

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

PRINTED: 01/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OR SUPPLIER NORFOLK HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 901 EAST PRINCESS ANNE ROAD NORFOLK, VA 23504	
(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 Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 4/6/20 through 4/7/20 and onsite on 6/11/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted offsite from 4/6/20 through 4/7/20 and onsite on 6/11/20. The facility was not in compliance with F-880 of 42 CFR Part 483, Federal Long Term Care requirements.	F 000		
F 880 SS=D	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:	F 880		6/29/20

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

TITLE

(X6) DATE

Electronically Signed

06/17/2020

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>§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;</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</p>	F 880			

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F 880	<p>Continued From page 2 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 observation, staff interview, facility document review, and clinical record review, it was determined that facility staff failed to follow infection control practices and don the appropriate PPE (personal protective equipment) for one of one residents in the survey sample, Resident #1.</p> <p>The findings included;</p> <p>Resident #1 was admitted to the facility on 7/25/19 and readmitted on 5/29/2020 with diagnoses that included but were not limited to gastrointestinal hemorrhage (5/29/20). Resident #1's most recent MDS (minimum data set) assessment was an annual assessment with an ARD (assessment reference date) of 5/2/19. Resident #1 was coded as being cognitively intact in the ability to make daily decisions scoring 13 out of 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Resident #1's clinical record revealed an order for droplet precautions dated 6/9/20. The following was documented on his June 2020 POS (Physician Order Summary). "Place Resident on</p>	F 880	<p>F880</p> <ol style="list-style-type: none"> 1. Resident #1's enhanced precautions were discontinued and he remains free of infection. 2. Staff are utilizing appropriate PPE for residents with orders for transmission based precautions. 3. Nursing staff will be reeducated on use of appropriate PPE for transmission based precautions. 4. Use of appropriate PPE will be monitored on a random weekly basis to ensure that staff are utilizing appropriate PPE. 5. Results of the monitoring will be presented to the Quality Assurance Committee for review and recommendation. 6. Completion date: June 29, 2020 		

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F 880	<p>Continued From page 3</p> <p>enhanced droplet precautions until 6/22/20 every shift."</p> <p>A nursing note dated 6/10/20 documented the following: "Resident noted to have increased non-complaint behaviors with wandering floors and off facility property. Resistant to redirection by nursing staff. Placed on droplet precautions since readmission to facility. Resident to be tested for COVID-19."</p> <p>Further review of Resident #1's June POS revealed an order dated 6/11/20 that documented the following: "Test resident for COVID 19 one time only r/o (rule out) COVID for 1 day."</p> <p>On 6/11/20 at 8:31 a.m., CNA (certified nursing assistant) #1, was observed entering Resident #1's room with only a surgical mask on. She did not don gloves or a gown prior to entering his room. CNA #1 grabbed Resident #1 breakfast tray, placed it down on the red bins for used isolation gear, and sanitized her hands. CNA #1 then picked the tray back up and exited Resident #1's room. Resident #1 had "droplet precautions" signs on the doorway.</p> <p>On 6/11/20 at 10:40 a.m., an interview was conducted with RN (Registered Nurse) #1, the nursing staff development coordinator. When asked why Resident #1 was on droplet precautions, RN #1 stated that the resident had been sent out to the hospital and had been on precautions since he his readmission into the facility. RN #1 stated that they re-instated the droplet precautions order because the resident had been going out into the community against medical advice and they wanted to make sure staff and other residents were protected. When</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>asked if he was being treated like a resident on quarantine, RN #1 stated that he was. RN #1 stated that staff should be adhering to the droplet precaution orders by wearing the appropriate PPE prior to entering his room. RN #1 stated that she had already re-educated CNA #1 on PPE use.</p> <p>On 6/11/20 at 10:41 a.m., an interview was conducted with CNA #1. When asked what PPE she would put on prior to entering a residents room on enhanced droplet precautions, CNA #1 stated that she would wear a gown, gloves and mask. When asked the purpose of donning PPE, CNA #1 stated to prevent the spread of infections to other residents. When asked if Resident #1 was on droplet precautions, CNA #1 stated that he was. CNA #1 stated that she made a mistake."</p> <p>On 6/11/20 at 2:30 p.m., an interview was conducted with ASM (administrative staff member) #2, the DON (Director of Nursing). ASM #2 stated that Resident #1 had a negative COVID result in the hospital prior to readmission into the facility. The DON confirmed that Resident #1 was non-complaint since readmission with the 14 day quarantine and would go out into the community. ASM #2 stated that Resident #1 was being monitored and had no signs of symptoms of an infection.</p> <p>Facility policy titled, "Transmission based precautions" documents the following: "Droplet Precautions: In addition to standard precautions, use droplet precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets...standard precautions...b. gloves. Wear gloves when touching blood, body fluids, secretions, and contaminated items. d.</p>	F 880			

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F 880	Continued From page 5 Barrier Gown. Wear a barrier gown to protect skin and prevent soiling of clothing during procedures and patient care activities..7. Gowns and protective apparel: Gowns are wore to prevent contamination of clothing and protect skin of staff of blood and other bodily fluid exposures."	F 880		