

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

PRINTED: 02/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF BON AIR	STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 7/29/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p>	F 000		
F 880 SS=D	<p>An unannounced COVID-19 Focused Survey was conducted onsite on 07/29/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).</p> <p>On 07/29/2020, the census in this 124 certified bed facility was 108. Of the 108 current residents, none of the residents had currently tested positive for the COVID-19 virus, there were ten residents with pending test results. The survey sample consisted of seven current residents. (Resident #1, #2, #3, #4, #5, #6 and #7).</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§483.80(a)(1) A system for preventing, identifying,</p>	F 880		8/19/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/14/2020
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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 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> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>	F 880		
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F 880	<p>Continued From page 2 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, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infection control practices for one of seven residents, Resident # 1. The facility staff failed to use the appropriate PPE [personal protective equipment] when entering Resident # 1's room who was under droplet precautions.</p> <p>The findings include: Resident #1 was admitted to the facility on 3/29/2019 with diagnoses that included but were not limited to: Parkinson's Disease (a slowly progressive neurological disorder characterized by resting tremor, shuffling gait, stooped posture, rolling motions of the fingers, drooling and muscle weakness, sometimes with emotional instability) (1), diabetes, peripheral vascular disease (any abnormal condition, including atherosclerosis, affecting blood vessels outside the heart) (2) and high blood pressure.</p> <p>The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 5/5/2020, failed to code the section for cognition. The</p>	F 880	<p>1. a) One on one education with staff member regarding use of appropriate PPE for residents on isolation was completed. Resident #1 no longer requires isolation. Staff are using appropriate PPE when entering rooms of residents on isolation. b) Resident #1 isolation order was clarified, isolation was discontinued on 7/30/2020. c) Resident #1 care plan was updated to reflect isolation precautions through 7/30/2020.</p> <p>2. All residents on isolation precautions are at risk. Orders and care plans for all residents requiring isolation will be audited and updated as needed as well as order entry verified.</p> <p>3. a) ADON or designee will provide education to all staff on donning and doffing appropriate PPE when entering rooms of residents with isolation. b) ADON or designee will provide education to licensed nurses on entering orders for isolation at the time viral testing is ordered and/or virus is suspected. c) ADON or designee will provide</p>		

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F 880	<p>Continued From page 3</p> <p>resident was coded as sometimes understanding and sometimes being understood by others. Resident #1 was coded as requiring extensive assistance of one staff member for all of her activities of daily living. In Section O - Special Treatments, Procedures and Programs, the resident was coded as receiving hospice care.</p> <p>On 07/29/2020 at 10:29 a.m., an observation of Resident # 1 from the hallway, in the presence of ASM [administrative staff member] # 1, administrator and RN [registered nurse] # 1, revealed Resident #1 lying in bed in their room. Observation revealed CNA [certified nursing assistant] # 1 entering Resident #1's room without wearing a gown or gloves. Further observation of CNA # 1 revealed they went to Resident # 1's bed and rearranged the sheet and blanket on the bed and then exited the room put on a gown and gloves from the isolation cart outside of Resident # 1's room and then reentered the room and closed the door. Observation of the outside of Resident # 1's door revealed a red sign that documented, "STOP SEE NURSE FOR INSTRUCTIONS." When asked about the sign on the door ASM # 1 stated, "[Resident # 1] had an increased temperature and is on droplet precautions." When asked what PPE is required when entering Individual # 1's room, RN # 1 stated, "Need mask, gown and gloves and should put the PPE on before entering the room."</p> <p>Review of the physician orders failed to evidence documentation of an order for droplet or any type of isolation.</p> <p>Review of the nurse's notes revealed documented in part, 7/28/2020 at 10:38 a.m.,</p>	F 880	<p>education to licensed nurses on updating care plan to reflect isolation within 24 hours of order entry.</p> <p>4. a)ADON or designee will observe staff entering rooms of all residents on isolation daily x5 days, weekly x2 weeks, monthly x3 months to ensure PPE is worn appropriately. Additional staff education and/or corrective action will be provided as needed.</p> <p>b) ADON or designee will audit new orders for isolation daily x5 days, weekly x2 weeks, monthly x3 months to ensure policy and procedure for order entry is followed. Will review monthly x3 months during QA to ensure compliance. Additional staff education and/or corrective action will be provided as needed.</p> <p>c) ADON or designee will audit care plans for residents with new orders for isolation daily x5 days, weekly x2 weeks, monthly x3 months to ensure policy and procedure for care plan revision is followed. Will review monthly x3 months during QA to ensure compliance. Additional staff education and/or corrective action will be provided as needed.</p>	
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F 880	<p>Continued From page 4</p> <p>"Message left for (Name of Responsible party) requesting permission to covid test due to elevated temp (temperature) of 99. Waiting on response." The nurse's note dated 7/28/2020 at 11:53 a.m., documented in part, (Name of Responsible Party) returned call and gave verbal consent to swab guest for COVID."</p> <p>The comprehensive care plan dated, 4/29/2020, failed to evidence documentation of the resident being on isolation precautions.</p> <p>On 07/29/2020 at approximately 11:03 a.m., an interview was conducted with CNA # 1. When asked if Resident # 1 was on any type of precautions, CNA # 1 stated yes, droplet precautions. When asked what PPE should be worn when entering Resident # 1's room, CNA # 1 stated gloves, gown and mask. CNA #1 was informed of the above observation of entering Resident # 1's room and CNA # 1 was asked if they used the appropriate PPE. CNA # 1 stated no. When asked why it was important to use the proper PPE, CNA # 1 stated, So we don't get contaminated and to make sure everyone is safe and for safety reasons."</p> <p>The facility's policy "CORONAVIRUS (COVID 19) Revised 5/29/2020" documented in part, "Personal Protective Equipment. Use Contact and Droplet Precautions, including; gown, gloves, masks and protective eyewear. Follow the CDC [Center for Disease Control] guidelines on PPE that should be used and what measures to be taken if there is a shortage on PPE supplies. Wear gloves (clean non-sterile gloves are adequate) when entering the room and during all care. Remove gloves before leaving the guest's/resident's room and perform hand</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>hygiene. After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces. Wear a gown when entering the room and during all care. Remove the gown before leaving the guest's/resident's room. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other guest/resident and environments. Wear mask and eye protection when entering the room and at all-time during guest/resident care."</p> <p>On 07/29/2020 at approximately 11:30 a.m., ASM [administrative staff member] # 1, administrator and ASM # 2, assistant director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 437. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 447.</p>	F 880		
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