STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495215	A. BUILDING _____ B. WING _____	C 10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA REHABILITATION & CARE RESIDENCE-CHESAPEAKE	776 OAK GROVE RD PO BOX 1277 CHESAPEAKE, VA 23320

(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 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 10/22/2020 through 10/26/2020. Corrections were required for compliance with 42 CFR Part 483 Federal Long Term requirements. The facility presented an acceptable plan of correction resulting in the deficiency cited as past non-compliance. One complaint was investigated during the survey. The census in this 120 certified bed facility was 77 at the time of the survey. The survey sample consisted of 3 Staff reviews (Staff #1 through #3).	F 000		
F 886	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this	F 886		10/30/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 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 886	Continued From page 1 paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests; §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19. §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by:	F 886		

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F 886	Continued From page 2 Based on observations, staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to take actions to prevent the potential transmission of COVID-19 upon receiving notification that 1 of 3 staff members in the survey sample, tested positive for COVID-19 (Certified Nursing Assistant #3). The findings included: On 10/22/2020 at approximately 11:00 a.m., the testing logs with results for the months of August 2020 and September 2020 was requested. On 10/22/2020 at approximately 11:30 a.m. a copy of the COVID+ Line Tracker and copies of COVID-19 Point Of Care Testing Results - Employees for September 16, 2020 through October 7, 2020 was received. Review of the COVID+ Line Tracker revealed the following: NAME: (Name of Certified Nursing Assistant (CNA) #3) RESIDENT/STAFF: Staff DATE TESTED: 08/14/20 DATE OF RESULT NOTIFICATION: Loss of taste DATE OF NEGATIVE RESULT: (Blank) STATUS: Back to Work. Review of the resident COVID+ line tracker did not reveal any residents testing positive after 08/14/2020. On 10/22/2020 at approximately 1:55 p.m., an interview was conducted with the Administrator (Staff Member #1) and when asked how staff are made aware of COVID test results, Staff Member #1 stated, "Up through August the staff were tested by PCR (Polymerase Chain Reaction) testing. Lab would send test results to (Hospital	F 886	Past noncompliance: no plan of correction required.	

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F 886	Continued From page 3 Name) and Employee Health contacted the employees with positive results. After Employee Health notified the employee of the positive results Employee Health would send an email to the supervisor of the employee." Staff Member #1 stated that she would call the employees who tested negative and make them aware of the results. Staff Member #1 stated, "The facility started Antigen testing in September. Employee is tested by POC (Point Of Care) antigen test. If employee tests positive the employee is called by someone in nursing or the Administrator and made aware of positive test results and told to come in for a PCR test. The test is obtained and sent to the lab and the Administrator makes Employee Health aware. If the test results are positive Employee Health contacts the employee and then notifies the Administrator." On 10/22/2020 at approximately 2:00 p.m., a copy of CNA #3's COVID lab report was requested and received. Review of the lab report revealed the following: 2019 Novel Coronavirus (COVID-19) NAA (Final Result) Collected: 8/12/2020 1705 Received: 8/13/2020 0110 Verified: 8/14/2020 0218. Component: SARS-CoV-2 PCR (COVID-19) Value: DETECTED (C). Review of "As Worked Staff Schedules" on 10/22/2020 revealed that CNA #3 worked the following dates after being tested for COVID-19: 08/13/2020, 08/14/2020, 08/15/2020, 08/16/2020, 08/19/2020, 08/20/2020, 08/23/2020, 08/24/2020, 08/25/2020, 08/28/2020, 08/29/2020 and 08/30/2020 on (Name of COVID Unit) and worked 08/17/2020 on (Dementia Unit).	F 886		

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F 886	Continued From page 4 On 10/22/2020 at approximately 2:30 p.m., the complaint was reviewed with Staff Member #1. Staff Member #1 provided 3 pages of documentation for review referencing CNA #3. Staff Member #1 said that it was sent to her (Staff Member #1) from (Hospital Name) Occupational Health. Per review of the first page of documentation with Staff Member #1, the following was revealed: View Patient Chart (Name of CNA #3) Date: 8/14/2020 Purpose: COVID Results; Date: 8/19/2020 Purpose: Employee Contact Attempt; Date: 8/20/2020 Purpose: LM (Left Message) to call EH (Employee Health); Date: 8/21/2020 Purpose: LM to call EH; Date: 8/23/2020 Purpose: Employee Contact Attempt; Date: 8/26/2020 Purpose: LM and email manager. Review of the second page of documentation revealed the following: Charting Note (Name of CNA #3) / (Hospital Name) Healthcare (Read Only) Date: 8/14/2020 Summary: COVID Results 8/14/2020 1510: EE (Employee) called and left message to call for COVID results. Review of third page of documentation revealed the following: (Hospital Name) Employee Charting Note (Name of CNA #3) Date: 08/26/2020 Charting Summary: LM and email manager- "2nd email send to manager and another VM (Voice Mail) message left for employee to call EH for s/s (signs/symptoms) update." Staff Member #1 stated, "Occ (Occupational) Health tried to notify the employee of positive COVID results and left messages for the employee to call them back but she did not call them." Staff Member #1 stated, "The employee was tested for COVID on 8/12/2020 and results came back on 8/14/2020, positive, and Occ Health tried to notify employee." Staff Member #1 stated that she was made aware of CNA #3's positive COVID results on	F 886		

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F 886	Continued From page 5 8/26/2020. Staff Member #1 stated, "During the time that CNA #1 was tested for COVID, it was PCR tested and if employee results were positive then (Hospital Name) Occ Health notified the staff first because of HIPAA (Health Insurance Portability and Accountability Act) and then notified Staff Member #1." Staff Member #1 said that she had a conversation with Employee Health on 08/26/2020 and they discussed what to do with CNA #3 and working. Staff Member #1 said that they discussed that CNA #3's period of being contagious was past and that she had been working with COVID positive residents for 14 days since test date and the employee was asymptomatic. Staff Member stated, "It was determined to let the employee continue to work." When asked why did CNA #3 come in for COVID testing, Staff Member #1 stated, "The employee came in to the facility on 09/16/20 for routine Antigen Testing and I told her that since she had tested positive within the past 90 days that she did not have to be tested." Staff Member #1 stated, "She kept saying, I didn't have any symptoms." Staff Member #1 stated, "She thought I was suppose to have told her that she tested positive. I told her to contact Employee Health." When asked if CNA #3 worked on all units, Staff Member #1 stated, "It is not accurate that she worked all over the facility." Staff Member #1 stated, "From 08/08/20 until 09/08/20 the facility wore full PPE (Personal Protective Equipment), N95 face mask, face shield, gown, goggles, booties and gloves." Requested copy of Policy and Procedure regarding notification of test results for employees from Staff Member #1 on 10/22/2020. On 10/23/2020 at approximately 2:45 p.m., a	F 886		

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F 886	Continued From page 6 telephone interview was conducted with Employee Health #1. When asked if CNA #3's COVID-19 test results was positive on 08/14/2020, Employee Health #1 stated, "Yes." When asked can you tell me about CNA #3, I understand that she tested positive on 08/14/2020 and Staff Member #1 was made aware on 08/26/2020, Employee Health #1 stated, "No that's not true. Emails were provided to the Administrator on 08/14 and 08/17 that (Staff Name) was positive." Employee Health #1 stated, "The facility notified us that they were doing 120 test. The labs went to (Name of Hospital), sent all results through an excel spreadsheet of everyone who was positive. The initial spreadsheet went out 08/14 to the facility and through out the week. The facility was notified on 08/14/20 of (Staff Name) positive results." Requested copies of emails that had been sent to Staff Member #1. On 10/23/2020 at 3:07 p.m., received copies of emails from Employee Health #1. Review of emails revealed the following: From: Employee Health #2; Sent: Friday, August 14, 2020 3:32 PM; To: (Staff Member #1); Subject: Positive Exposure Results The following employees have positive COVID results. CNA #3's name listed.; From: Staff Member #1 Sent: Friday, August 14, 2020 3:34 PM To: Employee Health #2; Subject: RE: Positive Exposure Results "Thank you (Employee Health #2 Name), these are in addition to the previously positive staff members?" From: Employee Health #2; Date: August 14, 2020 at 3:49 P.M. To: Staff Member #1 Subject: RE: Positive Exposure Results "Yes. These came in today." On 10/23/2020 at 3:49 p.m., received an email	F 886		

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F 886	Continued From page 7 with the facility plan of correction from Staff Member #1 which read as follows: With the new memo requirements for point of care testing that was dated for 9/2/20 the facility process for notification of COVID results changed. Effective with the first round of Employee testing the week of September 9, 2020; the facility process reflects the following: Point of Care Testing Completed with either BD Veritor or Abbott COVID-19 Ag CARD Result is immediately available after 15-minute processing time dependent on testing kit utilized Administrator or designee will immediately notify employee of the result from POC Antigen test; if positive, employee is brought back to testing site and a PCR Viral swab is completed. Employee is not able to work during the time of PCR results being pending Administrator or designee will notify Sentara Employee Health Services via email or telephone to inform of the Employees POC result and to alert for a PCR being sent to the Reference Lab at Norfolk General Employee Health sends a Fitness for Duty to the manager and employee is under the guidance of Employee Health Services for Return to Work information Facility then responds accordingly following notification procedures of the positive result. Received telephone call from CNA #3 on 10/26/2020 at 12:30 p.m., an interview was conducted and when asked what PPE did she wear on (Unit Name) in August 2020, CNA #3 stated, "Gown, face mask, and face shield." When asked if she worked on any other unit in August, CNA #3 stated, "Yes." When asked what other unit did she work on in August, CNA	F 886		

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F 886	Continued From page 8 #3 stated, "(Name of unit)." When asked what PPE she wore on those units, CNA #3 stated, "Gown, face mask, and face shield." On 10/26/2020 at 1:05 p.m., an exit meeting was conducted by telephone with Administrator and Director of Nursing. The above concerns were discussed. Based on an acceptable plan of correction presented by the facility, with an effective date of 9/2/20, this is cited as past non-compliance. It is also a complaint deficiency.	F 886		