

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

PRINTED: 12/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2020
NAME OF PROVIDER OR SUPPLIER BAYSIDE OF POQUOSON HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1 VANTAGE DRIVE POQUOSON, VA 23662	
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E 000	Initial Comments	E 000	The statements made on his plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date indicated.	
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted onsite 12/09/20 and continued with offsite review from 12/10/20 through 12/11/20. 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. No complaints were investigated during the survey.	F 000		
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.	F 880		

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

TITLE

(X6) DATE

Debra Woody

Administrator

12/22/20

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. 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	<p>F880</p> <ol style="list-style-type: none"> 1. Soiled linen is being handled properly. 2. Current residents have the potential to be affected. 3. The DON/designee re-educated staff on infection control practices regarding the proper handling of soiled linen. A root cause analysis was conducted by the QAPI committee including the Infection Preventionist and any resulting corrective actions taken. 4. Observation /audits will be conducted by Department heads/designee to ensure infection control techniques are maintained weekly for 8 weeks. Results of audits will be reviewed at the monthly QAPI meeting. Any discrepancies will be addressed, and re-education provided as needed. 5. Compliance Date: 12/31/2020 		

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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. 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 and staff interviews the facility staff failed to follow infection control practices therefore, increasing the chances of spreading infections, illnesses and diseases. The facility staff failed properly handle soiled linen .</p> <p>The findings included;</p> <p>On 12/09/20 at 10:50 a.m., during the initial tour of Unit 300 an inspection of the laundry room was made. Located on the soiled linen side of the laundry room were several large, clear bags filled with soiled clothing. Located on top of the large clear bags were loosely, unbagged, soiled clothing stock piled up against the wall. Located on the floor near the washing machine were soiled towels and wash cloths. The Housekeeper/Laundry staff (Other Staff #1) stated, "I was getting ready to put the clothing in the dryer."</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>On 12/09/20 at 10:54 a.m. an interview was conducted with Laundry/Housekeeping Supervisor (Other Staff #2) concerning the laundry room issues. As she entered the laundry room she picked up the soiled towels and wash cloths from off the floor with no gloves on. She left the laundry room and placed the soiled items inside of a bin outside of the laundry room.</p> <p>On 12/10/20 at 11:05 a.m. an interview was conducted with Laundry Staff (Other Staff #1) concerning the laundry. She stated, "We usually have laundry from the night. I wash them and put them in the dryer. I didn't see the linen on the floor. I was pulling the personal clothes out of the bags. Until I got the washer filled, I laid them up there (the soiled clothing). The bin outside of the door was the soiled utility bin."</p> <p>On 12/11/20 at 4:40 p.m. an exit interview was conducted with the Infection Control Nurse, Corporate Staff #1 and the facility Administrator. No comments were voiced concerning the above issue.</p>	F 880			

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F 880	Continued From page 4	F 880			
F 886 SS=D	<p>COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6)</p> <p>§483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</p> <p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. <p>§483.80 (h)((2) Conduct testing in a manner that</p>	F 886	<p>F886</p> <ol style="list-style-type: none"> 1. Agency staff are being tested for COVID per policy. 2. Current agency staff have the potential to be affected. 3. The DON/IC nurse/designee will re-educate staff and agencies on testing policies. 4. Observation /audits will be conducted by Director of Nurses/ IC nurse/designee to ensure proper testing procedures are maintained weekly for 8 weeks. Results of audits will be reviewed at the monthly QAPI meeting. Any discrepancies will be addressed, and re-education provided as needed. 5. Compliance Date: 12/31/2020 		

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F 886	<p>Continued From page 5</p> <p>is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)(3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)(4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)(5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)(6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility staff failed to implement COVID-19 testing to all staff during a facility outbreak. The facility staff failed to test and/or failed to obtain documentation that testing had occurred for three agency staff during their COVID-19 outbreak.</p> <p>The findings include:</p>	F 886		

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F 886	<p>Continued From page 6</p> <p>On 12/09/20 at 11:00 a.m. during the initial tour of the facility, the Administrator reported that the current census in the facility was 46 residents. The number of COVID-19 positive cases was 43 residents.</p> <p>On 12/11/20 at 10:40 a.m. LPN (Licensed Practical Nurse) #2, was observed in the dining room. She was asked questions concerning the facility COVID-19 testing. She stated, "Normally, I don't do (perform) the COVID test. I'm just helping out today. We test every Wednesday from 7:00 a.m.-11:00 a.m. We call staff with results. So far, we have one positive staff member today and they were called already. I'm done now (testing) I'm just waiting for the results of this test. One line is negative, two lines is positive. The surveyor asked if she could see the results when they were ready. She stated, "Yes." The surveyor observed one line on the testing device indicating that the last employee test was negative.</p> <p>On 12/11/20 at 11:10 a.m. during tour of Unit 200 (COVID-19 Unit) CNA #2 was asked questions concerning the facility COVID-19 testing. She stated, "I think they test on Wednesday's." She was asked by the surveyor if she was tested today, which was Wednesday, and CNA #2 stated, "No." Several brief encounters were made with the nursing staff on unit 200. LPN #1 and CNA #2 were asked separately if they had received the COVID-19 test today. They both stated, "No."</p> <p>A review of the testing log dated 12/09/20 revealed the following staff didn't receive COVID-19 antigen testing: LPN (Licensed</p>	F 886			

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F 886	<p>Continued From page 7</p> <p>Practical Nurse #1., CNA (Certified Nursing Assistant) #1 and CNA #2.</p> <p>A review of the as worked schedule showed that LPN #1 work on 12/09/20. CNA #1 worked on 12/04/20, 12/05/20, 12/07/20, 12/08/20 and 12/09/20. CNA #2 worked on 11/27/20, 11/30/20, 12/01/20, 12/02/20, 12/08/20 and 12/09/20.</p> <p>On 12/11/2020 at 11:25 a.m. an interview was conducted with the Infection Control Nurse concerning testing agency staff for COVID-19. She stated, "Some staff are tested at the agency and some are tested here. They must have proof of testing." The positivity rate is 4.8 in the county. Because we're in outbreak we have to go by the number of positive people in the building per policy. She was asked when did they (the three agency staff) start at the facility. She stated to ask the DON (Director of Nursing). Per the Administrator, the DON was home with COVID-19 and was not available for interview.</p> <p>On 12/11/20 at 12:33 p.m. an interview was conducted with LPN #1 concerning the COVID-19 test. She stated, "I was tested last Wednesday (12/02/20) at another facility. I received the COVID test on 12/09/20 at 4:00 p.m. after you left the facility."</p> <p>On 12/11/20 at 2:12 p.m. an interview was conducted with CNA #2 concerning receiving the facility COVID- 19 test. She was asked if she had received the COVID-19 test. She stated, "No. (I've) been working two weeks off and on since I been here. I have to get my own test. I give it to my agency and they disburse whoever need it. She was then asked if anyone from this facility had approach her about being tested. She</p>	F 886			

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F 886	Continued From page 8 replied, "Yes, today. I wasn't tested because today is my last day working. I took the test (COVID-19) two weeks before I came here." 12/11/20 at 3:08 p.m. an interview was conducted with CNA #1. She stated that she worked at a local agency. "I started working here last Friday (12/04/20). "I tested (COVID-19 test) at the hospital the day after Thanksgiving (11/27/20). "I got tested (12/09/20) after you came around this time (3:00 p.m.) She was asked if staff had approached her prior to today. She stated, "No ma'am, I knew that after I got tested after Thanksgiving I was ok. I worked the last seven days here from 7:00 a.m. to 3:00 p.m." On 12/11/20 at 3:26 p.m., a phone call was made to a local staffing agency concerning COVID-19 testing. The staffing recruiter stated, "I keep the tests on file that the employees bring to me." "Some facilities provide the test; others the employee get on their own." She was asked if she staffed employees at the above mentioned facility. She stated, "Yes." On 12/11/20 at 4:40 p.m. an exit interview was conducted with the Infection Control Nurse, Corporate Staff #1 and the facility Administrator. The administrator stated, "We posted signs on testing days they knew they needed to show up for the test. Typically they come in and test. Outside contractors will come in on their day off." The Infection Control Nurse stated, "CNA #2 said that she was unaware of the policy."	F 886		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions	F 921		

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F 921	<p>Continued From page 9</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and facility documentation review, the facility staff failed to ensure housekeeping equipment, was cleaned and/or stored properly after use and failed to store resident clothing in a manner to prevent the spread of infection.</p> <p>The findings included:</p> <ol style="list-style-type: none"> The facility staff failed to ensure the Housekeeping Cart, Mop Bucket and soiled rags were cleaned and stored after use on Unit 200 (COVID-19 Unit). <p>On 12/09/20 at 11:10 a.m. an observation was made at the entry way (before walking on unit 200) of a housekeeping cart left unattended in front of the snack machine. A mop was sitting in a mop bucket that was half way filled with (black water) dirty water. There were several soiled rags left at the front of the housekeeping cart. CNA #2 was asked if housekeeping was on the unit. She stated, "Someone (Other staff #3) from housekeeping comes over everyday around 3:00 p.m. to clean the unit."</p> <p>On 12/11/20 at 10:30 a.m. an interview was conducted with Housekeeper (Other Staff #3) Concerning the housekeeping cart, mop bucket and soiled rags. He stated, "I was assigned to unit 200 a week and a half ago. I'm usually there around 11:00 a.m. or 12 noon for 5 or 6 hours. Once I'm done I double bag my rags. I'm not sure where that came from. I went to unit around 12 or</p>	F 921	<p>F921</p> <ol style="list-style-type: none"> The facility immediately removed, cleaned, and properly stored the housekeeping equipment and resident laundry. Current residents have the potential to be affected. The Houskeeping manager/designee will re-educate the laundry staff on proper cleaning, storing housekeeping equipment and laundry. Observation/audits will be conducted by the Director of Nurses/designee to ensure proper cleaning and storage of facility equipment and laundry. Results of audits will be reviewed at the monthly QAPI meeting. Any discrepancies will be addressed, and re-education provided as needed. Compliance Date: 12/31/20 		

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F 921	<p>Continued From page 10</p> <p>1 and noticed the pail of dirty water. We clean every three rooms and dump the bucket. Maybe someone had previously used it. We store it over the back side and all rags are taken off. We leave clean mop water incase nursing needs to use it. The water should have been dumped out. Rags should have been bagged up and taken to laundry.</p> <p>Facility Policy: Healthcare Services Group, Inc. and its subsidiaries © 4.2.20 Policy Inservice Training v3 5.14.20 7 g. Mop water disinfectant solutions used for mopping must be replaced regularly, after every three rooms, at no longer than one-hour intervals. h. Remove your mop head and place in a double bag so there is NO CROSS CONTAMINATION. i. A source of contamination in the cleaning process is the cloth or mop head. Never leave cloths or mop heads to soak in dirty cleaning solutions. Remember: -Cloths and mop heads must be decontaminated by immersing in 10 percent bleach solution (one-part concentrated bleach to nine parts water) for a contact time of 20 minutes. -Then rinse mop heads and cloths with cool water and allow to dry completely before reuse.</p> <p>2. The facility laundry staff failed to store laundry in a manner that laundry would be kept clean until further identified by nursing staff.</p> <p>On 12/09/20 at 10:50 a.m., during an initial tour of Unit 300 a detour was made to the laundry room when a table was observed to be covered with</p>	F 921			