

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

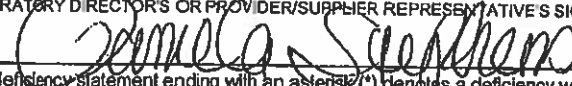
PRINTED: 01/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>495340 | (X2) MULTIPLE CONSTRUCTION<br>A. ELING<br><br>B. WING | (X3) DATE SURVEY COMPLETED<br><br>12/21/2020 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>NEWPORT NEWS NURSING & REHAB | STREET ADDRESS, CITY, STATE, ZIP<br>CODE 12997 NETTLES DRIVE<br>NEWPORT NEWS, VA 23602 |
|--|--|

| (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) | (X6) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
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| E 000         | Initial Comments<br><br>An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite 12/17/20 and continued with offsite review on 12/18/20 and 12/21/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.   | E 000 | F880<br>1. CNA #1 was educated immediately on 12/17/2020 by the Infection Preventions in regard to ensuring the appropriate use of personal equipment (PPE) and handling of linens<br>3. No residents were affected.   |  |
| F 000         | INITIAL COMMENTS<br><br>An unannounced COVID-19 Focused Survey was conducted onsite 12/17/20 and continued with offsite review on 12/18/20 and 12/21/20. 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. There were no complaints investigated during the survey.<br><br>The census in this 102 certified bed facility was 70 at the time of survey. Thirty-five residents tested positive for COVID-19; 24 recovered, 2 were hospitalized and 4 remained under quarantine. Twenty-six facility staff had tested positive for COVID-19; 18 recovered and 8 remained quarantined. | F 000 | 4. All staff will be educated by the Director of Nursing or Designee on ensuring the appropriate use of personal protective equipment (PPE) and handling of linens staff education completed by 12/22/2020.<br><br>5. The Director of Nursing or Designee will conduct random observations of staff to ensure the appropriate use of personal protective equipment (PPE) and handling of linens. Audits to be completed weekly for 8 weeks to ensure compliance with Infection Control guidelines and training. Findings will be reviewed by the Quality Assurance Performance Improvement Committee monthly and plan will be revised as necessary.<br><br>6. 12/28/2020 |  |
| F 880<br>SS=E | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.   | F 880 |  |  |

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|---|-------------------|-----------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br>Nurse RN | (X6) DATE<br>01/05/21 |
|---|-------------------|-----------------------|

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) Infection prevention and control program.<br/>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</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</p> | F 880  |   |  |

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| F 880  | <p>Continued From page 2</p> <p>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.</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.<br/>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>Based on observations, staff interviews and facility documentation review, the facility staff failed to ensure standard and transmission based precautions were in place to prevent the possible transmission of COVID-19 infection on the facility's quarantine unit and failed to handle linen in a manner to prevent the spread of infection.</p> <p>The findings included:</p> <p>On 12/17/20 at 1:00 p.m., during observations on the quarantine unit, disposable blue gowns were observed hanging on a hook outside the doors of 6 residents. Certified Nursing Assistant (CNA) #1 was observed going in and out of these 6 rooms providing direct care to the residents. Upon exiting these rooms, she removed her disposable gowns in the hallway and hung the gowns on the outside hook on each of the resident doors. CNA #1 obtained gowns from a package on the hall</p> | F 880  |   |                      |  |

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| F 880  | <p>Continued From page 3</p> <p>railing to take into the other resident's rooms that did not have hooks on the outside of their doors. CNA#1 was observed transporting un-bagged linen from resident rooms that was located across the nursing station to an opposite corridor, to the dirty utility room. On 12/17/20 at around 1:45 p.m., the CNA was observed picking up the lunch trays and placing them in the covered dietary delivery cart. Eight white disposable foam containers from the lunch meal were removed from the resident's room and placed on top of a treatment cart. The CNA did not wear an isolation gown when she removed each resident's lunch tray.</p> <p>On 12/17/20 at approximately 2:00 p.m., an interview was conducted with CNA #1. She stated no one told her about a hook in the resident's room where the gowns go that she would use for her shift. She also stated there was no room in the trash cans in some of the resident's room to dispose of the foam lunch containers so she stacked them on the treatment cart in the hallway until she obtained some extra plastic bags then take them to the dirty utility room. She stated she did not have plastic bags for the soiled linen so she directly walked the un-bagged soiled linen each time to the dirty utility room. She stated, "I usually have a partner in the room to hand the tray to when they are delivered that has on her isolation gown, but my partner was on a break when I had to pick them up so I just went in and picked them up. I should have waited to repeat the same process when I picked them up. I just wanted to get everything done getting closer to the end of my shift."</p> <p>On 12/17/20 at 2:15 p.m., the Unit Manager (UM) Registered Nurse (RN) on the quarantine unit</p> | F 880  |   |  |

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| F 880  | <p>Continued From page 4</p> <p>was escorted to the hallway where the disposable gowns were hanging on the outside of the resident's door. The UM RN stated there were hooks just inside as you reach into the resident's rooms where the disposable gowns were to be placed and disposed of in the trash cans in each resident's rooms, after that staff person's assigned shift. The UM RN said some of the rooms had hooks on the outside used by the activity staff to hang decorations, but not designed to hang used isolation gowns. She said, any used items to include linen and disposable foam containers should be transported bagged from a resident's room to the dirty utility room. CNA#1 joined the interview and stated she was never told about the hooks in the resident's room, but should have obtained bags to take to the resident's rooms and not walked un-bagged soiled linen and trash to the dirty utility room. The UM RN stated the CNA should have waited on her partner to help remove the lunch trays out of the resident's rooms because full Personal Protective Equipment (PPE) has to be worn in each resident's room. The Director of Nursing (DON) joined the above interview and reiterated gowns were housed in each room during the assigned staff's shift and disposed of in the resident's room. She stated no items are to leave any resident's rooms un-bagged, especially on the quarantine unit.</p> <p>On 12/17/20 at 2:55 p.m., an Interview was conducted with the Assistant Director of Nursing (ADON)/Infection Control Preventionist. She stated gowns are placed on hooks on the inside wall to be used for each staff during their shift and disposed of in the plastic bags in the resident's room. She repeated the same aforementioned procedure voiced by the UM RN to dispose of</p> | F 880  |   |                      |  |

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| F 880  | <p>Continued From page 5</p> <p>soiled linen and trash, as well as the same protocol to deliver and pick up meal trays.</p> <p>The facility's COVID-19 Pandemic Plan dated as revised on 12/10/20 indicated the quarantine unit was an area designated for new admissions, re-admissions and or resident's under investigation (possible exposure or signs and symptoms awaiting test results). The PPE used in these rooms at all times included N95 respirator, eye protection or face shield, gown and gloves.</p> <p>Never carry soiled linen against the body. Always place it in the designated container. Place soiled linen into a clearly labeled, leak-proof container (e.g., bag, bucket) in the patient care area. Do not transport soiled linen by hand outside the specific patient care area from where it was removed (<a href="https://www.cdc.gov/hai/prevent/resource-limited/laundry">https://www.cdc.gov/hai/prevent/resource-limited/laundry</a>).</p> | F 880  |   |                      |  |