STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495368	A. BUILDING _____ B. WING _____	C 12/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEWPORT	11141 WARWICK BLVD NEWPORT NEWS, VA 23601

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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 12/2/20 and continued with offsite review 12/3/20 through 12/4/20 and 12/7/20. 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 onsite on 12/2/20 and continued with offsite review 12/3/20 through 12/4/20 and 12/7/20. One complaint was investigated during the course of survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 60 bed facility was 25 at the time of survey. On the most recent resident COVID-19 testing dated 11/30/20, a total of 27 residents were tested resulting in 10 confirmed case of COVID-19. On the most recent staff COVID-19 testing dated 12/1/20, a total of 40 staff members were tested resulting in one confirmed case of COVID-19. There were 11 total staff members who were positive for COVID and under quarantine at home. At the time of survey there were no resident recoveries and 2 staff recoveries from COVID-19.	F 000		
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for	F 582		1/16/21

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

Electronically Signed | 12/24/2020

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F 582	Continued From page 1 Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.	F 582		

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F 582	Continued From page 2 (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on family interview, staff interview, facility document review and in the course of the complaint investigation, it was determined that facility staff failed to ensure one of six sampled residents was informed of a Medicare benefit change that was due to incur on 3/11/20 (Resident #6). The findings included; Resident #6 was admitted to the facility on 12/24/19 with diagnoses with included but were not limited to peripheral vascular disease, chronic kidney disease stage three, acute embolism and DVT of the left lower extremity. Resident #6's most recent MDS (Minimum Data Set) assessment was a discharge assessment with an ARD (Assessment Reference Date) of 3/17/20. Resident #6 was coded as being intact in cognitive function scoring 15 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam. Review of Resident #6's Medicare Billings and Benefit information revealed that Resident #6 had exhausted his Medicare days on 3/11/20 but continued therapy under private pay from 3/12/20 through 3/16/20.	F 582	This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with participation requirements. 1. Resident #6 has been discharged from the facility, so no corrective action can be completed at this time. 2. The Administrator/designee will review the last 30 days of Medicare benefit changes to ensure proper notification and documentation is in the medical record. Any variances identified will be corrected for current residents. 3. The resident benefit status process has been redesigned to include additional benefit checks to be performed by the facility biller during the skilled stay to reverify benefits and ensure changes are identified. The Status Minutes have been modified to indicate the date resident has a change in Medicare benefit status. The	

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F 582	Continued From page 3 On 12/4/20 at 2:46 p.m., an interview was conducted with Resident #6's daughter. The daughter had expressed concern that the facility staff had never made her or her father aware of his Medicare benefit change on 3/11/20. Resident #6's daughter stated that she was not aware that her father would be responsible for the five extra days he was at the facility 3/12/20 through 3/16/20. Resident #6's daughter stated that her father now had a bill for over 1300 dollars. Further review of Resident #6's "Medicare Billings and Benefit Information" revealed Resident #6 was being charged 1362.00 for the five extra days under private pay. Review of Resident #6"s clinical record failed to evidence any discussion with the resident or family regarding his Medicare benefit change. On 12/4/20 at 2:18 p.m., an interview was conducted with OSM (Other Staff Member) #5. OSM #5 stated that when Resident #6 was admitted to the facility on 12/24/19, she worked his benefits and it showed that he had 80 coinsurance days and 7 days of full reimbursement. OSM #5 then stated that she reworked Resident #6's benefits after she realized that he had used some days at a previous nursing facility. OSM #5 stated that Resident #6 actually had 75 days. OSM #5 stated that Resident #6's last covered day was 3/11/20. OSM #5 stated that Resident #6 was private pay from 3/12/20 through 3/16/20. OSM #5 stated that she did not usually notify the resident or RP (responsible party) regarding changes in benefits. OSM #5 stated that she will notify MDS of any changes but wasn't sure what happens from there.	F 582	social worker/designee responsible for benefit change notification has been inserviced regarding prompt notification and documentation of the benefit change in the medical record. 4. The Administrator/designee will review all residents with payer changes weekly for eight weeks to ensure the required notification and documentation is in the medical record. The Administrator/designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee.	

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F 582	Continued From page 4	F 582		

On 12/4/20 at 3:48 p.m., ASM (Administrative Staff Member) #1, the facility Administrator sent an email that documented the following: "We do not have anything in the medical record indicating the discussion that occurred between our social worker and the family and/or resident regarding benefits exhausting."

On 12/4/20 at approximately 10:41 p.m., ASM #1 presented this writer via email a "Committee Minutes" form dated 3/10/20 with Resident #6's name on it as well as other resident names. The following was handwritten in the comments section next to Resident #6: "Call (name of Resident #6's daughter's)." A check mark was placed next to this handwritten statement.

On 12/7/20 at approximately 8:00 a.m., an email was sent to ASM #1 regarding the "Committee Minutes" document she had sent. ASM #1 stated that the form, "Was just an internal note where she (the social worker) checked off that she had called (Resident #6's daughter) to discuss the date of benefits exhausting."

There was no evidence on the "Committee Minutes Form" that the social worker went over benefits exhausting with Resident #6 or his daughter.

On 12/7/20 at 9:33 a.m., an interview was conducted with OSM (Other Staff Member) #3, the facility Social Worker. OSM #3 stated that she will usually notify the resident or representative when medicare benefits are exhausted and when payer status will change. When asked if she usually documents that the resident or RP was notified, OSM #3 stated that she will usually

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F 582	Continued From page 5 document this information in the resident's clinical record. When asked if she documented this for Resident #6, OSM #3 stated that she did not document and that she wasn't sure of she went over this information with the family. OSM #3 stated that the facility did not realize that Resident #6's benefits were exhausted until after they were already exhausted and she was under the impression the facility was responsible for paying for the extra days the Resident was in the facility. When asked about the "Committee Minutes" form dated 3/10/20; OSM #3 stated that she believed that list was used to notify family members regarding COVID status during the start of the pandemic. On 12/7/20 at 10:00 a.m. ASM #1, the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. A facility policy was not presented. This is a complaint deficiency.	F 582		
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and in the course of a complaint investigation; it was determined that facility staff failed to maintain an effective pest control program in January through February of 2020 potentially affecting multiple areas in and around the building.	F 925	This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with participation	1/16/21

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F 925	Continued From page 6 The findings included; On 4/28/20 a complaint was received at the Office of Licensure and Certification that there were "cockroaches crawling around" during a resident's stay at the facility from 12/24/19 through 3/17/20. On 12/2/20 at 11:45 a.m. to 2:45 p.m. observations were conducted of the facility. There were no concerns related to the above complaint. On 12/2/20 at 12:20 p.m., an entrance conference was conducted with ASM (Administrative Staff Member) #2, the DON (Director of Nursing) and ASM #3, the Corporate Nurse. ASM #2 stated that there have been roach sightings in the facility and that they will call pest control as soon as the roaches are spotted. When asked if the roaches were ever a problem in the facility, ASM #3 stated that roaches were a "Newport News sanitation problem." ASM #2 stated that it was never an infestation, they would just see roaches on occasion in the building. On 12/2/20 at 1:25 p.m., an interview was conducted with OSM #10, the speech therapist. OSM #10 stated that on occasion she has seen roaches on the nursing unit. OSM #10 stated that it was not a frequent problem. OSM #10 stated that she would tell the nurse on duty if a roach is seen. On 12/2/20 at 1:36 p.m., an interview was conducted with CNA (certified nursing assistant) #1. CNA #1 stated that on occasion she has seen roaches. CNA #1 stated that she reports her sightings to the nurse on duty and the nurse will tell housekeeping and the facility will take care of	F 925	requirements. 1. The facility is currently maintaining an effective pest control program. 2. The Administrator/designee will interview three residents and three staff members weekly to ensure they have not observed any pests in the facility. Any variance identified will be addressed promptly. 3. The facility will re-implement a pest control log that will be available to all staff. Administrator/designee will re-educate staff on prompt identification, documentation in the log and follow-up to ensure an effective pest control program. 4. The Administrator/designee will review pest control logs three times weekly for eight weeks to ensure each identified concern has the proper follow-up to ensure the facility is maintaining an effective pest control program. The Administrator/designee will identify any patterns or trends and report to the Quality Assurance Performance Improvement Committee.	

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F 925	Continued From page 7	F 925		

it. CNA #1 stated that she had not seen roaches in weeks.

On 12/2/20 at approximately 2:30 p.m., an interview was conducted with ASM #2. ASM #2 was asked to present all monthly pest control visits for January through March 2020 as well as any additional visits made by the pest control company due to pest sightings.

On 12/3/20 at 3:47 p.m., ASM #1, the facility Administrator could not present any additional visits made by the pest control company due to pest sightings. ASM #1 presented additional monthly visits from April 2020 through November 2020.

On 12/4/20 at 10:17 a.m., an interview was conducted with ASM #1. When asked the process if a staff member or resident reports a pest sighting, ASM #1 stated that staff will alert either the grievance person or herself; and currently she was both the Administrator and grievance person. ASM #1 stated that she will also survey the area that the pest was sighted and then call pest control for them to come out to the facility. When asked the process if a staff member has a pest sighting and she is not in the building; for example an 11 PM-7 AM staff member; ASM #1 stated that staff will log their sightings on a communication form and leave it for her. ASM #1 was asked to present any communication forms from January to March 2020.

On 12/4/20 at 1:08 p.m., an interview was conducted with LPN (Licensed Practical Nurse) #1. When asked the process if she were to see a pest such as roaches in the building; LPN #1 stated that she would write down her sighting in

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F 925	Continued From page 8	F 925		

the maintenance book and also verbally alert the facility Administrator. When asked if the facility has ever had an issues with roaches; LPN #1 stated she has seen roaches in the building but that she hadn't seen them in awhile. LPN #1 stated that pest control has come out to the facility on an as needed basis separate from their monthly routine visits.

On 12/4/20 at 4:06 p.m., an interview was conducted with OSM #8, the secretary from the pest control company. OSM #8 stated that between the months January 2020 through March 2020; the company had made two additional visits on January 14, 2020 and February 25th, 2020 for an increase in roach sightings. OSM #8 was asked to present these invoices.

Review of the invoice from the pest control company dated 1/14/20 documented in part, the following: "Service Description: Pest Complaint...Areas Applied: Kitchen; Target Pests: American Roaches, German Roaches...Exterior perimeter: general pests."

Review of the invoice from the pest control company dated 2/25/20 documented in part, the following: "Service Description: Pest Complaint...Areas: Bathrooms, Bedrooms, Corners, storage areas...Target Pests: American Roaches, German Roaches."

On 12/7/20 at 10:00 a.m., ASM #1, the Administrator and ASM #2, the DON were made aware of the above concerns. ASM #1 could not provide the facility communication forms regarding pest sightings.

The facility's policy titled, "Pest Control"

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F 925	Continued From page 9 documented in part, the following: "Conduct Pest Control by an outside vendor on a routine basis to maintain the facility in a safe and sanitary condition...Procedures: Perform pest control on a consistent basis to ensure that the building is maintained in a pest free condition." No further information was presented prior to exit. This is a complaint deficiency.	F 925		