

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

PRINTED: 01/06/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/31/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>KEMPSVILLE HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5520 INDIAN RIVER ROAD *REVISED VIRGINIA BEACH, VA 23464</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 886 SS=D	<p>An unannounced COVID-19 Focused Survey was conducted onsite 12/28/20 and continued with offsite review through 12/31/20. The facility was not in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare &amp; Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.</p> <p>The census in this 90 certified bed facility was 55 at the time of survey. Thirty-four residents were COVID-19 positive. Two residents remained hospitalized. Nine staff were quarantining at home. Seventeen staff had returned to work.</p> <p>COVID-19 Testing-Residents &amp; 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</p>	F 886	<p><b>RECEIVED</b> <b>JAN 14 2021</b> <b>VDH/VOLC</b></p> <p>F 886</p> <ol style="list-style-type: none"> <li>No specific resident was affected by the this practice</li> <li>Every resident in the facility has the potential to be affected by an improper screening.</li> </ol>		

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

*Mda*

TITLE

ADMINISTRATOR

(X6) DATE

1/13/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 886	<p>Continued From page 1 but not limited to:</p> <p>(i) Testing frequency;</p> <p>(ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;</p> <p>(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;</p> <p>(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;</p> <p>(v) The response time for test results; and</p> <p>(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</p> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <p>(i) Document that testing was completed and the results of each staff test; and</p> <p>(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>	F 886	<p>3. Each person that enters the facility will be screened according to the facility's screening policy. If the individual does not meet the screening criteria described on the facility screening tool, the Administrator or Director of Nursing will be notified and the individual will be asked to leave the screening area in the facility and see their physician. The Director of Nursing, or designee, will educate all staff about the screening process and the process for what occurs if the screening criteria is not met.</p> <p>4. Facility screening sheets will be audited to ensure that no one has been permitted to enter the facility, beyond the screening area, if they have not passed the screening process. This audit will be conducted daily for 2 weeks and 5x a week for 10 weeks. These audits will be reported to the facility's QAPI committee for discussion and necessary revision.</p> <p>5. Corrective action will be complete on 1/19/2021</p> <p style="text-align: center;"><b>RECEIVED</b> <b>JAN 14 2021</b> <b>VDH/OLC</b></p>		

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F 886	<p>Continued From page 2</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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to implement the facility screening process and policy for a symptomatic COVID-19 positive staff during a facility outbreak, therefore increasing the chances of spreading COVID-19.</p> <p>The findings include:</p> <p>A review of facility documentation revealed that Licensed Practical Nurse (LPN #1) screened on 12/28/20, had positive screening results on the COVID-19 Screening Document (was symptomatic) and tested positive for COVID-19 (per the facility's COVID-19 rapid test). The staff was allowed entry into the unit to work her shift (7:00 a.m. to 3:00 p.m.) on Units 100-200 Hall, West Wing which was the COVID-19 Unit.</p> <p>The Screening tool questionnaire ask the following questions: 1. Does this individual currently have, or have they had in the last 14 days, any of the following symptoms? According to the facility screening Tool LPN (Licensed Practical Nurse) #1 selected "Yes" for Muscle or body aches and "Yes" to</p>	F 886		

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F 886	<p>Continued From page 3</p> <p>Headaches.</p> <p>2. Take temperature: 98.1(LPN #2) Greater than 100 degrees F (Fahrenheit)? Selected "No". Written below Question #2 on the screening Tool read as follows: Employees/providers answer YES to Questions 1 or 2 may not enter the facility. Instruct employee/provider to contact their physician for guidance. Report all employees who are unable to work to the Facility's HR Generalist and department scheduler.</p> <p>The above screening Questionnaire was conducted and COVID-19 test was administered on Units 100-200 Hall (the COVID-19 Unit).</p> <p>On 12/28/20 at 1:35 p.m. an entrance conference was conducted with the Administrator concerning the facility's Covid-19 status. The Census in this 90 bed facility was 55 residents. Out of 55 residents, 34 residents tested positive for COVID-19. Nine staff were presently in quarantine at home.</p> <p>Facility Guidelines received from the administrator read: Symptomatic Testing: Staff with signs and symptoms must be tested and restricted from work pending results. If positive, follow return to work (RTW) guidance. If testing negative but still remain symptomatic, follow facility protocol.</p> <p>The facility Flowchart for employee under investigation for COVID-19 process read: Employee screens positive on entry screening tool. Send home and instruct to self-isolate and call provider, Inform HR Generalist, Inform Scheduler and Dept. Head, Inform Infection Preventionist to update line listing &amp; begin tracing: Resident contacts, Staff contacts, Equipment</p>	F 886	<p style="text-align: center;"><b>RECEIVED</b> <b>JAN 14 2021</b> <b>VDH/VOLC</b></p>		

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F 886	<p>Continued From page 4</p> <p>used (disinfect), Follow Return to Work guidance from HR Generalist, If tests COVID-19 positive at any point, instruct employee to notify facility, who will notify local health dept., Inform RVPO.</p> <p>The facility Policy titled: Facility Screening for COVID-19 read: Department: Clinical: Infection Prevention and Control. Effective Date: 03/09/2020. Last Revision: 03/20/2020. Policy: All employees, visitors, providers and anyone else requesting entry to the facility will be actively screened using the latest COVID-19 screening tool before entry into the building. Anyone screening positive will be denied entry and referred to their provider/physician for further guidance. Any employee positive will also be reported to the facility HR Generalist. Procedure: Utilize the latest version of the facility employee/medical provider/visitor/surveyor screening tool to actively screen all individual before entry. Follow guidance on document for any positive screens and do not allow entry.</p> <p>On 12/28/20 at 2:10 p.m. an interview was conducted with LPN #1. (Unit 100-200 Hall, West Wing) She was asked how often were staff getting tested for COVID-19 and if they were being informed of their test results. She stated, "Twice a week. Yes."</p> <p>On 12/29/20 at 2:20 p.m. an interview was conducted with the DON (Director of Nursing) concerning staff testing. She stated, LPN #1 tested positive yesterday. She was asymptomatic, wanted to take time off; two residents also tested positive."</p> <p>On 12/31/20 at 2:50 p.m. a telephone interview was conducted with the facility Administrator</p>	F 886			

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F 886	<p>Continued From page 5 concerning staffing and LPN #1. He stated, "We're not in a staffing crisis, we are using agency staff. She (LPN #1) had no fever and since she was on the COVID unit the people were positive. (LPN #1) is not here today."</p> <p>On 12/31/20 at 3:15 p.m. a telephone interview was conducted with LPN #1 concerning her screening results and COVID-19 positive results. She stated, "I've been feeling like this since Monday (12/28/20, Body aches and Headaches) but I can manage to work. I was tested around 8:30 a.m. I worked until 4 p.m.. I will return on Jan. 7th. My first time testing positive. Symptoms today are body aches, headaches, temperature is 98.8 was my highest." She was asked, when did she get the results and LPN #1 stated, "I went to the nursing station. I saw strips reading double redline, meaning positive. I stayed since I was there and it was the COVID unit. We come through the back. The nurses aide that screened me was CNA (Certified Nursing Assistant) #1. She never mentioned anything to me about having muscle aches and headaches. I have headaches all of the time. I've had slight body aches.</p> <p>On 12/31/20 at 3:30 p.m. an interview was conducted with Other Staff #1 (Receptionist) Concerning Screening Tool. She stated, "If staff check yes they are not allowed in the building. I will let the administrator know. He'll talk to them and after they quarantine for 14 days they can return. This goes for all staff."</p> <p>On 12/31/20 at 4:40 p.m. an interview was conducted with LPN #2, Unit Manager (West side) concerning the screening of staff. She stated, "The shift before will screen the oncoming</p>	F 886			

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F 886	<p>Continued From page 6</p> <p>shift generally the nurse does the screening. If somebody would say they're not feeling good they would let the administrator know. She (LPN #1) normally has headaches." When asked about symptoms, LPN #2 stated "I would take their word for it and let them leave. We let them know they can work on the COVID unit." She was asked when is LPN #1 due to work again? She stated, "She took Tuesday (12/29/20) off."</p> <p>On 12/31/20 at 4:50 p.m. an exit interview was conducted with the Administrator and Director of Nursing concerning the above issues. No comments were made.</p>	F 886			

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