STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495286	A. BUILDING ______ B. WING ______	C 01/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES RIVER CONVALESCENT CENTER	540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601

(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 01/20/21 through 01/22/21. 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 Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted 01/20/21 through 01/22/21. One complaint was investigated: VA00049824 was substantiated without deficiencies. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements, 42 CFR Part 483.80 infection control regulations, the CMS and Centers for Disease Control (CDC) recommended practices for COVID -19. The census in this 154 certified bed facility was 117 at the time of survey. The survey sample consisted of nine resident reviews: Current residents #1 through #8 and one closed resident review, Resident #9. Seventy-five (75) residents had tested positive for COVID-19 and thirty-seven recovered. There were 23 current COVID-19 cases at the time of the survey.	F 000		
F 885 SS=C	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	F 885		2/10/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 02/10/2021

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	Continued From page 1 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— (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 staff interviews, resident interviews, and review of facility documentation, the facility staff failed to consistently inform residents, their representatives and or families of those residing in the facility, of cumulative COVID-19 positive cases at least weekly. The findings included: On 1/20/21 at approximately 4:00 p.m., the Administrator stated that Robo calls are made to the residents and their families regarding identified cases of COVID-19 by 5 pm the following day and that weekly letters to the families and residents also identified the number of COVID -19 cases. The most recent two family letters dated January 8, 2021 and January 15, 2021 did not give cumulative totals for the facility,	F 885	1. Resident #7, #6, #1 and #8□s Resident Representative received notification on 1/29/2021 of the cumulative COVID-19 cases in the facility. 2. Current residents, their representatives and families received notification on 1/29/2021 via letter of the cumulative COVID-19 cases in the facility. 3. The cumulative data was posted on the facilities website (www.vahs.com) on 1/29/2021 and will continue to be updated weekly. The cumulative data was also added to the weekly COVID-19 communication letter to residents, their	

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F 885	Continued From page 2 but indicated "There were additional new COVID positive cases at (listed four separate facilities in the corporation). We are experiencing fewer cases, however with the community spread, we are seeing COVID cases in multiple facilities. Many of the employees and resident were COVID positive continue to recover." On 1/22/21 at 1:40 p.m., an interview with the Administrator, Assistant Administrator and the Chief Executive Officer (CEO) and Director of Nursing (DON). The CEO stated, "Our weekly letters do not have cumulative totals of COVID -19 cases per facility. We specifically use the ROBO calls to inform residents and families by 5 the following day of any number of COVID-19 cases involving residents and staff. Our corporate personnel is responsible and are very strict with these notifications." On 1/20/21 at approximately 2:50 p.m., Resident #7 was asked if she was regularly made aware of the staff and resident COVID-19 cases in the facility. The resident responded that although she was not told about any cases, she thought the facility was clear. Resident #7, was admitted on 11/24/20. The Admission Minimum Data Set (MDS) assessment dated 12/1/20 coded the resident with a score of 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident had intact cognitive skills for daily decision making. On 1/20/21 at approximately 3:00 p.m., Resident #6 was asked if she was regularly made aware of the staff and resident COVID-19 cases in the facility. Resident #6 stated she had COVID-19 and knew she was on a unit with other residents with COVID-19. She said she was never told that	F 885	representatives and families begininng 1/29/2021. This information will remain on the weekly update letters. The facility will now document in the clinical record that the resident recieved the weekly COVID 19 communication. 4. Administration will survey 5 residents and/or responsible parties weekly for 6 weeks to ensure they are informed of the cumulative COVID-19 positive cases at least weekly. Any variance identified will be addressed and resident will be informed at that time. The Administrator/designee will review the audit results for any patterns or trends and report any findings to the Quality Assurance Performance Improvement.	

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F 885	Continued From page 3	F 885		

any of the staff had COVID-19. Resident #6, admitted on 12/5/05. The Quarterly MDS assessment coded the resident with a score of 14 out of a possible score of 15 on the BIMS, which indicated the resident had intact cognitive skills for daily decision making.

The facility's policy for notification dated 12/2/20 was reviewed during this interview. The policy indicated that nursing homes must inform residents and their representatives by 5:00 p.m. the next calendar day of the occurrence of three or more residents or staff with new onset of respiratory symptoms that occur within 72 hours of each other. This portion of the policy did not address informing residents, representatives and families of those residing in the facility by 5 p.m. the next calendar day of "the occurrence of either a single confirmed infection of COVID-19..." Another portion of the facility's notification policy discussed did not address "cumulative" updates for residents, their representatives, and families at least weekly.

A phone interview was conducted with Resident #1 on 01/22/21 at approximately 2:10 p.m. When asked if the facility provided her weekly updates on how many residents or staff members had tested positive for COVID-19 she replied, "I can't say I'm not getting updates on a regular basis, my memory is not as good as it used to be." Resident #1 stated, "...but I don't remember them telling how many other residents or staff have the virus; I would remember that; my memory is not that bad."

A phone interview was conducted with Resident #8's Resident Representative (RR) on 1/22/21 at approximately 2:25 p.m. She stated she was

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F 885	Continued From page 4 getting some notices, but not sure the number of staff and resident COVID cases in the building. Resident #8, admitted on 2/26/20. The most recent MDS assessment was a quarterly dated 11/4/20 and coded the resident with a 00 out of a possible score of 15 on the BIMS, which indicated the resident was severely impaired in the necessary skills for daily decision making. On 1/22/21 at 5:46 p.m., a final debriefing was conducted with the Administrator, Assistant Administrator and Director of Nursing. No further information was presented prior to exit.	F 885		