

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

PRINTED: 08/17/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/12/2020
NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES-IMPERIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(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 remote COVID-19 Focused Survey was conducted onsite on 08/12/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		9-4-2020
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid COVID-19 Focused Survey was conducted onsite on 08/12/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.	F 000	F - 880  <i>The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated</i>	
F 880 SS=D	On 08/12/2020, the census in this 128 certified bed facility was 83 at the time of the survey. 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, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880	<i>It is the intended practice of the facility to 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.</i>	

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

TITLE

(X6) DATE

*K. Suster*

*Administrator*

*8-27-2020*

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 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 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.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880	1. Upon notification of surveyor regarding CNA #1 and CNA #2 not wearing appropriate PPE – education was conducted with the individual employees by the DON on 8/14/2020. 2. Residents who reside in the facility have the potential to be affected. 3. Director of Nursing and/or designee to educate staff on wearing the appropriate PPE when entering rooms on isolation. 4. Director of Nursing and/or designee will audit infection control procedures within the facility, to include wearing appropriate PPE, 3 days a week x 4 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be September 4, 2020.	9-4-2020
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F 880	<p>Continued From page 2</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, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infection control program to prevent the spread of communicable disease and infection for two of 18 resident rooms under droplet precautions, Resident room # 223 and # 202. The Facility staff failed to wear all required PPE [personal protective equipment] upon entering two resident rooms on droplet [1] and airborne [2] precautions on the 222-236 and 200-211 hallways of unit two. On the 222-236 hallway, CNA [certified nursing assistant] #2 entered room 223 a droplet and airborne isolation room, without wearing an isolation gown. On the 200-211 hallway, CNA #1 entered room 202 a droplet and airborne isolation room, without wearing an isolation gown.</p> <p>The findings include:</p> <p>1. On 8/12/20 at approximately 12:30 p.m., an observation was conducted on the 222-236 hallway of unit two at the facility revealed CNA [certified nursing assistant] # 2 entering Resident room number 223 with a lunch tray. Observation of room 223 revealed the door was closed with two resident names on the nameplate of the door and two paper signs posted on the door. The first</p>	F 880		9-4-2020	

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F 880	<p>Continued From page 3</p> <p>sign read "Stop Airborne Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Put on a fit-tested N-95 [3] or higher level respirator before room entry. Remove respirator after exiting the room and closing the door. Door to room must remain closed." The second sign read, "Stop Droplet Precautions Everyone must: Clean their hands, including before entering and when leaving room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit." Further observation revealed CNA # 2 entering the resident's room wearing a mask and goggles. The observation failed to evidence CNA # 2 wearing gloves and a gown.</p> <p>On 8/12/20 at approximately 12:45 p.m., an interview was conducted with CNA # 2 regarding PPE [personal protective equipment] required for entering resident rooms on droplet and airborne isolation. CNA # 2 stated that any staff who entered a resident room who was on droplet and airborne isolation had to wear full PPE, which included gloves, an isolation gown, an N95 mask and goggles for eye protection. When asked about entering resident room 223 with the lunch tray, CNA # 2 stated that they were not wearing the correct PPE. CNA # 2 further stated, "I was moving, not thinking and forgot to gown up." When asked why it was important to wear the correct PPE CNA # 2 stated, "It's a way of preventing an infection."</p> <p>Review of the nurse's progress notes in the clinical records for the residents in room 202 documented both residents were displaying symptoms of COVID-19 including fever and cough and as being in airborne isolation and</p>	F 880		9-4-2020

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F 880	Continued From page 4 droplet isolation on 8/10/2020 and 8/11/2020.  On 8/12/20 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing, infection control practitioner. When asked what PPE was worn in droplet and airborne isolation rooms, ASM #2 stated that an N95 mask, goggles, gown and gloves were to be worn when staff enter the room for any reason. When asked the purpose of the PPE, ASM #2 stated it was to prevent the spread of infection for the resident and the employee and to keep the infection contained.  Review of the facility policy "Transmission-Based Precautions and COVID-19 [4]" documented in part, "In our facilities, because aerosol generating procedures are rare, we are utilizing transmission based precautions in caring for known or suspected patients with COVID-19. Because the organism can be spread by droplets through the air, we are utilizing a combination of droplet and airborne transmission-based precautions. The same level of precautions are utilized regardless of whether the patient is on a special COVID-19 Airborne Isolation Unit (CAIU) or is in a private room with their own bathroom anywhere else in the facility. N-95 respirator/mask Eye protection (face shield, goggles, or safety glasses with attached side shields) Gown Gloves ..."  On 8/12/20 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings.	F 880		9-4-2020	

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F 880	<p>Continued From page 5</p> <p>No further information was provided prior to exit.</p> <p>2. On 8/12/20 at 12:20 p.m., an observation was conducted of the facility 200-211 hallway of unit two. Observation of room 202 revealed the door was closed with two resident names on the nameplate of the door. There were two paper signs posted on the door. The first sign read "Stop Airborne Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Put on a fit-tested N-95 (3) or higher level respirator before room entry. Remove respirator after exiting the room and closing the door. Door to room must remain closed." The second sign read, "Stop Droplet Precautions Everyone must: Clean their hands, including before entering and when leaving room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit."</p> <p>On 8/12/20 at 12:25 p.m., observation revealed CNA (certified nursing assistant) #1 on the 200-211 hallway of unit two passing meal trays to residents in room 202. CNA #1 placed two meal trays onto a red rolling cart then picked up one of the meal trays entered room 202 and placed the meal tray on the resident's bedside table. Observation revealed CNA #1 wearing only a mask and goggles. CNA #1 sanitized their hands and exited the room. CNA #1 then retrieved the second meal tray off the cart and entered room 202 again wearing only a mask and goggles and closed the door to the room. CNA #1 was not observed wearing an Isolation gown when entering room 202.</p> <p>At 12:30 p.m., CNA #1 exited room 202 and left the hallway. At 12:40 p.m., CNA #1 returned to</p>	F 880		9-4-2020	

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F 880	<p>Continued From page 6</p> <p>the hallway and entered room 202 and stated to LPN (licensed practical nurse) #1, "I have to finish feeding 202." CNA #1 was observed entering room 202 wearing a mask and goggles. CNA #1 failed to don an isolation gown prior to entering the room.</p> <p>On 8/12/20 at 12:50 p.m., an interview was conducted with LPN #1 regarding PPE (personal protective equipment) required for entering resident rooms on droplet and airborne isolation. LPN #1 stated that any staff who entered a resident room who was on droplet and airborne isolation had to wear full PPE which included gloves, an isolation gown, an N95 mask and goggles for eye protection. When asked where PPE was kept for staff for the isolation rooms, LPN #1 stated that all of the PPE was located in the three-drawer isolation bins located in the hallways outside of the resident rooms. LPN #1 stated that there was no PPE stored in resident rooms and staff were to don the appropriate PPE prior to entering the resident's room. LPN #1 stated that the residents residing on the 200 hallway on isolation had symptoms of COVID-19 (4) or were awaiting test results. When asked about the residents in room 202, LPN #1 stated that both residents were displaying symptoms of COVID-19 and were being tested on 8/13/2020, LPN #1 confirmed the observation with this surveyor of CNA #1 in room 202 without an isolation gown. LPN #1 stated that CNA #1 should have had a gown on when entering the room for any reason.</p> <p>On 8/12/20 at 12:53 p.m., an interview was conducted with CNA #1 regarding the observation of not wearing the required PPE while inside of room 202. When asked what PPE was worn</p>	F 880		9-4-2020	

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F 880	<p>Continued From page 7</p> <p>when entering resident rooms on droplet and airborne isolation, CNA #1 stated that mask, goggles and gloves were worn. When asked if a gown was required when entering droplet and airborne isolation rooms, CNA #1 stated that a gown was not required when feeding a resident as they were doing in room 202. When asked what a gown would be required for, CNA #1 stated that they wear a gown when changing a resident or performing head to toe care. When asked if there was potential to come in contact with droplets and resident linens while feeding residents, CNA #1 stated that there was always the potential but they do not make contact with the linens or resident belongings normally.</p> <p>On 8/12/20 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing, infection control practitioner. When asked what PPE was worn in droplet and airborne isolation rooms, ASM #2 stated that an N95 mask, goggles, gown and gloves were to be worn when staff enter the room for any reason. When asked the purpose of the PPE, ASM #2 stated it was to prevent the spread of infection for the resident and the employee and to keep the infection contained.</p> <p>On 8/12/20 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings.</p> <p>References: 1. Droplet precautions are used to prevent contact with mucus and other secretions from the nose and sinuses, throat, airways, and lungs. This information was obtained from the website:</p>	F 880		9-4-2020	



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F 880	Continued From page 8 <a href="https://medlineplus.gov/ency/patientinstructions/000448.htm">https://medlineplus.gov/ency/patientinstructions/000448.htm</a>  2. Airborne precautions may be needed for germs that are so small they can float in the air and travel long distances. Airborne precautions help keep staff, visitors, and other people from breathing in these germs and getting sick. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000448.htm">https://medlineplus.gov/ency/patientinstructions/000448.htm</a>  3. A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases or vapors. This information was obtained from the website: <a href="https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/resource1quest1.html">https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/resource1quest1.html</a>  4. COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and may different species of animals, including camels, cattle, cats, and bats. This information was obtained from the website: <a href="https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads">https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads</a>	F 880		9-4-2020	