

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

PRINTED: 06/16/2020
FORM APPROVED
OMB NO. 0938-0391

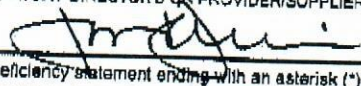
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495217	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-FAIR OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 12475 LEE JACKSON MEMORIAL HIGHWAY FAIRFAX, VA 22033
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 880 SS=D	<p>An unannounced COVID-19 Focused Survey was conducted remotely and onsite on 06/03/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>An unannounced COVID-19 Focused Survey was conducted remotely and onsite on 8/3/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).</p> <p>On 6/3/2020, the census in this 155 certified bed facility was 91. Of the 91 current residents, 34 residents had tested positive for the COVID-19 virus. The survey sample consisted of one current resident review (Residents #1).</p> <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> <p>§483.80(a)(1) A system for preventing, identifying,</p>	F 880	<p>The statements made on this Plan of Correction (PoC) are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations, the facility has taken or will take the actions set forth in the following PoC. This PoC constitutes the facility's allegation of compliance such that all alleged deficiencies cited during the survey have been or will be corrected by the compliance date indicated.</p> <ol style="list-style-type: none"> On 06/04/20, the facility Infection Preventionist conducted a one-one inservice, with return demonstration required, for RN#1 specific to Infection Control Practices to include proper handwashing, use of hand sanitizer & disposable gloves. Nursing continues to conduct respiratory surveillances and vital-signs checks q-shift for Resident #1. All residents have the potential to be affected. Nursing continues to conduct respiratory surveillances and vital-signs check q-shift for all residents. 	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6-29-20
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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>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> <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</p>	F 880	<p>3. During the survey, re-educating of nursing staff was initiated by Nursing Management with regards to Infection Control Practices as well as Proper Donning/Doffing of PPE. All nurses and nursing assistants were educated or re-educated on Infection Control Practices as well as Proper Donning/Doffing of PPE. Facility has begun a collaborative effort with Health Quality Innovators (HQI) specific to the CMS-requested Infection Prevention and Control Quality Improve Initiatives for nursing facilities. Management staff will conduct Focus Infection Control Rounds 3x/week initially for 2 weeks, then 2x/week for 2 weeks, then weekly for 2 months, throughout facility, to ensure that proper infection-control practices are in effect.</p> <p>4. Director of Nursing/designee will report the results of the Focus Infection Control Rounds at the monthly QAPI Committee meetings x3 months for its review and recommendations.</p> <p>5. Compliance Date: July 15, 2020</p>	

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F 880	<p>Continued From page 2 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, clinical record review and facility document review, the facility staff failed to implement the infection control program, to prevent infection and transmission of communicable diseases during a COVID 19 outbreak for one of one residents in the survey sample, (Resident #1) and on one of five facility units, (the COVID-19 positive first floor back unit). RN (registered nurse) #1 failed to sanitize her hands after touching items with her bare hands prior to and after administering medications to Resident #1 and failed to wear gloves. RN #1 failed to disinfect her hands after removing her gloves, prior to and after delivering a cup of ice to a resident on the COVID-19 positive first floor back unit and failed to don a pair of gloves.</p> <p>The findings include:</p> <p>1. Resident #1 was admitted to the facility on 5/28/13, with diagnoses that include but are not limited to chronic obstructive pulmonary disease (chronic, non-reversible lung disease) (1), osteoarthritis (degenerative changes in the joints) (2), anxiety disorder (mild to severe apprehension) (3). Resident #1's most recent</p>	F 880		
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F 880	<p>Continued From page 3</p> <p>MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/15/20, coded the resident as scoring 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. The resident was coded as requiring extensive assistance in bed mobility, transfers; limited assistance in dressing; supervision in eating and locomotion on/off unit and total dependence in toileting/personal hygiene/bathing.</p> <p>During the survey on 6/3/20 at 10:40 a.m., an entrance interview was conducted with the ASM (administrative staff member) #1, the administrator. When asked to provide an update on the COVID positive units and residents, ASM #1 stated, "We are down to 34 COVID positive residents, the second floor private and Arcadia unit residents have recovered and are no longer considered COVID units. On the first floor, we have two COVID units, the first floor private hall and the first floor back hall."</p> <p>Entry was made onto the first floor back hall (a COVID unit) at 11:13 a.m., through a plastic zippered partition into a vestibule area and then through the second plastic zippered partition onto the unit. RN (registered nurse) #1, was observed wearing PPE (personal protective equipment) (5), a gown, hair cover, mask, goggles (pushed up to her forehead) and gloves standing at the medicine cart. When asked if she were going to administer medicines, RN #1 stated, "I've finished my morning medicines, I just have this pain medication to give. She touched laptop and stated, " It is so hard to work with these gloves on." RN #1 then removed the gloves, and began using the laptop with her bare hands to find the</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>pain medication to administer to Resident #1. RN #1 obtained a medication card labeled as containing Oxycodone (narcotic for moderate pain) tablet 5-325 from the medication cart. RN #1 then popped two tablets of Oxycodone from the medication card into a plastic medication cup, returned the medication card to the medication card, and secured the cart. RN #1 then entered Resident #1's room and administered medication to Resident #1. RN #1 was not observed performing hand hygiene prior to or after administering the medication to Resident #1 and did not don gloves prior to administering the medication.</p> <p>An interview was conducted on 6/3/20 at 11:28 AM, with RN #1. When asked what PPE was to be worn on the first floor COVID positive back hall unit, RN #1 stated, "We wear gown, hair cover, mask, and gloves. We use goggles or face shield if we are in with the resident performing care.</p> <p>A review of Resident #1's current physician order, documented Oxycodone (narcotic for moderate pain) (4) tablet 5-325 take two pills at noon and 10 PM. Review of Resident #1's MAR (medication administration record) documented "Oxycodone (Percocet) 5-325 give two tablets by mouth two times a day for moderate pain at noon and 10 PM." The MAR revealed RN #1 documented administering the noon dose of Oxycodone to Resident #1 as evidenced by her initial on the MAR.</p> <p>A review of Resident #10's progress notes revealed an entry on 4/5/2020 that documented the resident had been tested two times for Coronavirus (COVID19) (3), and was negative on</p>	F 880			

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F 880	Continued From page 5 both occasions. According to the facility's "Infection Control Manual Chapter 2 Practice Guidelines" page 15, "Wear gloves during the course of providing patient care. Remove gloves before leaving the patient's room and immediately wash hands with an antimicrobial agent or use waterless hand sanitizer." Under "Infection Control Manual Chapter 2 Practice Guidelines-Basic Concepts" page 20, "Situations that require hand hygiene include: before and after direct patient contact, after removing gloves and before and after assisting a patient with meals (perform handwashing with soap and water)." Per Lippincott "Wash hands or use an alcohol based hand sanitizer immediately after removing all PPE." (6) References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 120. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 420. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 42. (4) 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 283. (5) 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			

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F 880	<p>Continued From page 6</p> <p>(6) Lippincott Manual of Nursing Practice, 11th edition, Woltzer Kluwer, page 845.</p> <p>Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings Update April 13, 2020 in part documents the following:</p> <p>2. Adhere to Standard and Transmission-Based Precautions</p> <p>Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.</p> <p>In all areas where healthcare is delivered, provide supplies and equipment necessary for the consistent observance of Standard Precautions, including hand hygiene products and personal protective equipment (e.g., gloves, gowns, face and eye protection) ...</p> <p>Gowns: Put on a clean Isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use.</p> <p>2. On 6/3/20 at 11:38 a.m., RN #1 was observed re-entering the COVID-19 positive first floor back unit through the second plastic partition, wearing gown, hair cover, gloves, mask and goggles (pushed up to her forehead); with a cup of ice and a cup of plastic spoons. RN #1 went to the medication cart, placed the cup of ice and cup of spoons down, on the cart and removed her gloves. RN #1 then picked up the cup of ice with her bare hands and without doing gloves or performing hand hygiene, took the cup of ice into</p>	F 880		
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F 880	<p>Continued From page 7</p> <p>room 119. RN #1 left room 119 and went to the doorway of room 123 with no hand hygiene performed and no gloves. At 11:41 a.m., RN #1 was observed using ABHR (alcohol based hand rub) at the medication cart.</p> <p>An interview was conducted on 6/3/20 at 12:03 AM with CNA #1. When asked the purpose of PPE, CNA #1 stated, "It is to prevent the spread of infection and protect us." When asked what PPE (personal protective equipment) is to be worn on the COVID positive unit, CNA #1 stated, "We wear gown, gloves, mask and face shield."</p> <p>An interview was conducted on 6/4/20 at 10:33 AM with ASM #1, the administrator. When asked what PPE should be worn in a COVID positive unit, ASM #1 stated, "They should wear a gown, N95 mask, gloves, hair cover and face shield."</p> <p>An interview was conducted on 6/4/20 at 12:02 PM with ASM #2, the director of nursing / infection preventionist. When asked what PPE should be worn on a COVID positive unit, ASM #2 stated, "Of course if working on a COVID unit, they should wear PPE and wash hands frequently."</p> <p>ASM (administrative staff member) #1, the administrator, was informed of the finding on 6/4/20 at 10:33 AM. No further information was provided prior to exit.</p>	F 880		

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