

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

PRINTED: 09/04/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF NORFOLK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1005 HAMPTON BLVD NORFOLK, VA 23507</b>		
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E 000	Initial Comments	E 000			
	An unannounced COVID-19 Emergency Preparedness survey was conducted 08/13/20 through 08/14/20 and 08/17/20 through 08/18/20. The facility was in substantial 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 8/13/20 through 08/14/20 and 08/17/20 through 08/18/20. The facility was not in compliance with F880 of 42 CFR Part 483, Federal for Long-Term Care requirements.				
	The census in this 169 certified bed facility at the time of the survey was 130. Thirty-three staff tested positive for COVID-19 and all recovered, 6 staff did not return to work. Ninety-eight residents tested positive for COVID-19, eighty-four recovered. At the time of the survey, there were 2 current residents positive for the COVID-19 virus.				
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		9/15/20	
	§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.				
	§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:				

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

TITLE

(X6) DATE

Electronically Signed

09/02/2020

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	Continued From page 1  §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;  §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.	F 880			



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F 880	<p>Continued From page 2</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 observations, clinical record reviews, staff and resident interviews and review of facility documentation, the facility staff failed to ensure standard and transmission-based precautions were implemented to prevent the development of, and the possible transmission of, a communicable infection (COVID-19) for 4 of 5 residents (Resident #5, #1, #2 and #3) in the survey sample. Additionally, the facility staff failed to maintain 6-feet (ft) physical distancing to prevent possible transmission of infection.</p> <p>The findings include:</p> <p>1. The following observations were made on Unit 2 on 8/13/20:</p> <p>On 8/13/20 at 1:30 p.m. to 2:35 p.m., Certified Nursing Assistant (CNA) #1 did not wear the facility issues surgical face mask to cover both nose and mouth. CNA # 2 was observed on 8/13/20 at 1:30 p.m. to 2:35 p.m. wearing a one layer personal camouflage patterned face mask that was positioned on her chin. When approached, CNA #2 pulled her face mask over</p>	F 880	<p>1. 1) No residents were found to be affected by the cited deficient practices. CNA #1 and CNA #2 were provided appropriate mask and education was completed on the appropriate face mask and how to wear the face mask by 9/2/20. 2) Rehab staff were immediately educated on the proper Personal Protective Equipment (PPE) to wear when providing care to a resident as well as social distancing by 9/2/20. 3). RN #1 was immediately educated on proper infection control measures as it relates to wearing proper PPE when caring for Covid positive residents, disinfecting equipment properly, steps to take to prevent cross contamination between Covid positive and Covid negative unit, handwashing, donning/doffing PPE by 8/26/20. 4) Facility staff were educated on social distancing while using the elevator. Signage was posted that instructs no more than 2 staff members in the elevator at a time on 8/18/20.</p>		



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F 880	<p>Continued From page 3</p> <p>her mouth and nose. At 3:08 p.m., upon exiting the elevator to Unit 2, CNA #2 was seen walking down the hallway passing other residents as well as communicating with staff in hallway and at the nursing station with her personal face mask positioned again on her chin. When the CNA turned and saw this surveyor, once again, she pulled her face mask over her mouth and nose, and said, "I am on my way home now." On 8/13/20 at 3:10 p.m., CNA #3 and CNA #4, both working the 3:00 p.m. to 11:00 p.m. shift on Unit 2, were observed wearing their personal face mask.</p> <p>During an interview with the Unit 2 Licensed Practical Nurse (LPN) #1 on 8/13/20 at 3:20 p.m., she stated, "We were told to obtain a new surgical face mask at the start of every shift and dispose of it at the end of our shift, no personal face mask." This surveyor observed boxes of surgical masks at the front lobby entry employee screening station.</p> <p>2. On 8/13/20 at 3:28 p.m. to 3:55 p.m., an Occupational Therapist (OT) and Speech Therapist (ST) were observed working with Resident #5, a new admission on Unit 3. The OT was observed with her surgical face mask positioned on her chin and without eye protection, less than 3 feet in proximity to the resident. The ST properly wore both surgical mask over face and nose, as well as eye protection (goggles). Neither wore gloves or an isolation gown.</p> <p>On 8/13/20 at 4:00 p.m., the Unit 3 LPN #2 stated that Resident #5 was a new admission on 8/11/20 with a diagnosis of heart failure. The resident was in a section of nine rooms that required all staff, to include rehabilitation staff, to wear full PPE for</p>	F 880	<p>2. All residents had the potential to be affected by the deficient practices. Complete in house audit completed on the current employees to validate that all employees are wearing appropriate PPE at all times. This was completed by 9/4/20.</p> <p>3. Education on the Infection Control Policy as it relates to proper PPE and social distancing was provided to all staff by 9/4/20. Additionally, Infection Control Education as provided to all licensed nurses as it relates to measures to take to ensure proper PPE is worn when caring for residents on the Covid positive unit and the Covid negative areas, disinfecting equipment properly, preventing cross contamination between Covid positive and Covid negative units, handwashing, and donning/doffing PPE by 9/4/20. This training will also be provided to all staff upon hire and during orientation.</p> <p>4. The Root Cause Analysis was conducted by the Infection Preventionist, QAPI Team and Governing Board and the root cause of the cited deficient practices was determined to be a need for further education regarding proper PPE usage, social distancing, disinfecting equipment, avoiding cross contamination between Covid positive and Covid negative areas along with donning/doffing PPE. The RCA also revealed there is a need for more frequent observations to ensure all staff are following Infection Control guidelines. Due to the findings of the RCA, the above education will be completed and then</p>		



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F 880	<p>Continued From page 4 14-days.</p> <p>3. The following observations were made during a medication pass on Unit 4 on 8/13/20 at 4:10 p.m.:</p> <p>Registered Nurse (RN) #1 proceeded to obtain a Finger Stick Blood Sugar (FSBS) on COVID-19 positive Resident (#1). Resident #1 was admitted from the hospital to the nursing facility on 8/9/20 with a diagnosis of COVID-19, confirmed by test results on 7/23/20, on droplet transmission-based precautions. RN #1 retrieved a glucometer machine, test strip, lancet and alcohol wipes to obtain a FSBS from the fourth floor medication cart outside of the COVID-19 area. The RN placed all of the aforementioned items on his personal non-porous clipboard. Prior to entering the resident's room, he failed to don eye protection (face shield or goggles). RN #1 sat the clipboard on the resident's overbed table and proceeded to obtain the FSBS, after which the RN placed all the used items back on the clipboard. After leaving Resident #1's room, the RN removed his isolation gown and gloves and disposed of them in the biohazard receptacle outside of the the resident's room, but left most of the gown on the outside of the receptacle on the floor. RN #1 then proceeded to the fourth floor medication cart, sat the clipboard on the medication cart and with his bare hands disposed of all used items from the FSBS procedure in the sharps container. The RN used a disinfectant wipe on the top side of the glucometer machine, after which he immediately it placed in the drawer of the medication cart.</p> <p>RN #1 did not wash his hands or use alcohol based hand rub (ABHR) prior to donning a new</p>	F 880	<p>ngoing audits will be conducted by the Director of Nursing, Staff Development Coordinator, and/or Unit Managers for observation and review to ensure staff are wearing appropriate PPE, handwashing, social distancing, properly disinfecting equipment and avoiding cross contamination between Covid positive and Covid negative areas along with donning/doffing PPE. These audits and observation rounds will be conducted 7 days a week for 4 weeks on various shifts, 5 x weekly for 4 weeks on various shifts, 3 x weekly for 4 weeks on various shifts, and then monthly x 3 months. Any staff found not in compliance with Infection Control guidelines will have immediate education by the observer. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.</p> <p>5. The Administrator and Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be</p>		



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F 880	<p>Continued From page 5</p> <p>pair of gloves in preparation to obtain a FSBS on another resident who was COVID-19 negative, Resident #2. The RN repeated his same practice as indicated above with Resident #1. He failed to disinfect the clipboard and sat it on the overbed table of Resident #2 who was COVID-19 negative. This practice risked cross-contamination from the COVID-19 positive resident (Resident #1). Resident #2 was admitted to the nursing facility on 12/02/16 with diagnoses that included diabetes and high blood pressure.</p> <p>RN #1 proceeded to obtain a FSBS on a third resident, Resident #3. The RN repeated his same practice as indicated above with Resident #1 and Resident #2. He failed to disinfect the clipboard and sat it on the overbed table of Resident #3 who was COVID-19 negative. This practice continued the risk of cross-contamination from the COVID-19 positive resident (Resident #1). Resident #3 was admitted to the nursing facility on 3/4/16 with diagnoses that included diabetes, bipolar disorder and schizophrenia.</p> <p>On 8/13/20 at 4:25 p.m., the RN returned to Resident #1 to administer insulin based on results of FSBS and sliding scale orders. RN #1 pulled out of his pant's pocket a fingertip pulse oximeter to monitor the resident's blood oxygen level. The RN stated, " I love this. I bought my own from (name of local department store) to use on all the residents that need pulse oximeter checks. It comes in handy to use my own and can just whip it out of my pocket." He placed the tip of the resident's index finger in the device and obtained Resident #1's SpO2 (oxygen saturation). The RN used a disinfectant wipe to clean the top and bottom of the pulse oximeter, but failed to</p>	F 880	completed by 9/15/20.		



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F 880	<p>Continued From page 6</p> <p>disinfect the inside where the resident placed the tip of his finger. He placed the pulse oximeter device back in the pocket of his pant's pocket. The RN never washed his hands or use ABHR between residents or disinfect the clipboard that he placed on each of the resident's overbed table. In addition, the RN placed used alcohol pad on the clipboard along with an ink pen that he used to write resident information on the report sheet clipped to the front of the clipboard. Following administration of the insulin to Resident #1, the RN took the laptop from the medication cart to nurse's station desk and began to type without removal of his gloves.</p> <p>4. Throughout the day of 8/13/20, the facility staff was observed not maintaining 6-ft physical distancing while using the one operating elevator. The second elevator had a sign on it that indicated it would be used for emergency situations. Random comments made by staff entering and exiting the elevator revealed that the elevator was slow, they were exhausted having to use the steps between floors, thus they had to group up on the elevator.</p> <p>On 8/13/20 at 6:20 p.m., an interview was conducted with the Administrator and the Director of Nursing (DON). The DON stated according to the facility's infection control policy that surgical face masks were to be worn by all staff on all units and disposed of at the end of their shift, no personal face masks. She stated the only exception would be while caring for COVID-positive resident, new admissions and Persons Under Investigation (PUI), where an N-95 face mask was required.</p> <p>During the above interview, they both stated they</p>	F 880			



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F 880	<p>Continued From page 7</p> <p>expected the rehabilitation staff to wear full Personal Protective Equipment (PPE) to include eye protection, gowns, gloves and an N-95 face mask when evaluating, assessing and or providing therapy to newly admitted residents, as well as COVID-positive residents. The Administrator said, "I knew there was some kind of problem during your observation of Resident #5 because the rehab staff inserviced them shortly thereafter." The Administrator was not aware that the staff were not adhering to 6-ft physical distancing on the elevators.</p> <p>RN #1 joined the above interview to review the aforementioned infection control issues that were observed on Unit 4. The DON reviewed the infection control procedures for disaffecting multiple use resident equipment to include the glucometer machine and pulse oximeter device. It was also stated to the RN that he should not use own personal pulse oximeter machine for any resident in the facility. RN #1 stated he did not know he should not use his own pulse oximeter device. The DON instructed the RN on how he should have disinfected both the pulse oximeter and glucometer machine. The RN admitted he failed to wash his hands or use ABHR between residents. RN #1's inservice records were reviewed and verified he had received training in all of the above infection control areas.</p> <p>The facility's policy and procedures titled Standard Precautions dated 10/2018 indicated hand hygiene referred to handwashing with soap or the use of ABHR which does not require access to water. Hand hygiene to be performed with ABHR or soap and water before and after contact with the resident, before performing an aseptic task, after contact with items in the</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>resident's rooms, and after removing PPE. Hands are washed with soap and water whenever in direct or indirect contact with blood or body fluids and after removing gloves. Gloves are removed promptly after use, and before touching non-contaminated items and environmental surfaces. Mask are worn to protect nose and mouth. Eye protection or face shield are worn to protect mucous membranes of eyes. Reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed.</p> <p>The policy and procedures titled Glucometer Cleaning and Disinfecting dated 11/4/19 indicated thoroughly Clean outside surfaces of meter using a lint free cloth dampened with soapy water or IPA Disinfecting-1:10 dilution of water and bleach (or bleach wipe), dampen a paper towel and thoroughly wipe down the meter or use Super Sani-Cloth &amp; Sani-Cloth HB Germicidal disposable wipes.</p> <p>The policy and procedures titled Categories of Transmission-based precautions dated 10/18 indicated for droplet precautions face mask, gloves, gown and eye protection should be worn for risk of spraying respiratory secretions.</p> <p>The policy and procedures titled Novel Coronavirus (COVID-19) revised 5/28/20 indicated all stakeholders will wear a new surgical facemask at the beginning of their shift, while they are in the facility, to be used for one day and discarded at the end of their shift. The policy indicated that anything a resident goes out of the facility for an appointment, hemodialysis, ER visit or hospitalization, etc., the resident will be placed</p>	F 880			



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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF NORFOLK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1005 HAMPTON BLVD NORFOLK, VA 23507</b>		
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F 880	<p>Continued From page 9</p> <p>on isolation for 14 days upon return to the facility on a dedicated unit/wing, cared for by staff wearing full PPE. If the resident goes back out to the ER, doctor appointment, hemodialysis, etc., their 14 days will start over. While caring for a resident COVID-19 positive, anyone entering the room must wear full PPE, have a gown, gloves, facemask (N-95 respirator) and eye protection (i.e., mask with shield, goggles, etc.)</p> <p>COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Since people can spread the virus before they know they are sick, it is important to stay at least 6 feet away from others when possible, even if you or they do not have any symptoms. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19 (<a href="https://www.cdc.gov/coronavirus/2019-ncov/prev-ent-getting-sick/social-distancing.html">https://www.cdc.gov/coronavirus/2019-ncov/prev-ent-getting-sick/social-distancing.html</a>).</p>	F 880			