

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

PRINTED: 07/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 07/14/20 through 07/17/20. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, for the implementation of The Centers for Medicare and Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000		
W 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite 07/14/20 through 07/17/20. Corrections are required for compliance with 42 CFR Part 483.470 (I)(1) infection control regulations, for the implementation of the Centers for Medicare and Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The survey sample consisted of 17 Individuals (#1 #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16 and #17). Six facility Individuals tested positive for COVID-19 and one recovered. Seven staff tested positive for COVID-19.	W 000		
W 455	INFECTION CONTROL CFR(s): 483.470(I)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, record review, staff	W 455	<div style="border: 1px solid black; padding: 5px;"> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #10 coming in contact with a Direct Support Professional with a confirmed positive test for COVID-19; A point prevalence study was completed on 7/16/2020 and it was determined that individual #10 was COVID-19 negative.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #11 coming in contact with a Direct Support Professional with a confirmed positive test for COVID-19; A point prevalence study was completed on 7/16/2020 and it was determined that individual #11 was COVID-19 negative.</p> </div>	8/20/2020

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

TITLE

(X6) DATE

[Signature] Chief Administrative Officer 8/4/2020

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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W 455	<p>Continued From page 1</p> <p>interviews and review of facility documentation and policies, the facility staff failed to identify and implement 14-day quarantine procedures to prevent the spread of infection for 17 of 17 individuals (#10, #11, #12, #13, #14, #15, #16, #17, #1, #2, #3, #4, #5, #6, #7, #8, and #9) in the survey sample that were exposed to a known COVID-19 positive Direct Support Professional (DSP), and potentially three additional DSPs that also tested positive for the virus.</p> <p>Additionally, 14-day quarantine procedures were not planned or implemented for 3 of the 17 individuals (#13, #17 and #2) that either returned from the hospital or Leave of Absence (LOA) to be monitored for evidence of COVID-19.</p> <p>And, during observation of the COVID-19 area, the facility staff failed to properly utilize and store their Personal Protective Equipment (PPE) to include the use of the N95 respirator.</p> <p>The findings include:</p> <p>1. Individual # 10 was admitted to the facility on 5/30/13 and readmitted on 12/7/18 with diagnoses that included but were not limited to Autistic disorder and ADHD (Attention Deficit Hyperactive Disorder). Individual #10 was documented as having mild intellectual disabilities.</p> <p>It was determined by facility staff that Individual #10 had come into contact with DSP (Direct Support Professional) #1 on 6/26/20. This staff member presented with symptoms of suspected COVID on 6/26/20. DSP #1 tested positive for COVID -19 on 7/3/20.</p>	W 455	<p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice.</p> <p>Due to Individual #12 sharing a room with an individual who had been in close contact with a Direct Support Professional with a confirmed positive test for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that individual #12 was COVID-19 positive. Environmental modifications were made to include that the Individual #12 have been moved to the Red Zone and will be isolated within the designated space. The individual's room was cleaned and disinfected after 24 hours of being vacant per CDC guidelines. Individual #12 nursing care plan has been updated to include that the Individual will be on isolation due to testing positive for COVID-19. Individual was supported from nursing staff with notifying his physician immediately with any health status changes. Individual was offered fluids hourly to ensure adequate hydration. Individual was supported from nursing staff with having his vitals taken 3 times daily. Individual was supported from nursing staff with checking his oxygen saturations 3 times daily. Individual was supported from nursing staff with a focal assessment (ensuring that Individual #12 is free from respiratory distress) every 2 hours. Individual #12 received his meals on disposable plates and utensils for all of his meals while on isolation. Individual #12 was only cohorted with other confirmed individuals in red zone.</p>	8/20/2020

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W 455	<p>Continued From page 2</p> <p>Review of Individual #10's clinical record i.e. (intellectual disability (ID) notes, health status notes and his nursing monthly summary note dated 7/11/20), failed to evidence that Individual #10 was placed on a 14 day quarantine with designated assigned staff on a designated unit after his exposure to DSP #1.</p> <p>Further review of Resident #10's ID notes revealed that Individual #10 was able to move freely in and out of the cottage after 7/3/20. An ID note dated 7/5/20 documented the following: "(Name of Individual #10) was received by staff in the rec room. At 3 pm (Name of Individual #10) ate snack independently in the rec room... At 5pm (Name of Individual #10) ate dinner independently in the rec room. (Name of Individual #10) spent time in the rec room playing checkers and in the gym on the computer..."</p> <p>Review of Individual #10's ISP (Individualized Support Plan) dated 6/30/20 through 6/29/21 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled appointments, and to address good hand hygiene and wearing a face covering when tolerated..."</p> <p>Review of Individual #10's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20. The ISP and ISP change note failed to document his exposure to DSP #1 on 6/26/20 and any additional interventions/measures put into place</p>	W 455	<p>He was placed on transmission-based precautions until a negative test result can be achieved or the Individual meets the time criteria to return to the green zone based on current CDC guidance for the removal of transmission-based precautions. Holiday House will monitor guidance from CDC and adjust procedures for cohorting accordingly. The Director of Residential Services assigned staff to work in RED zone with Individual #12.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #13 coming in close, contact with a Direct Support Professional with a confirmed positive test for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that individual #13 was COVID-19 positive. Environmental modifications were made to include that the Individual #13 have been moved to the Red Zone and will be isolated within the designated space. The individual's room was cleaned and disinfected after 24 hours of being vacant per CDC guidelines. Individual #13 nursing care plan has been updated to include that the Individual will be on isolation due to testing positive for COVID-19. Individual was supported from nursing staff with notifying his physician immediately with any health status changes. Individual was offered fluids hourly to ensure adequate hydration. Individual was supported from nursing staff with having his vitals taken 3 times daily. Individual was supported from nursing staff with checking his oxygen saturations 3 times daily. Individual was supported from nursing staff with a focal assessment (ensuring that Individual #13 is free from respiratory distress) every 2 hours. Individual #13 received his meals on disposable plates and utensils for all of his meals while on isolation. Individual #13 was only cohorted with other confirmed individuals in red zone. He was placed on transmission-based precautions until a negative test result can be achieved or the Individual meets the time criteria to return to the green zone based on current CDC guidance for the removal of transmission-based precautions. Holiday House will monitor guidance from CDC and adjust procedures for cohorting accordingly.</p>	8/20/2020

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W 455	<p>Continued From page 3 (i.e. 14 day quarantine with designated staff assigned on a designated unit).</p> <p>On 7/17/20 at approximately 4:30 p.m., ASM (administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>2.. Individual #11 was admitted to the facility on 7/6/10 with diagnoses that included but were not limited to Autistic disorder, and disruptive mood dysregulation. Individual #11 was documented as having profound intellectual disabilities.</p> <p>It was determined by facility staff that Individual #11 had come into contact with Direct Support Professional (DSP) #1 on 6/26/20. This staff member presented with symptoms of suspected COVID on 6/26/20. DSP #1 tested positive for COVID -19 on 7/3/20.</p> <p>Review of Individual #11's clinical record i.e. (intellectual disability notes health status notes and his nursing monthly summary notes), failed to evidence that Individual #11 was placed on a 14 day quarantine with designated assigned staff on a designated unit after his exposure to DSP #1.</p> <p>Further review of Resident #11's ID notes revealed that Individual #11 was able to move freely throughout the cottage after 7/3/20. The following note in part, was documented on 7/15/20: (Name of Individual #11) was received by staff while he relaxed in lounge with peers..."</p> <p>Review of Individual #11's ISP (Individualized</p>	W 455	<p>The Director of Residential Services assigned staff to work in RED zone with Individual #13.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice.</p> <p>Due to Individual #14 coming in contact with a Direct Support Professional with a confirmed positive test for COVID-19; A point prevalence study was completed on 7/16/2020 and it was determined that individual #14 was COVID-19 negative.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice.</p> <p>Due to Individual #15 sharing a room with an individual who had been in close contact with a Direct Support Professional with a confirmed positive test for COVID-19; A point prevalence study was completed on 7/16/2020, and it was determined that individual #15 was COVID-19 negative.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice.</p> <p>Due to Individual #16 coming in contact with a Direct Support Professional with a confirmed positive test for COVID-19; A point prevalence study was completed on 7/16/2020 and it was determined that individual #16 was COVID-19 negative.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice.</p> <p>Due to Individual #17 coming in close, contact with a Direct Support Professional with a confirmed positive test for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that individual #17 was COVID-19 positive.</p>	8/20/2020	

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W 455	<p>Continued From page 4</p> <p>Support Plan) dated 7/13/19 through 7/12/20 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled appointments, and to address good hand hygiene and wearing a face covering when tolerated..."</p> <p>Review of Individual #11's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20. The ISP and ISP change note failed to document his exposure to DSP #1 on 6/26/20 and any additional interventions/measures put into place (i.e. 14 day quarantine with designated staff assigned, on a designated unit).</p> <p>On 7/17/20 at approximately 4:30 p.m., ASM (administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>3. Individual #12 was admitted to the facility on 8/9/18 with diagnoses that included but were not limited to Autistic disorder and conduct disorder. Individual #12 was documented as having profound intellectual disabilities.</p> <p>It was determined by facility staff that Individual #12 shared a room with Individual #11 on 6/26/20. Individual #11 had been in close contact with a Direct Support Professional (DSP) #1 on 6/26/20.</p>	W 455	<p>Environmental modifications were made to include that the Individual #17 have been moved to the Red Zone and will be isolated within the designated space. The individual's room was cleaned and disinfected after 24 hours of being vacant per CDC guidelines. Individual #17 nursing care plan has been updated to include that the Individual will be on isolation due to testing positive for COVID-19. Individual was supported from nursing staff with notifying his physician immediately with any health status changes. Individual was offered fluids hourly to ensure adequate hydration. Individual was supported from nursing staff with having his vitals taken 3 times daily. Individual was supported from nursing staff with checking his oxygen saturations 3 times daily. Individual was supported from nursing staff with a focal assessment (ensuring that Individual #17 is free from respiratory distress) every 2 hours. Individual #17 received his meals on disposable plates and utensils for all of his meals while on isolation. Individual #17 was only cohorted with other confirmed individuals in red zone. He was placed on transmission-based precautions until a negative test result can be achieved or the Individual meets the time criteria to return to the green zone based on current CDC guidance for the removal of transmission-based precautions. Holiday House will monitor guidance from CDC and adjust procedures for cohorting accordingly. The Director of Residential Services assigned staff to work in RED zone with Individual #17.</p>	8/20/2020

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W 455	<p>Continued From page 5</p> <p>This staff member presented with symptoms of suspected COVID on 6/29/20. DSP #1 tested positive for COVID -19 on 7/3/20.</p> <p>Review of Individual #12's clinical record i.e. (intellectual disability notes health status notes and his nursing monthly summary notes), failed to evidence that Individual #12 was placed on a 14 day quarantine with designated assigned staff, on a designated unit after being in close contact with Individual #11 and DSP #1.</p> <p>Further review of Resident #12's ID notes revealed that Individual #12 was able to move freely in and out of the cottage after 7/3/20. An ID note dated 7/5/20 documented in part, the following: "...went to the gym and ran around and swing outside and in the gym and had snack at 10 clock and he play with a music toy and then we went for a walk outside on ground and stop the bus stop this morning with other friends and DSP and had a good day."</p> <p>Review of Individual #12's ISP (Individualized Support Plan) dated 9/9/19 through 9/8/20 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled appointments, and to address good hand hygiene and wearing a face covering when tolerated.."</p> <p>Review of Individual #12's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20.</p>	W 455	<p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice.</p> <p>Due to Individual #1 being assigned to a DSP with confirmed positive test for COVID-19. Individual #1 presented symptoms for COVID-19, received testing, and tested positive on 7/4/2020.</p> <p>Environmental modifications were made to include that the Individual #1 have been moved to the Red Zone and will be isolated within the designated space. The individual's room was cleaned and disinfected after 24 hours of being vacant per CDC guidelines. Individual #1 nursing care plan has been updated to include that the Individual will be on isolation due to testing positive for COVID-19. Individual was supported from nursing staff with notifying his physician immediately with any health status changes. Individual was offered fluids hourly to ensure adequate hydration. Individual was supported from nursing staff with having his vitals taken 3 times daily. Individual was supported from nursing staff with checking his oxygen saturations 3 times daily. Individual was supported from nursing staff with a focal assessment (ensuring that Individual #1 is free from respiratory distress) every 2 hours. Individual #1 received his meals on disposable plates and utensils for all of his meals while on isolation. Individual #1 was only cohorted with other confirmed individuals in red zone.</p>	8/20/2020

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W 455	<p>Continued From page 6</p> <p>The ISP and ISP change note failed to document his exposure to Individual #11 and DSP #1 on 6/26/20 and any additional interventions/measures put into place (i.e. 14 day quarantine with designated staff assigned, on a designated unit).</p> <p>On 7/17/20 at approximately 4:30 p.m., ASM (administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>As a result of the Point Prevalence Survey (PPS) conducted on 7/16/20, Individual #12 tested positive for COVID-19.</p> <p>4. Individual #13 was admitted to the facility on 8/8/18 and readmitted on 7/26/19 with diagnoses that included but were not limited to mood disorder, and epilepsy with recurrent seizures. Individual #13 was documented as having profound intellectual disabilities.</p> <p>It was determined by facility staff that Individual #13 had come into contact with Direct Support Staff (DSP) #1 on 6/26/20. This staff member presented with symptoms of suspected COVID on 6/26/20. DSP #1 tested positive for COVID -19 on 7/3/20.</p> <p>Review of Individual #13's clinical record i.e. (intellectual disability notes health status notes and his nursing monthly summary notes), failed to evidence that Individual #13 was placed on a 14 day quarantine with assigned designated staff, on a designated unit after his exposure to DSP #1.</p>	W 455	<p>He was placed on transmission-based precautions until a negative test result can be achieved or the Individual meets the time criteria to return to the green zone based on current CDC guidance for the removal of transmission-based precautions. Holiday House will monitor guidance from CDC and adjust procedures for cohorting accordingly. The Director of Residential Services assigned staff to work in RED zone with Individual #1.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #2 being assigned to a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that individual #2 was COVID-19 negative. Individual returned to facility from LOA on 7/16/2020 for testing and immediately went into 14-day quarantine. Individual #2 stayed in the designated area on transmission-based precautions utilizing the proper PPE (Personal Protective Equipment) which includes but not limited to face masks, gowns, and gloves. During this period, Individual #2 quarantined to the designated bedrooms with a use of a designated bathroom. The Nursing Department notified Individual #2 physician and individual was monitored for any health status changes. Individual was monitored for signs or symptoms of COVID-19. Individual had discontinuation of transmission-based precautions and quarantine once 14 days passed.</p>	8/20/2020	

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W 455	Continued From page 7 Further review of Resident #13's ID notes revealed that Individual #13 was able to move freely in and out of the cottage after 7/3/20. An ID note dated 7/9/20 documented in part the following: "(Name of Individual #13) was received in the right wing porch at 1500. He watched TV the rest of the afternoon in the living room." Review of Individual #13's ISP (Individualized Support Plan) dated 8/24/19 through 8/23/20 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled appointments, and to address good hand hygiene and wearing a face covering when tolerated.." Review of Individual #13's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20. The ISP and ISP change note failed to document his exposure to DSP #1 on 6/26/20 and any additional interventions/measures put into place (i.e. 14 day quarantine with designated staff assigned, on a designated unit). Further review of his clinical record revealed that he had been sent out to the hospital on 5/15/20. The following note was documented at 9:27 p.m.: "Called to DSP supervisor office for resident having a seizure (sic). On arrival resident had fallen from chair and received 1 in laceration to right eye with noted swelling. Sent to (Name of ER (emergency room) for head evaluation, before	W 455	<p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #3 receiving direct care and services from a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that Individual #3 was negative for COVID-19.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #4 receiving direct care and services from a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that Individual #4 was negative for COVID-19.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #5 receiving direct care and services from a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that Individual #5 was negative for COVID-19.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #6 receiving direct care and services from a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that Individual #6 was negative for COVID-19.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #7 receiving direct care and services from a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that Individual #7 was negative for COVID-19.</p>	8/20/2020

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	
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W 455	<p>Continued From page 8</p> <p>leaving resident awake able to answer yes and no to some question was able to stand on his own and walk to stretcher with no problems. Vitals 118/84 blood pressure 102 pulse with 98 percent oxygen bleeding under control before (sic) leaving. DON (Director of Nursing) (Name of DON) notified."</p> <p>The next note dated 5/16/20 documented the following: "resident returned 05:55 am right side of eye swollen shut alert and able to follow some commade (sic) vital signs 121/84 108 pulse temp 97.6 no new orders on return to follow up with nero (sic) asap (as soon as possible) DON (Name of DON) made aware."</p> <p>There was no evidence that he was placed on a 14 day quarantine upon arrival back to the facility with precautions in place. An ID note dated 5/17/20, documented in part the following: "...Staff supported Shawn for a movie with his peers...Staff supported Shawn outside with his peers..."</p> <p>On 7/17/20 at at approximately 4:30 p.m., ASM (administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>As a result of the Point Prevalence Survey (PPS) conducted on 7/16/20, Individual #13 tested positive for COVID-19.</p> <p>5. Individual #14 was admitted to the facility on 3/1/19 with diagnoses that included but were not limited to Autistic disorder and epilepsy.</p>	W 455	<p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #8 receiving direct care and services from a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that Individual #8 was negative for COVID-19.</p> <p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Due to Individual #9 receiving direct care and services from a DSP who tested positive for COVID-19. A point prevalence study was completed on 7/16/2020, and it was determined that Individual #9 was negative for COVID-19.</p>	8/20/2020

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W 455	<p>Continued From page 9</p> <p>Individual #14 was documented as having moderate intellectual disabilities.</p> <p>It was determined by facility staff that Individual 14 had come into contact with Direct Support Professional (DSP) #1 on 6/26/20. This staff member presented with symptoms of suspected COVID on 6/26/20. DSP #1 tested positive for COVID -19 on 7/3/20.</p> <p>Review of Individual #14's clinical record i.e. (intellectual disability notes, health status notes and his nursing monthly summary dated 7/5/20), failed to evidence that Individual #14 was placed on a 14 day quarantine with designated assigned staff, on a designated unit after his exposure to DSP #1.</p> <p>Further review of Resident #14's ID notes revealed that Individual #14 was able to move freely throughout the cottage after 7/3/20. An ID note dated 7/4/20 documented in part the following: "... (Name of Individual #14) watched TV with staff and peers and ate his morning snack... (Name of Individual #14) went to the gym and engaged in structured media time and walked around."</p> <p>Review of Individual #14's ISP (Individualized Support Plan) dated 4/16/20 through 4/15/21 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled appointments, and to address good hand hygiene</p>	W 455	<p>Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice. (PPE)</p> <p>The Director of Nursing will specifically re-train DSP#2 and Housekeeper #1 on properly utilizing and storing Personal Protective Equipment to include the use of the N95 respirator.</p> <p><u>Point#2: How the facility will identify other individuals having the potential to be affected by the same deficient practice:</u></p> <p>A Point Prevalence Study was completed on 7/16/2020 for all individuals residing in the facility to determine baseline COVID-19 status. The National Guard tested all individuals for COVID-19. Based on testing results Holiday House of Portsmouth initiated the mitigation plan and divided the individuals into color-coded groups for cohorting. Individuals who are designated in the "Red" are confirmed positives cases. The study indicated five individuals were positive for COVID-19. Individuals who were designated in the "Yellow" are those waiting for test results and/or exposed to someone with positive COVID; Individuals designated Green are confirmed negative and/or have recovered from COVID-19.</p> <p>The Support Coordinators will complete an ISP change note for any individual who required quarantine procedures.</p> <p>(PPE)</p> <p>The Director of Nursing/Designee will re-train facility staff on properly utilizing and storing Personal Protective Equipment to include the use of the N95 respirator and/or facemasks. This training includes that the face shields and N95 respirators re-use will be limited to no more than 5 uses per devices to ensure an adequate or safe margin. This training also includes donning and doffing techniques including physical inspection and user seal check. The respirators will be stored in a clean breathable container such as a paper bag between uses. Evidence of this training will be documented on the facility-training roster.</p>	8/20/2020

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W 455	<p>Continued From page 10 and wearing a face covering when tolerated.."</p> <p>Review of Individual #14's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20. The ISP and ISP change note failed to document his exposure to DSP #1 on 6/26/20 and any additional interventions/measures put into place (i.e. 14 day quarantine with designated staff assigned, designated unit).</p> <p>On 7/17/20 at approximately 4:30 p.m., ASM (administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>6. Individual #15 was admitted to the facility on 3/29/00 with diagnoses that included but were not limited to Autistic disorder, ADHD. Individual #15 was documented as having mild intellectual disabilities.</p> <p>It was determined by facility staff that Individual #15 shared a room with Individual #14 on 6/26/20. Individual #14 had been in close contact with Direct Support Professional (DSP) #1 on 6/26/20. This staff member presented with symptoms of suspected COVID on 6/26/20. DSP #1 tested positive for COVID -19 on 7/3/20.</p> <p>Review of Individual #15's clinical record i.e. (intellectual disability notes health status notes and his nursing monthly summary notes), failed to evidence that Individual #15 was placed on a 14 day quarantine with designated assigned staff, on a designated unit after being in close contact with Individual #14 and DSP #1.</p>	W 455	<p>Point #3: What measures will be put into place or systemic changes made to ensure that the deficient practice will not reoccur:</p> <p>The Director of Nursing implemented a Quarantine Policy that indicates Holiday House of Portsmouth will implement a 14-day quarantine procedure for individuals who have been exposed to someone with COVID-19 or have been to the ER, hospital, or admissions and /or readmissions. In the event an individual has become in close contact with someone with a positive diagnosis of COVID-19, exposed from ER hospital visit, new admission, and/or readmissions HHP nursing department will implement a quarantine protocols and procedures. The Director of Nursing/and or designee will notify the Support Coordinator of the individuals exposure and need of 14 day quarantine. The Support Coordinators will coordinate an IDT meeting for the individual to discuss, Relocation of individuals, Plan of Care, Family notifications, Active Treatment/activities, Therapy. The individual will stay in the designated area on transmission-based precautions utilizing the proper PPE (Personal Protective Equipment) which includes but not limited to face shields, facemasks, gowns, and gloves. During this period, individuals will be quarantined to their bedrooms with a use of a designated bathroom. Equipment will not be shared between units. The Support Coordinator will document the ISP change note of the individual's status change. The Nursing Department will notify physician immediately if there are any health status changes. If any signs or symptoms of COVID-19 individuals will be tested. If positive, the individual will be moved to the COVID-19 unit, red zone. Individual will have discontinuation of transmission-based precautions and quarantine once 14 days have passed or they test negative for COVID-19. New admissions and/or readmissions whose COVID-19 status is unknown or with a single negative test will be in a single room if available.</p>

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W 455	Continued From page 11 Further review of Resident #15's ID notes revealed that Individual #15 was able to move freely throughout the cottage after 7/3/20. An ID note dated documented in part the following on 7/15/20: "...cottage living room area where he lounged and played on the laptop until he received his snack and independently ate it. He than (sic) continued to lounge and play on the computer until he received his dinner and independently ate it... than continued to lounge with his peers and staff until he was supported to his bedroom for the evening and was received by the next staff for the evening." Review of Individual #15's ISP (Individualized Support Plan) dated 6/30/19 through 6/29/20 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled appointments, and to address good hand hygiene and wearing a face covering when tolerated.." Review of Individual #15's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20. The ISP and ISP change note failed to document his exposure to Individual #14 and DSP #1 on 6/26/20 and any additional interventions/measures put into place (i.e. 24 day quarantine with designated staff assigned, on a designated unit). On 7/17/20 at at approximately 4:30 p.m., ASM	W 455	(PPE) The Mitigation Plan and Pandemic Plan was updated to include properly utilizing and storing Personal Protective Equipment to include the use of the N95 respirator and/or facemasks. These updates include that the face shields and N95 respirators re-use will be limited to no more than 5 uses per devices to ensure an adequate or safe margin. These updates also include donning and doffing techniques including physical inspection and user seal check. The respirators will be stored in a clean breathable container such as a paper bag between uses. HHP has designated an infection preventionist; which is the nurse or designee on duty on all shifts to make rounds and monitor correct utilization, storage, and re-use of PPE. Point #4: How the facility plans to monitor its performance to make sure that solutions are sustained: The Support Coordinator will bring a copy of the ISP change note to the Risk Management meeting monthly (if applicable) to evidence Quarantine procedures were implemented. The identified "infection preventionist" on each shift will sign off on the 24 hour report sheet to evidence that rounds were made to ensure the correct utilization, storage, and re-use of PPE. Dates when the corrective action will be completed: 8/20/2020	8/20/2020

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W 455	<p>Continued From page 12</p> <p>(administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>7. Individual #16 was admitted to the facility on 11/12/15 with diagnoses that included but were not limited to Autistic disorder and ADHD. Individual #16 was documented as having severe intellectual disabilities.</p> <p>It was determined by facility staff that Individual #16 had come into contact with Direct Support Professional (DSP) #1 on 6/26/20. This staff member presented with symptoms of suspected COVID on 6/26/20. DSP #1 tested positive for COVID -19 on 7/3/20.</p> <p>Review of Individual #16's clinical record i.e. (intellectual disability notes health status notes and his nursing monthly summary note dated 7/11/20), failed to evidence that Individual #16 was placed on 14 day quarantine with designated assigned staff, on a designated unit after his exposure to DSP #1.</p> <p>Further review of Resident #16's ID notes revealed that Individual #16 was able to move freely in and out of the cottage after 7/3/20. A note dated 7/10/20 documented in part, the following: "...After snack he went outside on the front porch with his ipad. (Name of Individual # 16) had a behavior after morning snack and afternoon snack during transitioning to outdoors to the playground and front porch...was taken outside to bus stop area where he gestured he wanted to go and sit down..."</p>	W 455		

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W 455	<p>Continued From page 13</p> <p>Review of Individual #16's ISP (Individualized Support Plan) dated 12/12/19 through 12/11/20 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled appointments, and to address good hand hygiene and wearing a face covering when tolerated.."</p> <p>Review of Individual #16's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20. The ISP and ISP change note failed to document his exposure to DSP #1 on 6/26/20 and any additional interventions/measures put into place (i.e. 14 day quarantine with designated staff assigned, on a designated unit).</p> <p>On 7/17/20 at approximately 4:30 p.m., ASM (administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>8. Individual #17 was admitted to the facility on 12/13/19 with diagnoses that included but were not limited to Autistic disorder and asthma. Individual #17 was documented as having profound intellectual disabilities.</p> <p>It was determined by facility staff that Individual #17 had come into contact with DSP (Direct Support Staff) #1 on 6/26/20. This staff member presented with symptoms of suspected COVID</p>	W 455		

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W 455	<p>Continued From page 14 on 6/26/20. DSP #1 tested positive for COVID-19 on 7/3/20.</p> <p>Review of Individual #17's clinical record i.e. (intellectual disability notes health status notes and his nursing monthly summary note dated 7/11/20), failed to evidence that Individual #17 was placed on a 14 day quarantine with designated assigned staff, on a designated unit after his exposure to DSP #1 . There was no evidence that any additional monitoring had occurred after his recent exposure to DSP #1.</p> <p>Further review of Resident #17's ID notes revealed that Individual #17 was able to move freely in and out of the cottage after 7/3/20. An ID note dated 7/5/20 documented, in part, the following: "...remained in the cottage living room where, where was rocking in the rocking chair, while continuing to look out the window. He went for a walk around the facility grounds with staff support. He went to the recreation room with staff support, where he relaxed on the sofa, while playing with his toy... He fell asleep, while relaxing on the sofa. He woke up and watched a movie with peers and staff in the recreation room. He went to the gym with staff support, where he relaxed at the table and played on the swing..."</p> <p>Review of Individual #17's ISP (Individualized Support Plan) dated 1/11/20 through 1/10/21 documented the following interventions related to COVID-19: "Due to COVID-19, maintaining health and hygiene goals have been revised to include temperature checks 2 x daily, monitoring for any signs and symptoms of respiratory illness 2 times daily, and being observed with a focal health assessment every 2 hours from nursing staff...resuming missed routine scheduled</p>	W 455		

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W 455	<p>Continued From page 15</p> <p>appointments, and to address good hand hygiene and wearing a face covering when tolerated.."</p> <p>Review of Individual #17's ISP change note dated 3/12/20, revealed the above COVID-19 interventions were added to his ISP on 3/12/20. The ISP and ISP change note failed to document his exposure to DSP #1 on 6/26/20 and any additional interventions/measures put into place (i.e. 14 day quarantine with designated staff assigned, on a designated unit).</p> <p>Further review of his clinical record revealed that he went out of the facility LOA (Leave of Absence) on 7/2/20 at 12:29 p.m. with a family member. Individual #17 did not return back to the facility until 7/2/20 at 9:32 p.m. There was no evidence in Individual #17's clinical record that he was placed on 14 day quarantine upon return from LOA with precautions in place.</p> <p>On 7/17/20 at approximately 4:30 p.m., ASM (administrative staff member #1) the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to exit.</p> <p>As a result of the Point Prevalence Survey (PPS) conducted on 7/16/20, Individual #17 tested positive for COVID-19.</p> <p>9. For Individual #1: The facility staff failed to plan, identify and immediately implement quarantine procedures for 14 days for Individual #1 when it was revealed that DSP #1 assigned to provide this individual direct care and services, tested positive for COVID-19 on 7/3/20.</p> <p>Individual #1 was admitted to the Intermediate</p>	W 455		

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W 455	<p>Continued From page 16</p> <p>Care Facility for Individuals with Intellectual Disabilities (ICF/IID) on 1/27/10 with severe intellectual disabilities.</p> <p>The facility staff determined DSP #1, assigned to Individual #1 from 6/24/20-6/26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work.</p> <p>Review of Individual #1's progress notes dated 7/3/20 at 12:57 p.m., moved about freely in an out of the cottage, had eaten breakfast independently in the kitchen, cleaned his area and sat on the mat. He walked around the grounds and played in the gym. The progress notes dated 7/3/20 at 6:11 p.m., indicated he completed his evening meal in the kitchen, moved about the cottage and spent time in the living room. Progress notes dated 7/4/20 at 2:11 p.m., indicated there was no change in how the resident moved about the cottage and ate his meals.</p> <p>The progress note summary dated 7/4/20 at 6:50 p.m. noted he had a cough and complained of a sore throat. The physician was called and Individual #1 was transported to the local children's hospital on 7/4/20 by another DSP (#3). Individual #1 underwent a rapid COVID-19 test. The hospital test results were dated 7/4/20 1:51 p.m., positive for COVID-19. The individual returned to the facility and was placed on "separation" for 7 days per the medical director's orders. DSP #3 who escorted Individual #1 to the hospital tested positive for COVID-19 on 7/9/20 and to date has not returned to work.</p> <p>There was no indication in any of the progress</p>	W 455			

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W 455	<p>Continued From page 17</p> <p>notes, residential or health status, that Individual #1 was tested due to his exposure to DSP #1 who tested positive for COVID-19 on 7/3/20, but that it was not until the individual presented with symptoms of a cough and sore throat and at that time was sent to the hospital to be tested. This lack of immediate quarantine of Individual #1 with dedicated space and staff placed other individuals and staff at risk for the transmission of infection.</p> <p>The face shield and N95 mask distribution and education training to include donning and doffing Personal Protective Equipment (PPE) was dated as started on 7/4/20 through 7/11/20, thus it was not clear if all transmission precaution procedures were in place when Individual #1 returned from the hospital.</p> <p>The investigation report indicated a meeting was held on 7/5/20 to ensure appropriate measures were in place. The report indicated that some Individual's bedrooms were moved to accommodate the "sick unit." The investigation report dated 7/4-14/20 with follow-up emails from the facility did not reference DSP #1 who tested positive on 7/3/20, nor did it reference DSP #3 who escorted the individual to the hospital on 7/4/20 and subsequently tested positive for the virus on 7/9/20.</p> <p>On 7/14/20 at 1:20 p.m., Individual #1 was observed on the Right Wing's COVID-19 area in his assigned bedroom on droplet transmission based precautions.</p> <p>Individual #1 had an Individualized Support Plan (ISP) dated 2/17/20 through 2/16/21. A change note to the individual's ISP dated 3/12/20</p>	W 455			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	
(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
W 455	<p>Continued From page 18</p> <p>indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>A third ISP change note dated 7/4/20 indicated the Individual's vitals and oxygen saturation (O2) obtained three times a day, nursing focal assessments to ensure he was free from respiratory distress every 2 hours and meals on disposable plates and utensils while on isolation. The Nursing Plan of Care dated 7/4/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #1 had been immediately placed on 14-day quarantine (7/3/20) observation with designated staff on a designated unit based on his exposure to DSP #1.</p> <p>10. For Individual #2: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit with dedicated staff and full PPE for 14 days for Individual #2 when it was revealed the DSP #1 assigned to provide this individual direct care and services tested positive for COVID-19 on 7/3/20. Additionally, the facility staff failed to plan for a</p>	W 455		

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W 455	<p>Continued From page 19</p> <p>14-day observation period with the same aforementioned precautions for Individual #2 upon his return from an extended Leave of Absence (LOA).</p> <p>Individual #2 was admitted to the ICF/IID facility on 10/18/18 with diagnoses that included severe intellectual disabilities.</p> <p>The facility staff determined DSP #1, assigned to Individual #2 on 6/24-26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work.</p> <p>Review of Individual #2's progress noted dated 7/3/20 at 12:18 p.m. indicated staff walked with the individual to recreation room and he was taken out on a sensory ride along with other peers.</p> <p>The progress notes dated 7/3/20 at 1:39 p.m., indicated Individual #2 left with family on LOA. On 7/16/20, the progress notes indicated the individual returned from LOA, but not to an observation area and placed on transmission precautions with dedicated staff donning full PPE.</p> <p>Individual #2 had an Individualized Support Plan (ISP) dated 11/16/19 through 11/15/20. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p>	W 455		

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W 455	<p>Continued From page 20</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #2 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure to DSP #1 or that the facility staff created a plan for a 14-day observation period with the same aforementioned precautions for Individual #2 upon his return from an extended LOA.</p> <p>11. For Individual #3: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit with dedicated staff and full PPE for 14 days for Individual #3 when it was revealed the DSP (#1) assigned to provide this individual direct care and services tested positive for COVID-19 on 7/3/20.</p> <p>Individual #3 was admitted to the ICF/IID facility on 8/11/15 with diagnoses that included moderate intellectual disabilities.</p> <p>The facility staff determined DSP#1, assigned to Individual #3 on 6/24-26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work.</p> <p>Random review of Individual #3's progress noted dated 7/3/20 at 3:26 p.m., indicated the individual went out on a community ride with staff and</p>	W 455		

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W 455	<p>Continued From page 21</p> <p>peers. On 7/4/20 at 3:04 p.m. he interacted with staff and peers. On 7/4/20 at 12:18 p.m., the staff walked with the individual to recreation room and he was taken out on a sensory ride along with other peers. On 7/10/20 at 6:46 p.m., he continued to take a community rides with staff and peers.</p> <p>Individual #3 had an Individualized Support Plan (ISP) dated 9/11/19 through 9/10/20. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #3 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure to DSP #1.</p> <p>12. For Individual #4: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit with dedicated staff and full PPE for 14 days for Individual #4 when it was revealed the DSP #1</p>	W 455			

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W 455	<p>Continued From page 22</p> <p>assigned to provide this individual direct care and services tested positive for COVID-19 on 7/3/20.</p> <p>Individual #4 was admitted to the ICF/IID facility on 8/26/14 with diagnoses that included severe intellectual disabilities.</p> <p>The facility staff determined DSP #1, assigned to Individual #4 on 6/24-26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work.</p> <p>Random review of Individual #4's progress noted dated 7/3/20 at 6:15 p.m., indicated the individual moved freely throughout the cottage, supported by staff. On 7/5/20 at 7:04 p.m. he spent time with other individuals watching movies and listening to music. On 7/10/20 at 1:26 p.m., he spent his leisure time with peers.</p> <p>Individual #4 had an Individualized Support Plan (ISP) dated 9/25/19 through 9/24/20. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p>	W 455		

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W 455	Continued From page 23 There was no ISP change note or Nursing Plan of Care that indicated Individual #4 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure to DSP #1. 13. For Individual #5: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit with dedicated staff and full PPE for 14 days for Individual #5 when it was revealed the DSP #1, assigned to provide this individual direct care and services tested positive for COVID-19 on 7/3/20. Individual #5 was admitted to the ICF/IID facility with diagnoses that included moderate intellectual disabilities. The facility staff determined DSP#1, assigned to Individual #5 on 6/24-26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work. Random review of Individual #5's progress noted dated 7/5/20 at 6:47 p.m., indicated the individual ate dinner in the cottage 2 kitchen independently. On 7/7/20 at 8:00 a.m. he ate breakfast in the cottage 2 kitchen. On 7/13/20, at 2:44 p.m. and on 7/15/20 at 3:51 p.m. the individual walked around the facility with staff between cottage one and two. Individual #5 had an Individualized Support Plan (ISP) dated 1/10/21 through 1/9/21. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19,	W 455		

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W 455	<p>Continued From page 24</p> <p>maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #5 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure to DSP #1.</p> <p>14. For Individual #6: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit with dedicated staff and full PPE for 14 days for Individual #6 when it was revealed that the DSP #1, assigned to provide this individual direct care and services tested positive for COVID-19 on 7/3/20.</p> <p>Individual #6 was admitted to the ICF/IID facility on 8/3/11 with diagnoses that included profound intellectual disabilities.</p> <p>The facility staff determined DSP#1, assigned to Individual #6 on 6/24-26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the</p>	W 455			

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W 455	<p>Continued From page 25</p> <p>virus and to date has not returned for work.</p> <p>Random review of Individual #6's progress noted dated 7/4/20 at 7:10 a.m., indicated the individual spent time in the common living room. On 7/8/20 at 6:11 p.m., he watched movie with peers. On 7/13/20 at 1:10 p.m., the individual spent time sitting on the grass interacting with staff and peers.</p> <p>Individual #6 had an Individualized Support Plan (ISP) dated 8/31/19 through 8/30/20. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #6 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure to DSP #1.</p> <p>15. For Individual #7: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit</p>	W 455		

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W 455	<p>Continued From page 26</p> <p>with dedicated staff and full PPE for 14 days for Individual #7 when it was revealed that DSP #1 assigned to provide this individual direct care and services, tested positive for COVID-19 on 7/3/20.</p> <p>Individual #7 was admitted to the ICF/IID facility on 9/8/15 with diagnoses that included severe intellectual disabilities.</p> <p>The facility staff determined DSP#1, assigned to Individual #7 on 6/24-26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work.</p> <p>Random review of Individual #7's progress noted dated 7/3/20 at 6:05 p.m., indicated the individual spent time watching in-house movies with staff and peers. On 7/6/20 at 10:19 p.m., the progress notes indicated he had dinner with peers and staff, removed his dishes from the table when finished. On 7/14/20 at 2:59 p.m., the progress notes indicated he walked to the kitchen and ate breakfast independently and later sat at the bus stop with peers.</p> <p>Individual #7 had an Individualized Support Plan (ISP) dated 10/06/19 through 10/7/20. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments</p>	W 455		

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W 455	<p>Continued From page 27</p> <p>would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #7 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure to DSP #1.</p> <p>16. For Individual #8: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit with dedicated staff and full PPE for 14 days for Individual #8 when it was revealed that DSP #1 assigned to provide this individual direct care and services, tested positive for COVID-19 on 7/3/20.</p> <p>Individual #8 was admitted to the ICF/IID facility on 12/18/14 with diagnoses that included profound intellectual disabilities.</p> <p>The facility staff determined DSP#1, assigned to Individual #8 on 6/24/20-6/26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work.</p> <p>Random review of Individual #8's progress noted dated 7/6/20 at 8:11 p.m., indicated the individual walked outside and sat at the bus stop with staff and peers. On 7/7/20 at 6:12 p.m., the progress notes indicated he spent time with peers on the porch for social stores, matching and activity. On 7/9/20 at 5:46 p.m., the individual went on a community walk.</p>	W 455			

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W 455	<p>Continued From page 28</p> <p>Individual #8 had an Individualized Support Plan (ISP) dated 1/18/20 through 1/19/21. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #8 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure to DSP #1.</p> <p>17. For Individual #9: The facility staff failed to plan, identify and immediately implement quarantine procedures on an observation unit with dedicated staff and full PPE for 14 days for Individual #9 when it was revealed that DSP #1 assigned to provide this individual direct care and services, tested positive for COVID-19 on 7/3/20.</p> <p>Individual #9 was admitted to the ICF/IID facility on 10/2/13 with diagnoses that included severe intellectual disabilities.</p>	W 455			

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W 455	<p>Continued From page 29</p> <p>The facility staff determined DSP#1, assigned to Individual #9 on 6/24/20-6/26/20, tested positive for the COVID-19 virus on 7/3/20. DSP #1's last day was 6/26/20 due to presenting symptoms of the virus and to date has not returned for work.</p> <p>Random review of Individual #9's progress noted dated 7/5/20 at 7:13 p.m., indicated the individual spent time in the recreation room, watched movies and listened to music with staff and peers. On 7/8/20 at 1:14 p.m., the individual at breakfast in cottage one kitchen independently. On 7/12/20 at 11:58 a.m., he played with toys on front porch with staff and peers.</p> <p>Individual #9 had an Individualized Support Plan (ISP) dated 8/31/19 through 8/30/20. A change note to the individual's ISP dated 3/12/20 indicated due to the pandemic, COVID-19, maintaining health and hygiene goals were revised to include temperature checks 2 times daily, monitoring for any signs and symptoms of respiratory illness 2 times daily and being observed with a health status focal assessment every 2 hours.</p> <p>Another ISP change note was dated 3/16/20 indicated missed routine scheduled appointments would be resumed, but he was not able to go out into the community, ensure good hand hygiene and face covering when tolerated. The Nursing Plan of Care dated 3/16/20 indicated the same interventions.</p> <p>There was no ISP change note or Nursing Plan of Care that indicated Individual #9 had been immediately placed on 14-day quarantine (7/3/20) observation on a designated unit with designated staff donned with full PPE based on his exposure</p>	W 455		

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W 455	<p>Continued From page 30 to DSP #1.</p> <p>The following interviews were conducted from 7/14/20 through 7/17/20:</p> <p>On 7/14/20 at 10:15 am, an entry interview was conducted with the Administrator, Assistant Administrator, Director of Nursing (DON), Licensed Practical Nurse (LPN) Charge Nurse and Social Worker. They stated in March 2020 they implemented social distancing, masks (based on those that would wear them) and focal nursing assessments (VS, respiratory assessments, O2 saturation-checks for all the individuals. The Administrator stated the facility had one COVID case, Individual #1 and that he was tested on 7/4/20 for COVID-19 due to his exposure to Direct Support Professional (DSP) #1 who tested positive on 7/3/20. He stated the facility went into Shelter in Place on 7/3/20. On 7/4/20 Individual #1 was re-assigned to the Right Wing COVID-19 area and placed on droplet transmission precautions. During the interview there was no mention of testing the other 17 individuals that DSP #1 may have possibly transmitted COVID-19 due to her assignment to care and service them. DSP#1 worked with the 17 individuals from 6/24/20 through 6/26/20. June 26, 2020 was DSP#1's last day of work due to COVID-19 symptoms. A request was made by this surveyor to provide the additional names of the individuals DSP #1 provided care and services. These names were provided via email on 7/15/20 at 2:32 p.m.</p> <p>On 7/14/20 at 1:20 p.m., escorted by the Assistant Administrator, Individual #1 was observed on the Right Wing's RED space COVID-19 area. The three other individuals that</p>	W 455			

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W 455	<p>Continued From page 31</p> <p>had resided in that area were re-located to other areas in order to provide droplet transmission based precautions for Individual #1 who was observed cared for by DSP #2. She stated the individuals tolerated the temporary re-assignment very well.</p> <p>On 7/15/20 at 4:00 p.m., a phone interview was conducted with the DON and the Licensed Practical Nurse (LPN) Charge Nurse. They stated their quarantine procedures for unknown, suspected and confirmed COVID status would be for 3 days. They referenced a policy titled Airborne Infection Isolation Room (AIIR) dated 3/27/20 and the Pandemic Plan dated 7/5/20 indicated Confirmed or Suspected cases of COVID-19 would utilize the 3-day room as a step down room to isolated individuals. The same policy and plan indicated that individuals returning home from the hospital, this same room would be utilized and the individual would remain for a total of 3 days (72 hours) before returning to the common living areas.</p> <p>The Social Worker joined the interview at 4:15 p.m. and stated their current Leave of Absence (LOA) policy dated 6/15/20 due to COVID-19 Pandemic did not include a plan for quarantine to monitor for any signs and symptoms of COVID-19, nor was there a policy with a quarantine plan to manage new admissions, post hospitalizations or extended LOA whose COVID-19 status is unknown. The DON and LPN Charge Nurse both stated for the nurse would take the individual to their rooms, where they would receive hygiene care, a complete body check and focal (eyes on) assessments every 2 hours.</p>	W 455		

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W 455	<p>Continued From page 32</p> <p>None of the aforementioned policies or interviews addressed a 14-day quarantine plan with dedicated staff, area or COVID-19 PPE. Newly admitted, re-admitted or residents exposed to COVID-19 should be monitored for evidence of the virus for 14-days and cared for using the recommended COVID-19 PPE. The 17 individuals that were exposed to the virus from DSP#1 were not monitored for evidence of COVID-19 for at least 14-days. Based on their exposure and DSP#1 testing positive for COVID-19 on 7/3/20, their quarantine cessation date would be 7/17/20. Failure to quarantine and use dedicated staff in a dedicated area with PPE placed the individuals and staff for the spread of COVID-19.</p> <p>According to CDC guidelines a plan should be created for managing new admissions and readmissions or possible exposure whose COVID-19 status is unknown in an observation area with staff donned in full PPE to include N95 (or facemask if N95 unavailable), eye protection (i.e., goggles or disposable face shield, gloves and gown. (http://www.cdc.gov/Coronavirus/2019-ncov/health-care-facilities/prevent-spread-in-long-term-care-facilities.html). The Virginia Department of Health (VDH) referenced to follow the same aforementioned CDC guidelines.</p> <p>On 7/16/20 at 3:32 p.m., during a phone interview with the Administrator, DON, Charge Nurse and Social Worker, the Administrator stated the mitigation plan dated 7/13/20 was developed in preparation for the results of the PPS testing of all the individuals on 7/16/20 by the of Virginia National Guard (VNG). Upon review of the mitigation plan, it identified the red zone</p>	W 455		

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W 455	<p>Continued From page 33</p> <p>designated to be occupied by confirmed positive individuals and/or symptomatic suspected individuals with designated staff assigned to their care with full PPE. The green zone to be designated for negative individuals or those that recovered from COVID-19. The yellow space was designated for all "unknown asymptomatic" individuals. When asked by the survey team how unknown asymptomatic individuals could be co-horted together, they did not know asymptomatic denoted a known positive status, but without symptoms. The mitigation plan indicated that those on the yellow unit would be treated with contact and droplet precautions until cleared to enter the green zone, but no timeframe's were noted for monitoring individuals in the yellow zone. All procedures for utilizing the yellow zone repeatedly referred to unknown symptomatic individuals, which denoted they would cohort COVID-19 positive individuals with unknown status individuals.</p> <p>During the above interview the Administrator stated, "I probably need to readdress how the yellow unit would function and should probably take the asymptomatic verbiage out so there was no confusion since it means we knew they are positive, they just do not show symptoms?" With each description of the Red, Green and Yellow zone it indicated, "REFER TO CDC GUIDANCE." The mitigation plan also indicated it was based on Virginia Department of Health (VDH). The mitigation plan was not implemented to include placing the 17 individuals on the observation area for 14 days due to their exposure to DSP#1 who tested positive for COVID-19 or their potential exposure to three other DSP's who also tested positive for the virus.</p>	W 455		

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W 455	<p>Continued From page 34</p> <p>The CDC defines asymptomatic cases as an individual 'infected' with COVID-19 virus who does not exhibit symptoms during the course of the infection and are just as likely to transmit infection as a symptomatic (presents with symptoms) individual (https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html). Symptomatic case symptoms can range from mild to severe to include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose nausea or vomiting and diarrhea (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).</p> <p>During the above interview there was no explanation why they did not implement their mitigation plan's yellow zone on 7/3/20 to monitor the 17 individuals that were exposed to COVID-19 from DSP#1. There were three additional DSP's that tested positive: one DSP who took Individual #1 to the local hospital on 7/4/20 developed symptoms and tested positive on 7/9/20 (may have contracted the virus from Individual #1); the second DSP's last day of work was 7/2/20 that exhibited a headache tested positive on 7/6/20; the third DSP's last day of work was 6/30/20 tested positive on 7/8/20.</p> <p>On 7/17/20 at 11:25 a.m., during the final debriefing with the Administrator, DON and Charge Nurse, they stated they will take a look at all policies and procedures they are currently using that still refer to pre-COVID/normal situations, as well as review of their mitigation plan to ensure they were revised and addressed COVID-19 CDC guidance.</p>	W 455		

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W 455	<p>Continued From page 35</p> <p>18. During observation of the COVID-19 area, the Direct Support (staff) Professional (DSP) #2 and Housekeeper #1 failed to properly utilize and store their Personal Protective Equipment (PPE) to include the use of the N95 respirator.</p> <p>On 7/14/20 at 1:20 p.m. during observations of the COVID-19 area, escorted by the Assistant Administrator, both DSP #1 and Housekeeper #1 were observed wearing a surgical mask under their N95. DSP#2's surgical mask was clearly visible with the N95 was twisted to the side. DSP #2 stated, "I have always worn it this way since I have been assigned to the COVID-19 area." The Housekeeper said she had been wearing both the same way since working in the COVID-19 area as well. This surveyor turned to the Assistant Administrator and she indicated to them they defeated the purpose of the N95 by not wearing it directly against their face.</p> <p>DSP #2 and Housekeeper #1 were not consistent with how they stored their N95s. DSP #2 stated she was instructed to store the mask sealed in a plastic zip lock bag and kept in her locker between uses. The Housekeeper said she cleaned her N95 with a disinfectant, sealed it in a plastic zip lock bag and kept it in her car between uses.</p> <p>The aforementioned observation was shared with the Administrator, Director of Nursing (DON) and Charge nurse on 7/14/20 at 1:45 p.m. The Assistant Administrator was also present and validated how the staff on the COVID-19 area wore their N95. The DON stated she educated all staff on how to wear the N95 and told them if they felt air coming from under the mask to</p>	W 455			

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W 455	<p>Continued From page 36</p> <p>re-conform the mask to their face until no air was seeping from under the N95. She said she did not know the staff were improperly wearing the N95s and the Charge Nurse made no comment. The DON stated she instructed the staff to store the N95 in a plastic zip lock bag. When asked who monitors or rounds on the area to ensure procedures were in place on the unit to include proper use of PPE, the Administrator said, "The Assistant Administrator is the responsible person."</p> <p>On 7/16/20 at 2:30 p.m., a phone interview was conducted with the Director of the area's Local Health Department. She stated based on how the staff was observed improperly wearing and storing the N95, she would set up more training.</p> <p>On 7/17/20 at 11:25 a.m., a debriefing was conducted via phone with the Administrator, the DON and Charge Nurse. The aforementioned observations were shared with them. The DON stated she did not fit-test the staff, but they were educated on how to use an N95, but would have to inquire about N95 fit-testing the staff and set up more training.</p> <p>The education sign in sheet dated 7/4/20-7/11/20 identified that both DSP#1 (7/5/20) and the Housekeeper (7/8/20) received education titled "Face Shield and N95 Mask Distribution and Education," based on the Centers for Disease Control and Prevention (CDC) dated 6/9/20, which indicated " ...the approved N95 filtering face piece respirator has a nosepiece, it should be fitted to the nose, not bent or tented ..." There were no CDC instructions to wear a surgical mask under the N95.</p>	W 455		

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W 455	Continued From page 37 The N95 Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols). Face Seal Fit-Tight-fitting. User seal required-yes. Fit-testing requirement-yes. Filters out at least 95% of airborne particles including large and small particles. When properly donned (placed on face) an effective seal is formed to the face, minimal leakage occurs around edges of the respirator when user inhales (https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf). Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)	W 455			

