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	495390	A. BUILDING _____ B. WING _____	06/26/2020

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BIRMINGHAM GREEN	8605 CENTREVILLE ROAD MANASSAS, VA 20110

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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 4/28/20 though 4/30/20 onsite from 6/24/20 through 6/26/20. 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 4/28/20 through 4/30/20 and onsite from 6/24/20 through 6/26/20. The facility was not in compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirements. The census in this 180 certified bed facility was 125 at the time of survey. The survey sample consisted of 2 residents (Resident #1 and #2). The total number of COVID-19 positive residents as of the date of the survey was 97; and 59 of these residents recovered. There were two active cases at the time of the survey. The total number of COVID-19 positive staff cases were 43.	F 000		
F 880 SS=E	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		8/9/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/20/2020

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F 880	Continued From page 1	F 880		

and control program (IPCP) that must include, at a minimum, the following elements:

§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;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(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
(vi)The hand hygiene procedures to be followed

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F 880	Continued From page 2 by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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, clinical record review, and review of facility documentation, the facility staff failed to follow droplet precautions using the preferred or alternative Personal Protective Equipment (PPE) to provide care to 2 of 2 residents in the facility identified with the COVID-19 virus (Residents #1 and #2); and the facility failed to store resident equipment appropriately in the clean utility room on 1 of 3 units in the nursing facility to prevent the possible transmission of infection. The findings include: 1. During observations on the Colonial Heights unit on 6/24/20 at 1:00 p.m., Certified Nursing Assistant (CNA) #1 demonstrated the cleaning and storage of patient care equipment to include the vital sign machines. She stated all vital sign machines have two large clear bags tied on each side of the machine's storage basket. She said one bag stores clean wipes that are saturated with a mixed disinfectant in a spray bottle and the	F 880	The submission of the Plan of Correction does not constitute agreement on the part of Birmingham Green that the deficiencies cited within the report represent deficient practices on the part of Birmingham Green. This plan represents the facility□s ongoing pledge to provide quality care that is rendered in accordance with all regulatory requirements. The Plan of Correction shall serve as our allegation of compliance. Birmingham Green utilized Health Quality Innovation Network (HQIN) resources (Program Manager support & webinars) in preparing the Plan of Correction. F880 a. Resident #1 and #2 had no negative outcomes from staff not using preferred PPE, recovered, and returned to their rooms on 6/26/20. LPN #2, LPN #3, and CNA #2 were reeducated on 6/25/20 by	

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F 880	Continued From page 3 second bag designed to dispose of the used wipes. She stated when the vital sign machine was not in use it is stored disinfected and without any bags. She took this surveyor to the clean utility room only to find one vital sign machine that had the two bags attached to the storage basket with many used wipes in one of the bags. CNA #1 said, "I can't believe someone put this vital sign machine in here like this. I have no idea who did it. Nothing is supposed to be in this room that is not disinfected or with used wipes in the disposal bag." The CNA removed the vital sign machine from the clean utility room, removed the bags and disposed of them, disinfected the machine and returned it to the clean utility room. The CNA stated, "I was told in order to save money we were not routinely using Sani-wipes. We would not have to use those bags and it would be easier to dispose of after cleaning the vital sign machines." The facility's Action Plans for COVID-19 dated 3/5/20 and ongoing indicated each manager would be provided with the approved spray cleaner and that Sani wipes would also be provided and used for resident areas. One of the methods for monitoring the plan included environmental services to ensure all departments have sufficient cleaning supplies for equipment and guidance provided on how spray cleaners are to be used. 2. On 6/24/20 at 12:45 p.m., during observations on the Cardinal Heights Unit, Unit Manager Licensed Practical Nurse (LPN) #1 stated she had two residents cohorted together that were assessed to be PUIs (Persons Under Investigation) based on the fact that they had recent visits to the hospital and the emergency	F 880	the Director of Nursing on the preferred or alternative PPE (as recommended by the CDC) for care of residents identified with confirmed positive COVID-19 virus diagnosis and persons under investigation (PUI). Beginning on 6/26/20 direct care staff were educated on the proper storage of equipment in the clean utility room. b. Residents with the diagnosis of COVID-19 and persons under investigation (PUI) for symptoms as the result of daily COVID-19 screening process have the potential to be affected. On 6/24/2020 the Director of Nursing audited all resident equipment for improper storage. No other concerns were noted. On 6/25/2020 all units were stocked with needed PPE supplies and inventory PAR list established. c. All departments are being educated on the revised distribution process and proper utilization of surgical masks, N95 masks and face shields per COVID-19 CDC recommendations. Direct care staff are being educated on sanitizing and proper storage of resident equipment education by the Learning & Development Manager. On June 25, 2020, the facility initiated a separate sign out for N95 masks to differentiate between N95 Mask, Surgical Mask and other PPE. On June 25, 2020 the facility has instituted a PAR level to ensure adequate supply and replenishment before supply reaches a SUB-PAR low level with designated staff	

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F 880	Continued From page 4 department (ED). She stated these residents were placed on droplet precautions and monitored for any signs and symptoms of COVID-19 as a precautionary measure for 14 days, after which they would return to their previously assigned rooms. She stated the PPE used by the nursing staff to care for these residents included gown, gloves, and a surgical mask. Staff were not observed wearing face shields. On 6/24/20 at 1:55 p.m. during observations on the Garden Hill Unit, the Unit Manager, LPN #2 stated she had two COVID-19 positive residents in an area behind double doors and were both on droplet precautions. The CNA (#2) providing direct care for both residents wore a reusable isolation gown, gloves and yellow surgical mask. When asked if she wore a face shield as a part of the isolation precautions, she stated, "Approximately a couple of months ago, a doctor from (hospital name) came and told us we only needed a surgical mask to care for suspected or COVID-19 diagnosed residents. I get a surgical mask assigned to me every three days by the 11 p.m.-7 a.m. nursing supervisor. I will get one tomorrow. I wear it in and out of the facility, hang in in my car and put it on the next time I work, I am full time. I was fit tested for an N95 and also had a face shield but was told they were costly and we didn't need them. I don't feel comfortable being in such close contact with the COVID residents, but I pray I remain COVID free." She stated the 11 p.m.-7 a.m. nor the 3 p.m.-11 p.m. CNA wore an N95 or face shield to provide direct care for the COVID-19 positive residents. The CNA stated the licensed nurses that administered medications to the aforementioned residents wore a gown, gloves and surgical mask.	F 880	responsible for daily inventory and stocking of the units. Facility inventory of all PPE was completed June 25, 2020 by the Procurement Clerk to ensure adequate supplies are available and easily accessible for direct care staff. Nursing Home Registered Nurses, trained for N95 fit testing, began a third round of fit testing to include the small N95 mask on 7/17/2020. d. Nursing Leadership and Administration will conduct observation rounds to communicate, audit, and reinforce compliance with appropriate PPE utilization and resident equipment storage. We will audit 15 staff per week for appropriate N95 mask and face shield/goggle usage for 4 weeks and then 10 staff per week for 8 weeks. We will audit resident equipment on each unit (3) for proper storage twice per day for 4 weeks and then once per day for 8 weeks. Summary of audit findings will be reviewed through the monthly Clinical Operations Report (COR) process and submitted to quarterly QAPI Committee for review and recommendations. e. Date of completion: □ August 9, 2020	

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During the above interview with CNA #2, she stated there was a sign out sheet for PPE and escorted this surveyor to the nurse's station located directly outside the double doors from the COVID-19 area. The Unit Manager, LPN #2 stated she had just returned after an extended leave and did not know what was going on or what changes had been made. Licensed Practical Nurse (LPN #3) retrieved a black binder that housed several sheets with six columns and the following headings: Item description, Date, Print Name, Signature, Badge Number and Work Location. LPN #3 stated the binder was only for the Garden Hill Unit nursing staff was signed out a gown and or surgical mask on a daily basis and as needed, but no N95s or face shields. Review of the sign out sheets evidenced a gown and or mask was allocated to the nursing staff daily. CNA #2's name was entered on the sheet to have been last issued a mask on 6/16/20. LPN #3 was wearing a personal mask over a yellow surgical mask and stated she was told she did not need to wear a face shield when caring for a suspected or positive COVID-19 resident or when she administered their medications unless their medications involved aerosol treatments. When asked, LPN #3 showed this surveyor where masks were located in the unit's medication room in a locked cabinet. Several yellow surgical masks were in a clear plastic bag and two face shields were on the shelf. LPN #3 stated, "I had an N95 about two months ago, but the elastic broke and I could not be refitted for a new one because they did not have my size, but then we were told we didn't need them anyway." During all of the above discussions, two additional nursing staff at the nursing station voluntarily spoke up and added that they were also told no

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N95s or face shields were necessary to care for suspected or COVID positive residents. The Unit Manager, LPN #2 sat in the corner of the nurse's station desk and did not indicate that she would inquire about appropriate PPE use to provide direct care for suspected and or COVID-19 positive residents on her unit.

Resident #1 was admitted to the nursing facility on 10/3/19 with diagnoses that included high blood pressure, diabetes and encephalopathy. The resident was diagnosed positive for the COVID-19 virus on 5/15/20. The quarterly Minimum Data Set (MDS) dated 4/9/20 assessed the resident with a 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident was cognitively intact with the skills for daily decision making.

Resident #2 was admitted to the nursing facility on 10/17/14 with diagnoses that included Parkinson's disease and diabetes. The resident was diagnosed positive with the COVID-19 virus on 5/26/20. The significant change in status 5 day assessment dated 6/1/20 coded the resident with short and long term memory problems and severely impaired in the cognitive skills for daily decision making.

On 6/26/20 at 12:48 p.m., a debriefing was conducted via phone with the Administrator. All of the above observations, interviews and concerns were shared with her. She stated there was a disconnect somewhere because initially there was a shortage of PPE, but the facility was fully equipped with the necessary PPE to include N95s and face shields. The Administrator said, "We follow the Centers for Disease Control and prevention (CDC) and Virginia Department of

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Health (VDH) guidelines that I emailed to you." It was agreed to talk again after she had an opportunity to investigate the surveyors findings.

On 6/26/20 at 4:00 p.m., an interview was conducted with the Administrator, Director of Nursing (DON), Chief Executive Officer (CEO) and Chief Operations Officer (COO). They stated they received supplies from several sources that were stored in the beauty shop and distributed from the supervisor's office to include N95s and face shields. The COO and the CEO stated that if N95s were not used, they expected the nursing staff to use a face shield with a surgical mask in caring for residents that are suspect for or diagnosed with COVID-19, which were the guidelines issued by the CDC and VDH. The Administrator said when she interviewed LPN #3 on the Garden Hill unit, she told her about her broken N95 mask, the inability to issue one her size, but added she was allergic to the N95s. This information was not relayed to the surveyor at the time of the interview with LPN #3, nor was there a record provided that the LPN had an allergy to N95 mask. Since this was the medication nurse assigned to the COVID positive, if there was a need to wear an N95, this revelation indicated she would never be able wear one if aerosols were ordered for suspected or confirmed COVID residents.

During the above interview, the DON stated the physician the staff was referring to instructed the nursing staff that they could wear a surgical mask along with a face shield to care for suspected and COVID positive residents, and to wear an N95 with face shield if administering aerosol treatments. The DON stated she made rounds and saw that staff were wearing the proper PPE

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to include N95s and or face shields. The DON also stated the sign out sheet for PPE on the units could have meant an N95 was issued while the documents only annotated "mask." When asked how she or her designees determine when they issued the aides and nurses their fit tested specific N95s and or face shield, she did not have a definitely timeframe, only to say, "They can have one anytime they needed one, especially if it got wet inside, maybe five days." The sign out sheet on the unit indicated a mask was given everyday to the nurses and aides that worked the unit, with the exception of CNA #2 who stated she was issued a surgical mask every three days and was observed on 6/24/20 wearing her surgical mask on and off the unit, as well as leaving for her shift with the same mask on at 3:00 p.m..
The CEO, COO and DON stated it was not an acceptable practice for CNA #2 to have left out of the COVID area with the same facemask, through other resident areas to exit the facility.
The Administrator stated, "If the staff is not getting what they need, they were not telling us because the equipment is available."

The facility's Policy and procedures titled "Optimization Strategies for PPE in Long-Term Care Facilities (LTCFs)" dated 4/7/20 indicated relative to surgical facemasks, for any contact with residents in LTCFs with respiratory infection, the health care personnel (HCP) must follow standard, droplet and contact precautions with eye protection. HCP must wear a facemask (unless for aerosol-generating procedure, where a fit tested respirator must be used), eye protection or face shield and gloves. A face shield/goggles/safety glasses to be used during prolonged face-to face or close contact with infectious resident. The VDH and CDC guidelines

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F 880	Continued From page 9 referred to in this policy indicated the preferred COVID-19 PPE use for HCP was the N95 or higher respirator with face shield or goggles. The acceptable alterative PPE was a facemask with Face shield or goggles. The policy indicated HCP must be fit-tested prior to the initial use of a respirator with the same make, model, style and size respirator that will be used annually after that and whenever a different respirator is used. The QA Action plan dated 4/27/20 indicated that for PUI individuals, full PPE and N95 to be worn until status is known.	F 880		