident #1 was positive.</p> <p>On 8/25/20 at 12:05 p.m., an interview was conducted with RN #1. When asked the COVID status of Resident #1, RN #1 stated that Resident #1 was last tested at the hospital on 8/12/20 and was negative for COVID-19. RN #1 showed this writer the hospital discharge paperwork dated 8/17/20.</p> <p>Review of Resident #1's clinical record revealed that she was sent out to the hospital on 7/31/20 and readmitted back to the facility on 8/20/20. Resident #1 did not have an order for droplet precautions in her clinical record.</p> <p>On 8/25/20 at 12:40 p.m., an interview was conducted with ASM (administrative staff member) #2, the DON (Director of Nursing). When asked if all residents on the COVID unit were positive, ASM #2 stated that they had some completely negative residents on the hallway as well; such as residents who refused to leave their rooms when the pandemic started or residents who were bed bound and would not be in contact with a COVID positive resident. ASM #2 also stated that there were residents on the COVID unit that were positive at one point and now negative; or were possibly exposed to their</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>roommate who tested positive for COVID.</p> <p>On 8/25/20 at 12:43 p.m., observation of the COVID isolation unit was conducted.</p> <p>On 8/25/20 at 12:50 p.m., CNA #2 was observed in Resident #2's room. Resident #2 was on droplet precautions for COVID-19. CNA #2 was observed inside the room wearing a gown, face shield and mask. CNA #2 was not wearing gloves. CNA #2 touched the vital sign machine with his left hand and then wheeled it out of the room. CNA #2 did not doff (remove) his gown or wash his hands prior to leaving Resident #2's room. CNA #2 then walked up to the nurses station wearing the same gown and put the vital sign machine against the wall. CNA #2 then leaned over the nurses station desk and started writing on a piece of paper on top of the desk. CNA #2's gown was pressed up against the desk coming into direct contact with the desk. CNA #2 was not observed wiping down the vital sign machine. At 12:56 p.m., CNA #2 was observed sanitizing hands from hand sanitizer dispenser in hallway. CNA #2 was then observed walking into Resident #3 and #4's room, a room that was also on droplet precautions. CNA #2 was wearing the same gown he was wearing in Resident #2's room. CNA #2 shut the door. At 12:58 a.m., CNA #2 was observed leaving the room, wearing the same gown, going to the linen cart and grabbing sheets. CNA #2 then walked to a second linen cart to grab more sheets. CNA #2 went back into Resident #3 and 4's room, and dropped off the linen. At 1:00 p.m., CNA #2 removed his gown in the hallway on his way to the soiled utility room and disposed of his gown. CNA #2 then sanitized his hands.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>Review of Resident #2's clinical record revealed that she had a physician's order for "Isolation-Droplet" due to "COVID-19" starting on 8/20/20 due to a positive COVID-19 lab result.</p> <p>Review of Resident #3's clinical record revealed that he was placed on droplet precautions on 7/5/20 for a fever. He tested negative for COVID on 7/9/20. Resident #3's order for droplet precautions were still active.</p> <p>Review of Resident #4's clinical record revealed that he was placed on droplet precautions on 7/20/20 for a positive COVID result on 7/9/20. Resident #4 was already on droplet precautions prior to 7/20/20 due to his roommate (Resident #3) being on precautions since 7/5/20.</p> <p>On 8/25/20 at 1:05 p.m., an interview was conducted with RN #2, the unit manager. When asked if there were residents on the COVID unit that were never positive, RN #2 stated that she would have to check her list. When asked why Resident #3 and #4's room was on droplet precautions, RN #2 stated that one resident had tested positive for COVID on June 30th; but has not been retested. RN #2 stated that no one is currently positive in that room but that the residents were still on droplet precautions. When asked if it was okay for staff to leave a COVID positive room wearing the same PPE (gown, face shield and mask) into the hallway, RN #2 stated of course gloves and gown should be discarded prior to leaving a room on droplet precautions. RN #2 stated that it was okay for staff to wear the same face shield and mask going from a COVID positive resident to negative resident. When asked if staff should be wearing gloves in a COVID positive room, RN #2 stated</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>they should don gloves prior to entering the room. When asked if gloves should be worn while obtaining vitals on a COVID positive resident, RN #2 stated yes. When asked if a separate vital sign machine was used for COVID positive residents, RN #2 stated that the vital sign machine should be wiped down in between residents. When asked why staff should remove PPE and wipe down the vital sign machine after leaving a room on droplet precautions, especially if positive for COVID; RN #2 stated, "If not, staff could potentially spread COVID to other residents."</p> <p>On 8/25/20 at 1:22 p.m., an observation was made of CNA #3 grabbing the vital sign machine that was sitting in the hallway and still not sanitized after being in Resident #2's room. CNA #3 walked down to Resident #5's room with the vital sign machine. CNA #3 was then observed obtaining a blood pressure and pulse-ox on Resident #5's. CNA #3 did not sanitize the blood pressure cuff or pulse ox prior to using it on Resident #5. Resident #5 was not on any type of precautions.</p> <p>On 8/25/20 at 1:26 p.m., an interview was conducted with CNA #3. When asked what vital signs were obtained on Resident #6, CNA #3 stated, "All of them. Even pulse-ox; yes her pulse-ox was 90." When asked if she sanitized the vital machine prior to use on Resident #5, CNA #3 stated, "No, I did not." CNA #3 then stated that Resident #5 was not on any type of precautions for COVID-19. CNA #3 was told about the observations of the vital sign machine being in a COVID positive room earlier in the shift and not sanitized after use. CNA #3 stated that she was not aware of that. CNA #3 stated she would have sanitized the machine had she known</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>it was not wiped down. CNA #3 was then observed sanitizing the vital sign machine when she got back to the nurses station.</p> <p>On 8/25/20 at 1:34 p.m., further interview was conducted with RN #2. When asked if Resident #5 was ever positive for COVID-19. RN #2 checked her resident list/roster and stated that Resident #5 was never positive for COVID-19. RN #2 stated that Resident #5 was last tested on June 30th and her results were negative. RN #2 stated that the resident did not want to leave her room or the unit when the pandemic started and was left on the unit.</p> <p>On 8/25/20 at 1:46 p.m. an interview was conducted with CNA #2. When asked when he was in Resident #2's room what he was doing, CNA #2 stated that he was obtaining vital signs on Resident #2. When asked what PPE he should remove after working with COVID positive resident prior to leaving room, CNA #2 stated, "Everything except for face shield and mask, and then wash my hands." When asked if vital sign machine should be wiped down after using it on a COVID positive resident, CNA #2 stated that staff should be wiping it down. When asked if gloves should be worn while obtaining vitals for a resident who is COVID positive, CNA #2 stated yes. When asked if he wore gloves while obtaining vital signs on Resident #2, CNA #2 stated, "I don't think I did." CNA #2 stated however that he did wash his hands prior to leaving room. This writer did not observe CNA #2 wash his hands. When asked if he removed his gown after leaving room, CNA #2 stated that he didn't think he did. This writer told CNA #2 about the above observations regarding him leaning up against the nurse's station desk wearing the</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>same gown used in Resident #2's room, CNA #2 confirmed that that did happen. When asked if it was possible to spread COVID-19 to other residents or staff if he is wearing a gown in the hallway that was used in a positive COVID-19 room; CNA #2 stated that it was possible.</p> <p>On 8/25/20 at 2:30 p.m., ASM #2, the DON was made aware of the above concerns.</p> <p>Facility policy titled, "Isolation-Categories of Transmission based precautions" documents in part, the following: "Droplet precautions maybe implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (Large particle droplets [large than 5 microns in size] that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning...masks will be worn when entering the room, gloves, goggles, and gown will be worn if there is a risk of spraying respiratory secretions...Contact precautions...staff and visitors will wear gloves and gown when entering the room...gloves will be removed and hand hygiene performed before to leaving the room. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room..."</p> <p>Facility policy titled, "Cleaning and Disinfection of Surfaces," documented in part, the following: "...non-critical items are those that come into contact with intact skin but not mucous membranes...non-critical surfaces will be disinfected with with an EPA registered intermediate or low level hospital disinfectant according to the label's safety precautions and use directions."</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE NORFOLK, VA 23504		
(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	
F 880	Continued From page 11 No further information was presented prior to exit.	F 880			