

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

PRINTED: 01/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/31/2020
NAME OF PROVIDER OR SUPPLIER PRINCESS ANNE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456	
(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 onsite from 12/30/20 and continued with offsite review on 12/31/20. 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 onsite 12/30/20 and continued with offsite review through 12/31/20. The facility was not in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. No complaints investigated during the survey.	F 000		
F 885 SS=D	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—	F 885		1/12/21

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

TITLE

(X6) DATE

Electronically Signed

01/08/2021

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 885	<p>Continued From page 1</p> <p>(i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This REQUIREMENT is not met as evidenced by: Based on resident interviews, staff interviews, and clinical record review, the facility staff failed to inform two residents (Resident #1 and #2), of three residents in the survey sample, of their COVID-19 laboratory results for all COVID-19 test performed.</p> <p>The findings included:</p> <p>1. Resident #1 was originally admitted to the facility 7/07/15 and readmitted 9/05/20 after an acute care hospital stay. The current diagnoses included Chronic Obstructive Pulmonary Disease and Essential Hypertension.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 8/12/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #1's cognitive abilities for daily decision making were intact.</p>	F 885	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F885</p> <p>1. Resident #1 has been notified of his Covid -19 laboratory results with notification documented in the medical record. Resident #2's RP has been notified of her Covid-19 test results with</p>		

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F 885	<p>Continued From page 2</p> <p>An interview was conducted with Resident #1 on 12/30/20 at 12:25 p.m., during the initial tour. Resident #1 stated that he took his COVID test on yesterday but "They don't tell you the results."</p> <p>On 12/31/20 at 5:46 p.m., a phone call was made to Resident #1's appointed guardian concerning his test results. A voice message was left.</p> <p>On 12/31/20 at 6:00 p.m. a return phone call was received from Resident #1's appointed guardian concerning his COVID-19 test results. She stated, "I haven't received a call from the facility within the last month."</p> <p>A review of the resident's clinical record revealed COVID-19 test results were documented in the resident's progress notes and read: Left voice message for guardian and patient notified of positive employee referred to website for update. No further questions at this time.</p> <p>2. Resident #2 was admitted to the facility 1/15/16 and re-admitted on 8/02/19. The current diagnoses included Hypertension and Dementia.</p> <p>The quarterly Revision Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 11/01/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #2's cognitive abilities for daily decision making were moderately impaired.</p> <p>An interview was conducted with Resident #2 on 12/30/20 at approximately 12:15 p.m. during the initial tour. Resident #2 was asked if she was being tested for COVID-19 and getting her results. She stated, "I don't know."</p>	F 885	<p>notification documented in her medical record.</p> <p>2. Residents were reviewed to ensure that documentation of notification of Covid-19 results are present in the medical record.</p> <p>3. Nursing staff were educated on notifying the resident/responsible party of Covid-19 testing and results and documenting the testing, results, and notification in the resident's medical record.</p> <p>4. A nurse will monitor the notification and documentation on a weekly basis.</p> <p>5. Results of the monitoring will be presented to the Quality Assurance Committee for review and recommendation.</p> <p>6. Completion date: January 12, 2021</p>		

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F 885	Continued From page 3 A Review of the resident's most recent progress notes dated 12/05/20 revealed the following: Spoke to Resident's daughter and patient notified of positive employee, referred to website for updates no further questions at this time. On 12/31/20 at 5:50 p.m. a phone call was made to Resident #2's daughter concerning receiving phone calls from the facility about COVID-19 results. She stated, "No, I haven't been called." "I suppose they would call if she was positive. I'm not confident that she's getting tested. She wouldn't remember if they told her. I can access their website. They don't update every day." The facility COVID Time Line showed three COVID positive residents. Point of Care Rapid Testing Dates 12/09/20, 12/11/20 and 12/15/20. PCR (Confirmation) test results for COVID-19 positive residents 12/14/20, 12/17/20 and 12/25/20. On 12/31/20 at 6:33 p.m., an interview was conducted with the Infection Control Nurse concerning the above issues. She stated, "The nursing staff, unit managers and the Director of Nursing are responsible for notifying the residents of their results. If the results are negative, I inform my residents. I don't document it." On 12/31/20 at 6:40 p.m., the above findings were discussed with the Director of Nursing. The Director of Nursing stated, "The problem is lack of documentation. They are good about telling the residents. The unit Manager tells the residents. They need to continue to document in the chart. I will have an audit."	F 885			