

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

PRINTED: 10/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT RIVER POINTE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4142 BONNEY ROAD VIRGINIA BEACH, VA 23452</b>	
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E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 5/4/20 though 5/8/20 onsite from 6/17/20 through 6/18/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities	E 000		
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Survey was conducted offsite from 5/4/20 through 5/8/20 and onsite from 6/17/20 through 6/18/20. The facility was not in compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirements.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention	F 880		7/24/20

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

TITLE

(X6) DATE

Electronically Signed

07/17/2020

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

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

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F 880	<p>Continued From page 2 by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and facility documentation review, the facility staff failed to ensure the COVID-19 unit was supplied with Protective Personal Equipment (PPE) to include sufficient number of disposable gowns; and that the staff utilized the designated exit from the COVID-19 unit to prevent transmission of infection.</p> <p>The findings included:  On 6/17/20 at 6:26 p.m., an inspection was conducted on the COVID-19 unit. The Director of Nursing (DON) was with this surveyor during the inspection of the COVID-19 unit. Four residents resided on this unit; two COVID-19 positive, one transferred from the Emergency Department (ED) and one re-admission from the hospital. One Licensed Practical Nurse (LPN) #1 was assigned to the unit and wore a blue plastic isolation gown. The gown did not provide coverage to the sides, the back, or neck/upper chest portion.</p>	F 880	<p>F880</p> <ol style="list-style-type: none"> <li>COVID-19 unit was restocked with additional Protective Personal Equipment (PPE) to include disposable gowns on 6/17/2020. LPN#1 no longer employed at facility. LPN#2 was immediately educated by SDC/Infection Control Preventionist on 6/17/2020 for dedicated supplies on COVID unit.</li> <li>All residents have the potential to be affected. No one on the adjacent unit where the gowns were given developed any S/S of COVID.</li> <li>SDC/Infection Control Preventionist will in-service staff in all departments on using designated exit from COVID-19 unit to prevent transmission of infection. SDC/Infection Control Preventionist will in-service staff in all departments on not sharing Protective Personal Equipment</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>At each of the resident entry doors was a three drawer Sterilite container designed to house PPE supplies to include gowns for staff use to provide resident care. No gowns were in any of the drawers. When asked where isolation gowns were stored on the unit, LPN #1 took this surveyor to the medication room where no gowns were found. LPN#1 stated, "I think I have two on my medication cart, but I gave five gowns away." The DON stated that the PPE on the COVID-19 unit should not be shared between any other units and if gowns are damaged or soiled there will be plenty to change into.</p> <p>When asked about the exit process on the COVID-19 unit, LPN #1 said she bagged her PPE and placed the bag at the doorway of the FINE unit and exited through the FINE unit. The DON corrected the LPN #1 and stated, "You were supposed to go out the exit door to the outside not into another unit!" LPN #1 pointed to the DON and said, "Oh, now she (referring to the DON) is saying I have to do something different."</p> <p>On 6/17/20 at 7:00 p.m., this surveyor and the DON exited the COVID-19 unit to the outside after disposing our PPE in the receptacle at the door, disinfecting shoes and sanitizing hands.</p> <p>On 6/17/20 at 7:10 p.m., the Staff Development Coordinator (SDC) stated that she stocks all PPE on the units Monday, Wednesday and Friday between 4:30 p.m. and 6:00 p.m. According to the SDC she stocked the COVID-19 unit with at least a full package of 15 gowns to last through several shifts. The SDC showed this surveyor the main stock room with ample amounts of PPE to include gowns; all plastic blue gowns. The SDC stated LPN #2 from the Homer hall should have</p>	F 880	<p>(PPE) including disposable gowns from COVID-19 unit with other units of facility to prevent transmission of infections. COVID-19 Unit will be re-stocked daily by a designated staff member as well as remaining units within the facility. Additional Protective Personal Equipment (PPE) will be stored in medication rooms for each nursing unit.</p> <p>4. DON will audit where employees exit COVID-19 Unit 5X/weekly for 8 weeks and DON will audit COVID-19 Unit 5X/weekly for 8 weeks for Protective Personal Equipment (PPE) to include sufficient number of disposable gowns. The reported results of the weekly audits will be submitted to the facility's QAPI committee monthly for 3 months. The QAPI committee is responsible for monitoring of the ongoing compliance.</p>		

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F 880	<p>Continued From page 4</p> <p>called her and she would have brought the PPE she needed, "right away."</p> <p>On 6/17/20 at 7:30 p.m., an interview was conducted with the LPN (#2) who worked the on the Homer hall and had received PPE from the COVID-19 hall. She stated she knocked on the COVID-19 door to get PPE so she could set up her resident's tray that was on isolation precautions on the Homer hall. She stated she did not want to delay the resident from eating which was the only reason she ask for a gown from the COVID-19 unit. LPN #2 also stated LPN #1 gave her a full package of 15 gowns and she would not have taken them if she knew it would have left the COVID-19 unit without a sufficient amount of gowns for current and following shifts.</p> <p>On 6/17/20 at 7:45 p.m., an interview was conducted with the Administrator and DON. The Administrator stated the facility was issued paper gowns that actually fit around the entire body of the nursing staff, but was not able to explain why they were not in use. They stated they were not sure why LPN #1 was not forthcoming about the amount of PPE given to LPN #2, but it was confirmed by the SDC that a full and complete package of 15 gowns had been issued to the COVID-19 unit prior to LPN #1 giving it away. They said although LPN #1 exited from the COVID-19 unit into an area where there were empty residents rooms, she had received training about the operation of the unit to include the exit protocol to the outside from the COVID-19 unit.</p> <p>The training records dated 4/23/20 were reviewed and it was determined that LPN #1 and #2 received training on the facility's Pandemic plan that included the operation of the COVID-19 unit,</p>	F 880			

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