

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

PRINTED: 09/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
(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 An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted onsite and remotely from 9/8/20 through 9/9/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced abbreviated COVID-19 Focused Survey was conducted onsite and remotely from 9/8/20 through 9/9/20. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).	F 000			
F 880 SS=D	The census in this 130 certified bed facility was 112. Of the 112 current residents, 11 were positive for the COVID-19 virus. The survey sample consisted of 5 current resident reviews (Residents #1 through #5). 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: §483.80(a)(1) A system for preventing, identifying,	F 880			9/30/20

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

TITLE

(X6) DATE

Electronically Signed

09/21/2020

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>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"> (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: <ul style="list-style-type: none"> (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. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 document review, it was determined the facility staff failed to implement the infection control program to prevent the spread of communicable disease during a COVID 19 outbreak on one of two units, the North unit. The facility staff failed to follow transmission based protocol for doffing of PPE (personal protective equipment) on the North unit, which includes COVID (coronavirus [1]) positive residents, PUI (people under investigation) and general resident population. On 9/8/20 at 2:53 PM, OSM (other staff member) # 5, housekeeper and OSM #6, housekeeper were observed on the North Unit pushing the housekeeping cart from the COVID positive area, through an unzipped plastic wall and entering a general resident area without doffing their PPE [2], which consisted of gown, face mask and face shield.</p> <p>The findings include:</p> <p>The facility staff failed to follow transmission based protocol for doffing of PPE on the North unit, which includes COVID (coronavirus [1]) positive residents, PUI (people under</p>	F 880	<p>1. No residents were found to be affected.</p> <p>2. COVID-19 negative residents have potential to be affected by staff failing to doff PPE. Staff members #5 and #6 were educated by the administrator in Spanish using an interpreter on 9/9/2020 on the correct procedure of donning and doffing PPE. They were also educated in Spanish using an interpreter on the locations and situations where the donning and doffing of PPE is required.</p> <p>3. All staff to be educated in both English and Spanish by DON or designee on the correct procedures of donning and doffing PPE; and the locations and situations that require donning and doffing PPE. At each location that requires PPE to be donned or doffed, instructional signage was placed in both English and Spanish. All signage is now in place in both English and Spanish at the entrance/exit of the hot zone, warm zone, and cool zone.</p> <p>4. Rounds will be completed by the DON</p>		

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F 880	<p>Continued From page 3</p> <p>investigation) and general resident population. During the Focused Infection Control Survey observation of the North unit on 9/8/20 at 2:53 PM, OSM (other staff member) # 5, housekeeper and OSM #6, housekeeper were observed pushing the housekeeping cart through the COVID positive area through unzipped wall and entering a general resident area without doffing their PPE (personal protective equipment). Their PPE consisted of gown, face mask and face shield.</p> <p>An interview was conducted on 9/8/20 at 2:55 PM with LPN (licensed practical nurse) #3, the charge nurse. LPN #3 stated, "They do not speak English." When asked the purpose of the zip wall between the resident areas, LPN #3 stated, "It is to keep the COVID positive residents separated from those under investigation and the general population."</p> <p>On 9/8/20 at 2:58 PM, an observation revealed OSM #5, housekeeper and OSM #6, housekeeper leaving the North unit with the PPE (gowns, face mask and face shield) in place.</p> <p>On 9/8/20 at 3:00 PM, OSM #5 came back onto North unit. RN (registered nurse) #2, the wound care nurse, was observed stopping OSM #5. RN #2 stated to OSM #5, "You cannot leave this unit with that on (pointing to gown, face shield and face mask)". Further observation revealed OSM #5 removing and discarding the gown, face shield and face mask in a trash receptacle. OSM #5 then donned a new mask.</p> <p>An interview was conducted on 9/8/20 at 3:05 PM with RN #2, the wound care nurse. When asked why OSM #5 had not removed her PPE prior to</p>	F 880	<p>or designee to ensure staff are donning and doffing PPE following the correct procedure, and that signage in English and Spanish remain securely in place. Rounds to be completed two times per day, five times per week for two weeks; then daily five times per week for two weeks; then weekly for one month; or until the current COVID-19 outbreak is resolved within the facility. Results of the audits will be brought by the DON to the QAPI meeting and reviewed for three months or until the current COVID-19 outbreak is resolved in the facility.</p>		

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F 880	<p>Continued From page 4</p> <p>leaving the COVID positive area or the North unit, RN #2 stated, "I do not believe they understand they are to remove it at the different points."</p> <p>An interview was conducted on 9/9/20 at 9:00 AM with OSM #4, the housekeeping director. When asked how OSM #5 and OSM #6 were provided education on PPE and transmission based precautions, OSM #4 stated, "We have an interpreter on site to assist them with the Spanish translation. Relias is on line training that is in English and Spanish. The infection prevention nurse provides education." When asked the expectations of donning and doffing PPE between COVID positive residents/units and the general population/non COVID units, OSM #4 stated, "On the North unit, anytime you leave one section like the COVID positive to go to another area staff should take off PPE and put on new PPE. When OSM #5 and OSM #6 came in this morning, they were re-in-serviced on donning and doffing PPE and what is required to go through the different sections on the unit."</p> <p>An interview was conducted on 9/9/20 at 9:40 AM with OSM #4 with an interpreter, CNA (certified nursing assistant) #3. When asked what education had you received prior to this morning on how and when to put on and take off PPE, OSM #4 stated through interpreter, "I was not trained till this morning". When asked what is understood now of how and when to put on and take off PPE, OSM #4 stated through interpreter, "When I come out of COVID positive area, out of the north wing or out of the building, I take off my gown and put on new if I'm in the building."</p> <p>An interview was conducted on 9/9/20 at 9:50 AM</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>with OSM #5 with an interpreter, CNA (certified nursing assistant) #3. OSM #5 was asked what education she had received prior to this morning on how and when to put on and take off PPE. OSM #5 stated through the interpreter, "No, I was not trained". OSM #5 was asked what she understood now regarding how and when to put on and take off PPE. OSM #5 stated through the interpreter, "When I come out of resident rooms, I would change my gown."</p> <p>An interview was conducted on 9/9/20 at 10:00 AM with RN #1, the assistant director of nursing and infection preventionist. When asked how education was provided to staff on transmission based precautions and donning/doffing PPE, RN #1 stated, "We have in-services, signs around building. I include all departments in the education. We do return demonstration of donning and doffing. I have reminders posted on the wall in both languages, English and Spanish". When asked how staff were educated on the three zones (COVID positive, PUI [people under investigation] and observation) for residents and what PPE to don / doff, RN #1 stated, "There are signs posted at each zone with what to do." When asked what language these signs are posted in, RN #1 stated, "They are posted in English."</p> <p>A review of the CDC handout "Infection Prevention and Control Doffing PPE in English and Spanish", revised September 2019, documents in part, "Except for respirator, remove PPE at doorway or in anteroom." A review of education records for OSM #4 and OSM #5 documented additional in-services dated 7/16/20 on "COVID-19 detail / deep cleaning of residents' rooms" and "Mopping procedures and floor</p>	F 880			

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F 880	<p>Continued From page 6 signs."</p> <p>A review of the facility's policy "COVID-19-Infection Prevention and Control Measures" dated April 2020, documented in part, "While in the building, personnel are required to strictly adhere to established infection prevention and control policies including appropriate use of PPE and transmission based precautions."</p> <p>A review of the facility's policy "Staff Development Program" dated March 2019, documents in part, "Training methods and teaching materials are appropriate to the level of education and expected roles of those attending. Required training topics include: the infection prevention and control program standards, policies and procedures." ASM (administrative staff member) #1, the administrator was informed of the findings on 9/9/20 at 11:41 AM.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) "Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named SARSCoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by SARS-CoV-2 has been named COVID-19. This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments</p>	F 880			

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F 880	Continued From page 7 (2) "PPE: Personal protective equipment is special equipment you wear to create a barrier between you and germs. This barrier reduces the chance of touching, being exposed to, and spreading germs." This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000447.htm	F 880			