

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

PRINTED: 10/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/09/2021
NAME OF PROVIDER OR SUPPLIER PARHAM HEALTH CARE & REHAB CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E PARHAM ROAD RICHMOND, VA 23228		
(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	
{E 000}	Initial Comments	{E 000}			
{F 000}	INITIAL COMMENTS	{F 000}			
{F 880} SS=D	<p>A COVID-19 Focused Infection Control Revisit Survey was conducted 3/9/21. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.</p> <p>The census in this 180 certified bed facility was 127 at the time of the onsite survey. The survey sample consisted of five residents. No complaints were investigated.</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals</p>	{F 880}		3/22/21	

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

TITLE

(X6) DATE

Electronically Signed

03/22/2021

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 880}	<p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	{F 880}			

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{F 880}	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to adhere to infection control procedures in accordance with The Centers for Disease Control and Prevention (CDC) recommendations to mitigate the spread of COVID-19 for 1 resident (Resident #105) in a sample size of 5 residents.</p> <p>For Resident #105, two staff members were observed entering Resident #105's room without a gown and gloves donned. Resident #105 was a new admission on Enhanced Droplet-Contact Precautions.</p> <p>The findings included:</p> <p>Res #105, an 84-year old female admitted on 03/05/2021. Diagnoses included but were not limited to hypoglycemia and end stage renal disease.</p> <p>On 03/09/2021 at approximately 9:30 A.M., the Assistant Administrator was interviewed. When asked about a quarantine unit, the Assistant Administrator stated that all new admissions, readmissions, and dialysis residents are on the quarantine unit. When asked about the Personal Protective Equipment (PPE) policy for the quarantine unit, the Assistant Administrator stated</p>	{F 880}	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F880</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice;</p> <p>" RN A was educated on the importance of and the proper procedures for Donning and Doffing PPE</p> <p>" Employee G is no longer employed at the facility</p> <p>" Center Staff are currently using all appropriate PPE as per guidelines.</p>		

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{F 880}	<p>Continued From page 3</p> <p>that staff members wear "full PPE" and don/doff PPE for each room. When asked what PPE is included for full PPE, the Assistant Administrator stated it includes gown, gloves, N-95 mask, and eyewear.</p> <p>On 03/09/2021 at approximately 10:10 A.M., this surveyor and the Assistant Director of Nursing walked down the hall of the west unit (quarantine unit). Resident #105's room had signage on the door indicating enhanced droplet-contact precautions and protective personal equipment supplies outside the room door. This surveyor observed two staff members enter Resident #105's room without donning gown and gloves. The first staff member entered the room with the gown in her hand, stood at the foot of the A bed, and proceeded to don her gown and gloves. The second staff member, holding a gown in her hand, entered the room not wearing a gown and gloves, touched the inside of the door with her ungloved hand to shut the door. Upon exiting room, the staff members were interviewed. The first staff member, identified as Registered Nurse A (RN A) was asked about the donning procedure. RN A stated she usually puts gown on first then the rest of the PPE. When asked where she dons PPE, RN A stated she usually dons the PPE in the hall but she was just entering the room to see if the resident had left for dialysis yet. The second staff member, identified as Employee G, a wound care physician, then stated that she was just following [RN A] into the room. The Assistant Director of Nursing was asked about the expectation for donning PPE, and the Assistant Director of Nursing stated the expectation is to don PPE before entering the room.</p>	{F 880}	<p>2. How you will identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken; " All residents are at risk to be affected by alleged deficient practice related to employees failure to utilize appropriate PPE.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur. " Staff Development Coordinator or Designee will educate all center staff on proper use of PPE upon entering Enhanced Droplet-Contact Precaution areas.</p> <p>4. How the corrective action will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place. " SDC or designee will audit 10% staff to observe PPE donning prior to entering Enhanced Droplet-Contact Precautions rooms to ensure appropriate PPE is utilized. This audit will be completed 3 times weekly for 2 weeks, weekly times 2 weeks, monthly for 2 weeks, and then be reviewed in QAPI meeting.</p> <p>5. Date of compliance: 3/22/21</p>		

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{F 880}	<p>Continued From page 4</p> <p>On 03/09/2021 at approximately 10:50 A.M., a follow-up interview with the Assistant Director of Nursing was conducted. When asked about her observations, the Assistant Director of Nursing stated that she saw [Employee G in [Resident #105's] room without gown and gloves on. When asked about the importance of having gown and gloves on, the Assistant Director of Nursing stated that wearing a gown and gloves was part of the precautions [requirement].</p> <p>On 03/09/2021 at approximately 11:10 A.M., the Assistant Administrator and Director of Nursing (DON) were notified of findings. When asked about the expectation for donning PPE, the DON stated the expectation is that staff will don PPE prior to going into the room. The DON also stated that all staff have been educated on how to properly don/doff PPE. When asked about the importance of wearing the gown and gloves in the room, the DON stated that wearing the gown and gloves helps prevent the spread of contagious viruses. The DON also stated it helps prevent possibly touching things in the room that have any residue on it or virus droplets. The DON also stated that wearing the gown and gloves is essential for anything whether COVID is in the building or not.</p> <p>On 03/09/2021 at approximately 11:55 A.M., the DON and corporate RN provided a copy of the education sheets for RN A and Employee G. A document dated 03/02/2021 (untimed) entitled, "Inservice/Education Record." Under the header "Objectives", it was documented, "Donning/doffing appropriate PPE upon entering enhanced contact precaution area." Under the header "Name of Personnel Attending" RN A's printed name and signature were on the list.</p>	{F 880}			

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{F 880}	Continued From page 5 A document dated 03/09/2021 at 9:00 A.M. entitled, "Inservice/Education Record." Under the header "Summary of Content", it was documented, "Donning/doffing appropriate PPE upon entering enhanced contact precaution area." Under the header "Name of Personnel Attending" Employee G's printed name and signature were on the list. When asked why Employee G was not trained prior to the AOC [allegation of compliance] date of 03/08/2021, the DON stated that [Employee G, the wound physician], only comes in once a week so she was trained today prior to her shift. When asked what time Employee G arrives to her shift, the DON stated "She got here at 8:30 A.M. today but didn't see patients right away." On 03/09/2021 at approximately 1:45 P.M., the facility staff provided a copy of their policy Manual name entitled, "Infection Prevention & Control Policies & Procedures", Manual Section entitled, "Emerging Infectious Disease(s)", and Policy Name entitled, "COVID-19." An excerpt of Section 6 entitled, "New Admissions/Readmissions" documented, "New admissions/readmissions within the fourteen (14) day monitoring period will be cared for using recommended personal protective equipment and placed on Enhanced Droplet - Contact Precaution." The facility staff provided a copy of the signage on Resident #105's door. The sign entitled, "Enhanced Droplet-Contact Precautions" documented the following: "Perform Hand Hygiene Surgical Mask when entering room Eye protection when entering room"	{F 880}			

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{F 880}	Continued From page 6 Gown when entering room Gloves when entering room Private room and keep door closed." On 03/09/2021 at approximately 2:30 P.M., the Assistant Administrator and DON were notified of findings. They submitted no further information or documentation.	{F 880}		