

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

PRINTED: 02/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/31/2020
NAME OF PROVIDER OR SUPPLIER NEWPORT NEWS NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted from July 28, 2020 through July 31, 2020. 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 7/28/20 and offsite 7/29/20 through 7/31/20. The facility was not in compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey.	F 000			
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in	F 552			

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

TITLE

(X6) DATE

08/14/2020

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 552	<p>Continued From page 1</p> <p>advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility failed to notify 1 out of 87 residents (Resident #3) in the survey of the COVID-19 test results obtained on 6/22/20.</p> <p>The findings included:</p> <p>Resident #3 was originally admitted to the facility on 1/13/20. Diagnoses for Resident #3 included but not limited to Generalized Anxiety Disorder and Major Depressive Disorder.</p> <p>Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date of 07/06/20 coded the Brief Interview for Mental Status (BIMS) score of 14 out of a possible 15 indicating cognitive intact.</p> <p>On 7/28/20 at approximately, 1:50 p.m., Resident #3 was observed sitting in her room. She stated, "I had the COVID test on June 26th, but don't know my results." She was asked who did her test? She stated "A person wearing a white coat."</p> <p>On 7/28/20 at approximately 4:00 p.m. the Director of Nursing (DON) was approached concerning the above lab results. She stated, "I</p>	F 552		

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F 552	Continued From page 2 will check," "The test results took so long to get back," "I think she had her test on 6/22/20." A review of progress notes dated 6/19/20 read: Written consent obtained from resident by this writer for COVID testing. Resident is her own RP (Responsible Party) Procedure explained to the resident. Resident verbalized understanding. A review of medical records dated 7/29/20 read: Resident was notified that COVID test results from 6/22/20 was negative. On 7/29/20 at approximately, 2:00 p.m. a telephone exit conference was conducted with the DON and the Administrator concerning Resident #3. The DON stated, "I informed her of her results but I didn't document it." "Moving forward, I will let Resident #3 know of her results."	F 552			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections	F 880			

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F 880	Continued From page 3 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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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: (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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880			

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F 880	<p>Continued From page 4</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 observations, resident interview, and staff interviews the facility's staff failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of a communicable disease (COVID-19); specifically, dirty bed linens were in an open bag in the hallway, and one resident (Resident #1), of 87 residents was not wearing a facial covering/mask appropriately. And, failed to ensure housekeeping services necessary to maintain a clean and sanitary environment on a COVID-19 unit was performed to ensure appropriate hand hygiene materials were available for use.</p> <p>The findings included:</p> <p>1. On 7/28/20, at approximately 1:57 p.m., an open bag of bed linens were observed on the floor in the hallway outside of room 227. Environmental Services staff #1 was observed going back and forth between room 227 and a cart with cleaning supplies.</p> <p>An interview was conducted with Environmental Services staff #1 on 7/28/20. The Environmental Services staff #1 stated the resident had recently been discharged and he was cleaning the room</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>but upon entering the room a large bag of linen was observed on the floor therefore, he removed the bag, placing it outside the door to completely clean the room.</p> <p>An interview was also conducted with Certified Nursing Assistant (CNA) #1, on 7/28/20, at approximately 2:02 p.m. CNA #1 stated the resident had recently been discharged and the bed was stripped immediately because a great deal of dry, flaky skin from the resident's legs were on the linen. CNA #1 further stated she placed the bag of linen on the floor of the room and had not yet returned to put it in the soiled utility room. CNA #1 stated the linen shouldn't have been put on the floor.</p> <p>On 7/29/20 at approximately 2:20 p.m., the above findings were shared with the Administrator, and Director of Nursing. The Director of Nursing stated it shouldn't have been put on the floor but at least it was in a bag.</p> <p>2. Resident #1 was originally admitted to the facility 2/12/19 and had never been discharged. The current diagnoses included; stroke, asthma diabetes and a seizure disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/18/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 7 out of a possible 15. This indicated Resident #1's cognitive abilities for daily decision making were severely impaired.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring extensive assistance of two people personal hygiene, extensive</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>assistance of one person with dressing, limited assistance of one person with bed mobility, transfers, and toileting, and supervision after set-up with eating.</p> <p>On 7/28/20, at approximately 2:07 p.m., Resident #1 was observed seated in the hallway outside of room (number). The resident's mask was under the chin and Resident #1's mouth and nose was exposed. Two staff members were observed walking the hallway but no one assisted Resident #1 to adjust his mask or ask him to adjust the mask to cover his nose and mouth.</p> <p>An interview was conducted with Resident #1, on 7/28/20, at approximately 2:10 p.m. Resident #1 stated the mask wouldn't stay up and the nurses see it down but they don't help me. Resident #1 further stated he knew he had to wear the mask because there was a virus killing people and he didn't want to get it.</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) #1 at approximately 2:15 p.m. CNA #1 stated she, the nurses and the Director of Nursing were caring for the residents because there was no other CNAs working on the unit. CNA #1 further stated she didn't notice that Resident #1 didn't have the mask on appropriately.</p> <p>On 7/29/20 at approximately 2:20 p.m., the above findings were shared with the Administrator, and Director of Nursing. The Director of Nursing stated the expectation was for staff to intervene by instructing the resident to apply the mask appropriately when in the hallway. The Director of Nursing further stated she was aware of the staffing problems on 7/28/20, but it was the most</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>critical it had ever been. The Director of Nursing also stated staff had been asked to work an additional shift but no one accepted the day shift and agencies had been called but they weren't able to staff the facility therefore; the nurses on duty including the Charge Nurses, Unit Manager, Assistant Director of Nursing and herself and provided necessary care to ensure the resident needs were met.</p> <p>3. On 7/28/20 at approximately, 2:45 p.m., an observation on the "Hot Unit" (Pinebrook Unit, currently housing two COVID-19 positive residents) was completed. The said surveyor asked Licensed Practical Nurse (LPN) #4 where could she doff her PPE before exiting the unit? LPN #4 escorted her to the restroom on the "Hot Unit." While attempting to perform hand hygiene, the said surveyor noticed there was no soap in the dispenser nor paper towels available for use. Sitting on top of the trash can was one roll of toilet paper. Licensed Practical Nurse (LPN) #4 was informed of the above. She stated, "There's a bottle of soap on the sink." "I will get you some paper towels." The bottle of soap on the sink read: Soothe & Cool Cleanse, Kiwi Mango Shampoo and Body Wash. Uses: Head to toe cleanser. Directions: For use as a rinse off. Apply product to damp cloth. Shortly after LPN #4 returned with a few paper towels in her hands and handed them to the surveyor. She was asked if this was the soap to be use for hand washing? (Pointing to the bottle on the sink) She stated, "It was probably left over from a patient." "But I will go into the medication room if I have to wash my hands." She was asked who cleans this unit? She stated, "Housekeeping."</p> <p>On 7/30/20 at approximately, 9:02 a.m., a telephone interview was conducted with the</p>	F 880		

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F 880	Continued From page 8 Housekeeping manager (Other Staff #3) concerning the above issues. He stated, "We do a total cleaning once a day on the "Hot Unit" "We check the paper towels and soap dispenser." He was asked if he was assigned to work the hot unit on 7/28/20; he responded, "No ma'am." He was then asked if anyone was assigned to the "Hot Unit" on 7/28/20 and he replied, "No ma'am." "I was instructed by my manager that no one would be working there because they had a plan in place." "Usually I would go in at the end of the shift and clean my wing ("Hot Unit) last. On 7/30/20 at approximately 2:15 p.m., an exit conference was conducted with the Administrator and Director of Nursing. The above concerns were discussed. The DON stated, "The unit will be cleaned daily. There was no assignment for cleaning the "Hot Unit." The Administrator stated, "We will tell nursing if they need supplies to let us know."	F 880			