

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

PRINTED: 11/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495258</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/21/2020</b>	
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF SUFFOLK</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2580 PRUDEN BOULEVARD SUFFOLK, VA 23434</b>			
(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			E 000			
	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 10/20/20 and continued with offsite review through 10/21/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.						
F 000	INITIAL COMMENTS			F 000			
	An unannounced COVID-19 Focused Survey was conducted onsite 10/20/20 and continued with offsite review on 10/21/20. 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 120 certified bed facility was 88 at the time of survey. Eighty-three residents had tested positive for COVID-19, twenty had died and all but two had recovered from COVID-19. Twenty-six staff employees had tested positive, and all had recovered from COVID-19.						
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)			F 880			11/6/20
	§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.						

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

Electronically Signed

TITLE

(X6) DATE

10/30/2020

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	<p>Continued From page 1</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> <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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</li> </ul>	F 880			



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F 880	<p>Continued From page 2</p> <p>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.</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 interviews, clinical record review and facility documentation review, the facility staff failed to ensure 1 of 3 residents in the survey sample, (Resident #1) was wearing a facial covering as part of source control when being transferred from one room to another on different hallways.</p> <p>The findings included:</p> <p>Resident #1 was originally admitted to the facility on 08/17/2020. The most recent discharge to the hospital was on 10/12/2020 and Resident #1 was readmitted to the facility on 10/16/2020. Diagnoses included but were not limited to, Hypertension and unspecified Atrial Fibrillation.</p> <p>Resident #1's Quarterly Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 10/01/2020 was</p>	F 880	<p>1. Surgical Mask was given to the resident and instructions to wear the mask whenever she comes out of her room.</p> <p>2. Residents who leave their room are at risk for this deficient practice.</p> <p>3a. Education by DON/Designee for facility staff including all departments on guidelines regarding masks being worn by residents when out of their room to include observation whenever staff is around residents.</p> <p>4a. Audit by department managers and unit managers daily by direct observation to ensure all residents are wearing their face masks at all times while out of their rooms.</p>		



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F 880	<p>Continued From page 3</p> <p>coded with a BIMS (Brief Interview for Mental Status) score of 15 indicating no cognitive impairment. In addition, the Minimum Data Set coded Resident #1 as requiring total dependence of 1 with bathing, extensive assistance of 2 with bed mobility, transfer and toilet use, extensive assistance of 1 with dressing and personal hygiene and supervision of 1 with eating.</p> <p>On 10/20/2020 at approximately 10:45 a.m., during tour of the 400 Hall two staff members from Maintenance were observed transporting Resident #1 on a stretcher down the hallway into Room (number). It was observed that Resident #1 was not wearing a face mask or facial covering. Registered Nurse (RN) #1 was observed entering and then exiting Resident #1's room. A brief interview was conducted with RN #1 and the observation was reviewed. RN #1 stated, "I did not notice because I had my back turned when they pushed the resident into the room." When asked if residents are suppose to have a facemask on when in the hallway, RN stated, "Yes, always."</p> <p>On 10/20/2020 at approximately 10:50 a.m., an interview was conducted with the Maintenance staff member and the observation was discussed. When asked should residents wear a face mask when in the hall, Maintenance stated, "(Administrators Name) has already said something to me. The nurse disconnected the concentrator and the resident should of had a face mask on in the hall." When asked if Resident #1 had a face mask on in the hall during the transfer, Maintenance stated, "No she did not have a face mask on." When asked where Resident #1 was being transferred from, Maintenance stated, "Moved her out of Room</p>	F 880	5. Date of compliance : 11.6.2020		

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F 880	<p>Continued From page 4 (number) where a resident is quarantined for new admissions."</p> <p>During a briefing with the Administrator and Interim Director of Nursing on 10/20/2020 at approximately 11:45 a.m., discussed observation of Resident #1 being transferred on a stretcher in the hallway from one room to another and was not wearing a face mask. When asked if a resident should have a face mask on when in the hallway, Administrator stated, "Yes." The Administrator said that staff usually have a face mask on residents when they transfer them to another room.</p> <p>On 10/21/2020 Resident #1's clinical record was reviewed and revealed the following:</p> <p>Daily Skilled Nursing Note dated 10/20/2020 09:37 read: "Respiratory: The resident has a pulmonary diagnosis i.e. COPD (Chronic Obstructive Pulmonary Disease), asthma, etc. (etcetera). No identified changes observed in past 24 hours r/t (Related To) pulmonary disease. Lung sounds are normal/clear in all fields. Respirations are regular/unlabored. Cough was noted: productive. No dyspnea/shortness of breath noted."</p> <p>Resident #1's Comprehensive Care Plan was reviewed on 10/21/2020 and there was no documentation stating that the resident should not have a face mask or facial covering on when in the hallway.</p> <p>On 10/21/2020 at approximately 5:15 p.m., an exit meeting was conducted via telephone with the Administrator and Interim Director of Nursing informing them of the finding. The Administrator</p>	F 880			



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F 880	<p>Continued From page 5</p> <p>stated, " The resident can't tolerate a face mask due to Asthma, COPD..." When asked if the residents inability to tolerate a face mask was addressed in the care plan, the Administrator said she was not sure. The Administrator stated that she had a note that she could provide stating that the resident could not tolerate a face mask. No further information was presented by facility staff.</p> <p>Per CDC guidance: Implement Source Control Measures.</p> <p>"Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance." <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>	F 880			