

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NANS POINTE REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST CONSTANCE ROAD SUFFOLK, VA 23434</b>		
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E 000	Initial Comments	E 000			
	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 12-17-20 and continued with offsite review 12-18-20 and 12-21-20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced COVID-19 Focused Survey was conducted onsite 12-17-20 and continued with offsite review on 12-18-20 and 12-21-20. The facility was not in 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.				
	The census in this 148 certified bed facility was 84 at the time of survey. A total of 107 residents were tested for COVID-19 resulting in 74 confirmed cases of COVID-19 since the start of the pandemic. A total of 124 staff were tested for COVID-19 resulting in 38 confirmed cases of COVID-19 since the start of the pandemic. There were zero resident recoveries and 15 staff recoveries at the time of survey. There was one staff and seven resident deaths related to COVID-19.				
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	F 880			

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

TITLE

(X6) DATE

01/11/2021

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>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 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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. 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 staff interview and facility document review, it was determined that facility staff failed to ensure three staff members (Certified Nursing Assistant-CNA #1 through #3) were screened prior to the start and after their shift for signs and symptoms of COVID-19.</p> <p>The findings included:</p> <p>Review of the facility's "COVID-19 employee Sign In and Sign Out log" documents the following questions to be asked before employees start and leave their shift: "Name, Dept (Department); Time in; Temp in threshold 99.6; Do you have any symptoms of sore throat, fever, cough, shortness of breath, malaise, or GI Symptoms; Have you</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>had any type of sickness of generally not feeling well in the last 72 hours; Have you been in any location or around anyone that has had a confirmed case of COVID-19 in the last 14 days. If yes, please see charge nurse ... Temp out threshold 99.6; Time Out."</p> <p>Review of the "As Worked schedules" from 11/27/20 through 12/17/20 revealed CNA #1, worked on 12/12/20 through 12/14/20 11 PM-7 AM (11-7) shift; and 12/16/20 and 12/17/20 11-7 shift.</p> <p>Review of the facility time punch sheets confirmed that CNA #1 had worked the above nights/shifts.</p> <p>Review of the employee screening logs from 11/25/20 through 12/17/20 failed to evidence his signature on the "COVID-19 employee Sign In and Sign Out log" prior to and after working on all 5 dates.</p> <p>Further review of the "As-Worked Schedules" revealed that CNA #2 had worked on 12/15/20. Review of the facility time punch sheets confirmed she had worked this date on 11-7 shift.</p> <p>Review of the employee screening logs for 12/15/20; failed to evidence CNA #2's signature on the "COVID-19 employee Sign In and Sign Out log" prior to and after working her shift that night.</p> <p>Further review of the "As-Worked Schedules" revealed that CNA #3 had worked on 12/14/20 and 12/17/20. Review of the facility time punch sheets confirmed she had worked these dates on 11-7 shift.</p>	F 880			

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F 880	Continued From page 4  Review of the employee screening logs for 12/14/20 and 12/17/20; failed to evidence CNA #3's signature on the "COVID-19 employee Sign In and Sign Out log" prior to and after working her shift that night.  On 12/21/20 at 5:15 p.m., an interview was conducted with ASM (Administrative Staff Member) #2 the Director of Nursing (DON). When asked how often staff should be screened for signs and symptoms of COVID, ASM #2 stated that staff should be screened at the start of and after their shift. ASM #2 stated that screening consisted of temperature checks and filling out the questionnaire regarding s/s (signs and symptoms), and COVID exposure. When asked if there was only one entrance for staff to screen; ASM #2 stated that there was only one entrance staff conducted screening. ASM #2 and ASM #1 were then made aware of the above concerns.  Review of the Facility's Pandemic Plan documents in part, the following: "...ensure that all employees will be screened at the time of reporting to the start of their shift and at the time they time they end shift. This will include tracking, monitoring and/or reporting of fever (at a minimum vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of new respiratory symptoms ..."	F 880			
F 882 SS=D	No further information was presented prior to exit. Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c)  §483.80(b) Infection preventionist The facility must designate one or more	F 882			

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F 882	<p>Continued From page 5</p> <p>individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>§483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review; it was determined that the facility's Infection Control Preventionist did not receive specialized training in Infection Prevention and Control.</p> <p>The findings included:</p> <p>On 12/17/20 at 9:56 a.m. during entrance conference, it was determined that ASM (Administrative Staff Member) #2, the DON (Director of Nursing) was also the Infection Control Preventionist (ICP). ASM #2 also stated</p>	F 882			

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F 882	<p>Continued From page 6</p> <p>that the ADON (Assistant Director of Nursing) helped with Infection Control as well. During this morning entrance, it was requested to see evidence that ASM #2 had received specialized training in Infection Control.</p> <p>On 12/18/20 at 2:43 p.m., ASM #1, the facility Administrator provided evidence that ASM #2 had completed Modules 1-3 of the CDC (Center for Disease Control) Infection Prevention and Control Program Training Course on 12/18/20 (after survey had been started). There are a total of 23 modules to this course.</p> <p>ASM #1 also presented evidence that the ADON had completed Modules 1-3 of the CDC (Center for Disease Control) Infection Prevention and Control Program Training Course on 12/18/20.</p> <p>On 12/18/20 at 4:08 p.m., an interview was conducted with ASM #3, the ADON. When asked why she had to complete the Infection Control Training if she was not the ICP; ASM #3 stated, "To be honest we need to." ASM #3 stated that even though she is not the ICP, she helps the DON with infection control related tasks. ASM #3 stated that she takes on the ICP role when the DON is not available. When asked why she started her training that day on 12/18/20; ASM #3 stated that she had seen the DON completing the modules and told the DON that she felt she should be trained on it as well. ASM #3 stated that the training was a 23 module course and that she couldn't finish it all that day.</p> <p>On 12/18/20 at 4:23 p.m., an interview was conducted with ASM #2, the DON. When asked why her training was not completed until that day 12/18/20; ASM #2 stated that she was not aware</p>	F 882			

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F 882	<p>Continued From page 7</p> <p>that she had to take any specialized training. ASM #2 stated that her SDC (inservice coordinator) left a few months ago and the SDC normally alerts her when she needs to do any trainings. When asked how long ago her SDC had left, ASM #2 stated 3-4 months ago. ASM #2 also stated that the SDC was the ICP prior to leaving her employment. ASM #2 stated that she was going to complete the rest of the modules and that it was an "oversight."</p> <p>On 12/21/20 at 9:44 a.m., further interview was conducted with ASM #3, the ADON. When asked who the previous Infection Control Preventionist was prior to the DON; ASM #3 stated that the ICP was the SDC who had just recently left. ASM #3 then stated the Infection Control Program was a team effort. AMS #3 stated that the SDC was responsible for providing Infection Control related education but that she (ASM #3) has always been responsible for maintaining infection control surveillance. ASM #3 stated that she has been managing Infection Control Surveillance since she started working at the facility. When asked how long she has been an employee with the facility, ASM #3 stated, "2.5 years."</p> <p>On 12/21/20 at approximately 5 p.m., ASM #1, the Administrator and ASM #2, the DON were made aware of the above concerns.</p> <p>Review of the facility's "Infection Control Preventionist Job Description," documents in part the following: "...Experience...Must have completed specialized training in Infection Prevention and Control."</p>	F 882			
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)	F 883			



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F 883	Continued From page 8  §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.  §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is	F 883			

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F 883	<p>Continued From page 9</p> <p>medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, family interview, clinical record review and facility document review, it was determined that facility staff failed to document in the clinical record evidence that the Flu vaccination was administered; and also failed to have Flu Education and Consent forms readily available in the clinical record for five of six sampled residents; Residents #1 through #5.</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on 12/18/18 and readmitted on 3/23/20 with diagnoses that included but were not limited to stroke, high blood pressure, and high cholesterol. Resident #1's most recent MDS (Minimum data Set) assessment was a quarterly assessment with an ARD (Assessment Reference Date) of 11/17/20. Resident #1 was coded as being moderately impaired in cognitive function scoring 13 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #1 was coded in</p>	F 883			

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F 883	<p>Continued From page 10</p> <p>Section O.0250 (Influenza Vaccine) as not receiving the Flu Vaccination. "Not offered" was documented under Section O.0250.</p> <p>Review of the facilities' "Flu Vaccination Record" for Resident #1 documented the following: "Flucevax 2020-2021; Lot number 279828; Expiration dated 6/2021; Date Administered 11-6-20; 7-3 shift."</p> <p>Review of Resident #1's clinical record failed to evidence that the flu vaccination was given. There was no evidence that the flu vaccination was administered on the November 2020 MARS (Medication Administration Record) and TARS (Treatment Administration Record) or in the nursing notes dated November 2020 through December 2020.</p> <p>Review of the "Immunizations" tab of Resident #1's clinical record revealed that his last documented flu vaccination was on "10/19/2018."</p> <p>There was no evidence in the clinical record that the resident or resident representative was provided flu education and consent was obtained prior to receiving the flu vaccination.</p> <p>On 12/18/at 3:40 p.m., ASM #1 (Administrative Staff Member), the Facility Administrator was asked to provide evidence that the flu vaccination was administered as well as family education and consent.</p> <p>On 12/18/20 at 4:23 p.m., a telephone interview was conducted with ASM #1 and ASM #2, the DON (Director of Nursing). ASM #2 stated that the unit manager had all the consent forms and education locked up in his office and that the unit</p>	F 883			

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F 883	<p>Continued From page 11</p> <p>manager had left for the day related to a death in his family. ASM #2 also stated that the medical records personnel who also carries a key was also at a funeral. ASM #2 stated that they would be able to provide flu information on the following Monday 12/21/20.</p> <p>On 12/18/20 at 6:18 p.m., an interview was conducted with Resident #1's brother. Resident #1's brother was asked if he had been contacted by the facility and asked for consent to give his brother the flu vaccine and if any flu vaccine education was provided to him from the facility. Resident #1's brother stated, "I was only called and asked about consent, there was no education given. I gave consent."</p> <p>On 12/21/20 at 9:44 a.m., an interview was conducted with ASM #3, the ADON (Assistant Director of Nursing). When asked the process for obtaining the flu vaccination consents and providing education; ASM #3 stated that administration will direct the unit managers to have their floor nurses educate and obtain consents for the flu vaccinations. ASM #3 stated that education is given to each resident and the resident will sign a consent form that they either give or do not give consent and that they received the education. ASM #3 stated that the responsible party will be notified over the phone if the resident cannot give consent. ASM #3 stated that education is also given over the phone. When asked where the consent forms are kept; ASM #3 stated that the consent forms should either be filed in the hard chart or uploaded to the electronic system. When asked if nurses had access to the hard charts if the unit manager was not available, ASM #3 stated that they did. ASM #3 stated that a nursing note should also be</p>	F 883			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NANS POINTE REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST CONSTANCE ROAD SUFFOLK, VA 23434</b>		
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F 883	<p>Continued From page 12</p> <p>documented once the flu vaccination was administered. ASM #3 stated that this information should be documented either in a nurse's note or under the "Immunizations Tab" in the clinical record. ASM #3 stated that information such as location of the vaccination given; lot number of the solution etc. should also be documented. When asked how she would know if the flu vaccination was given to a resident if it is not documented in the clinical record, ASM #3 stated, "Good Question. They are supposed to document under the tab."</p> <p>On 12/21/20 at 10:15 a.m., ASM #1 had emailed the consent form for Resident #1. Review of the consent form revealed that education and consent to receive the flu vaccine was given and obtained by Resident #1 on 11/5/20. There was still no evidence that Resident #1 received the flu vaccination on the consent form.</p> <p>On 12/21/20 at 10:38 a.m., an interview was conducted with ASM #1 and ASM #2. When asked where they had found the consent and education forms for the flu vaccination, ASM #2 stated that her one unit manager had them locked up in a file. When asked if the consent form and education should be readily accessible in the clinical record, ASM #2 stated that everything is supposed to go into the clinical record. ASM #2 also stated that nurses were supposed to document when the vaccination was administered under the immunization tab or in a nursing note. ASM #1 and ASM #2 was made aware of the above findings, ASM #2 stated, "I'm going to address it."</p> <p>No further information was presented prior to exit.</p>	F 883			

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F 883	<p>Continued From page 13</p> <p>2. Facility staff failed to ensure education was given to Resident #2's representative prior to administering the flu vaccination on 11/5/20 was readily accessible in the resident's clinical record.</p> <p>Resident #2 was admitted to the facility on 3/30/1992 and readmitted on 10/4/2014 with diagnoses that included but were not limited to stroke, coronary artery disease, Dementia, and seizure disorder. Resident #2's most recent MDS (Minimum data set) was a quarterly assessment with an ARD (Assessment Reference Date) of 10/1/20. Resident #1's most updated influenza vaccination information was not yet reflected on the 10/1/20 MDS.</p> <p>Review of the facilities' "Flu Vaccination Record" for Resident #1 documented the following: "Type of Immunization: Influenza; Consent Status: Consented, Administered info: Left forearm 11/5/2020."</p> <p>Review of immunization tab in Resident #1's clinical record documented the following: "Flu Vaccination Record" for Resident #1 documented the following: "Type of Immunization: Influenza; Consent Status: Consented, Administered info: Left forearm 11/5/2020."</p> <p>Review of a nursing note dated 11/5/20 documented the following: "Note text: Resident's sister (Name) gave verbal consent via telephone for resident to receive flu shot."</p> <p>There was no evidence in the clinical record that the resident or resident representative was provided flu education prior to receiving the flu vaccination.</p>	F 883			

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F 883	<p>Continued From page 14</p> <p>On 12/18/20 at 3:40 p.m., ASM #1 (Administrative Staff Member), the Facility Administrator was asked to provide evidence that education was provided prior to administering the flu vaccination for Resident #2.</p> <p>On 12/18/20 at 4:23 p.m., a telephone interview was conducted with ASM #1 and ASM #2, the DON (Director of Nursing). ASM #2 stated that the unit manager had all the consent forms and education locked up in his office and that the unit manager had left for the day related to a death in his family. ASM #2 stated that the medical records personnel who carries a key to the locked cabinets was also at a funeral. ASM #2 stated that they would be able to provide flu information on the following Monday 12/21/20.</p> <p>On 12/21/20 at 9:44 a.m., an interview was conducted with ASM #3, the ADON (Assistant Director of Nursing). When asked the process for obtaining the flu vaccination consents and providing education; ASM #3 stated that administration will direct the unit managers to have their floor nurses educate and obtain consents for the flu vaccinations. ASM #2 stated that education is given to each resident and the resident will sign a consent form that they either give or do not give consent and that they received the education. ASM #3 stated that the responsible party will be notified over the phone if the resident cannot give consent. ASM #3 stated that education is also given over the phone. When asked where the consent forms are kept; ASM #3 stated that the consent forms should either be filed in the hard chart or uploaded to the electronic system. When asked if nurses had access to the hard charts if the unit manager was</p>	F 883			

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

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F 883	<p>Continued From page 15</p> <p>not available, ASM #3 stated that they did. ASM #3 stated that a nursing note should also be documented once the flu vaccination was administered. ASM #3 stated that this information should be documented either in a nurse's note or under the "Immunizations Tab" in the clinical record. ASM #3 stated that information such as location of the vaccination given; lot number of the solution etc. should also be documented.</p> <p>On 12/21/20 at 10:15 a.m., ASM #1 had emailed the consent form for Resident #2. Review of the consent form revealed that education and consent to receive the flu vaccine was given and obtained by Resident #2's representative on 11/5/2020.</p> <p>On 12/21/20 at 10:16 a.m. an interview was conducted with Resident #2's representative. Resident #2's sister was asked if she had been contacted by the facility and asked for consent to give her sister the flu vaccine and if any flu vaccine education was provided to her from the facility. Resident #2's sister stated, "They did call and ask for consent, but never went over any education with me."</p> <p>On 12/21/20 at 10:38 a.m., an interview was conducted with ASM #1 and ASM #2. When asked where they had found the consent and education forms for the flu vaccination, ASM #2 stated that her one unit manager had them locked up in a file. When asked if the consent form and education should be readily accessible in the clinical record, ASM #2 stated that everything is supposed to go into the clinical record. ASM #2 also stated that nurses were supposed to document when the vaccination was administered under the immunization tab or in a</p>	F 883			



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F 883	<p>Continued From page 16 nursing note. ASM #1 and ASM #2 was made aware of the above findings, ASM #2 stated, "I'm going to address it."</p> <p>No further information was presented prior to exit.</p> <p>3. Resident #3 was admitted to the facility on 5/14/18 with diagnoses that included but were not limited to Schizophrenia, Bipolar Disorder, Dementia, Alzheimer's Disease, and Hypertension.</p> <p>Resident #3's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 9/11/20. Resident #3 was coded as being intact in cognitive function, scoring 13 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #3 was coded in Section O.0250A (Influenza Vaccine) as "Yes" receiving the Flu Vaccination.</p> <p>Review of the facilities' "Flu Vaccination Record" for Resident #3 documented the following: "Flucevax 2020-2021; Lot number 279828; Expiration dated 6/2021; Date Administered 11-6-20; 7-3 shift."</p> <p>Review of Resident #3's clinical record failed to evidence that the Flu vaccination was given. There was no evidence that the Flu vaccination was administered on the November 2020 MARS (Medication Administration Record)/TARS (Treatment Administration Record) or in the nursing notes dated November 2020 through December 2020.</p> <p>Review of the "Immunizations" tab of Resident #3's clinical record revealed that her last</p>	F 883			

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F 883	<p>Continued From page 17 documented Flu vaccination was on "9/25/19."</p> <p>There was no evidence in the clinical record that the resident or resident representative was provided flu education and consent was obtained prior to receiving the flu vaccination.</p> <p>On 12/18/at 3:40 p.m., ASM #1 (Administrative Staff Member), the Facility Administrator was asked by the onsite surveyor to provide evidence that the Flu vaccination was administered as well as family education and consent.</p> <p>On 12/18/2020 at 12:25 P.M. a phone interview was conducted with Resident #3's son. Resident #3's son was asked if he had been contacted by the facility and asked for consent to give his brother the flu vaccine and if any flu vaccine education was provided to him from the facility. Resident #3's son stated, "They called me a couple months ago and asked if she could have it, but I didn't get any education. I was never told whether she received it or not."</p> <p>On 12/18/20 at 4:23 p.m., a telephone interview was conducted with ASM #1 and ASM #2, the DON (Director of Nursing). ASM #2 stated that the unit manager had all the consent forms and education locked up in his office and that the unit manager had left for the day related to a death in his family. ASM #2 also stated that the medical records personnel who also carries a key was also at a funeral. ASM #2 stated that they would be able to provide Flu information on the following Monday 12/21/20.</p> <p>On 12/21/20 at 9:44 a.m., an interview was conducted with ASM #3, the ADON (Assistant Director of Nursing). When asked the process for</p>	F 883			

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F 883	<p>Continued From page 18</p> <p>obtaining the Flu vaccination consents and providing education; ASM #3 stated that administration will direct the unit managers to have their floor nurses educate and obtain consents for the Flu vaccinations. ASM #2 stated that education is given to each resident and the resident will sign a consent form that they either give or do not give consent and that they received the education. ASM #3 stated that the responsible party will be notified over the phone if the resident cannot give consent. ASM #3 stated that education is also given over the phone. When asked where the consent forms are kept; ASM #3 stated that the consent forms should either be filed in the hard chart or uploaded to the electronic system. When asked if nurses had access to the hard charts if the unit manager was not available, ASM #3 stated that they did. ASM #3 stated that a nursing note should also be documented once the flu vaccination was administered. ASM #3 stated that this information should be documented either in a nurse's note or under the "Immunizations Tab" in the clinical record. ASM #3 stated that information such as location of the vaccination given; lot number of the solution etc. should also be documented. When asked how she would know if the flu vaccination was given to a resident if it is not documented in the clinical record, ASM #3 stated, "Good Question. They are supposed to document under the tab."</p> <p>On 12/21/20 at 10:15 a.m., ASM #1 had emailed the consent form for Resident #3. Review of the consent form revealed that education and consent to receive the Flu vaccine was given and obtained by Resident #3's son on 11/5/20. There was still no evidence that Resident #3 received the Flu vaccination on the consent form.</p>	F 883			

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F 883	<p>Continued From page 19</p> <p>On 12/21/20 at 10:38 a.m., an interview was conducted via phone by the onsite surveyor with ASM #1 and ASM #2. When asked where they had found the consent and education forms for the Flu vaccination, ASM #2 stated that her one unit manager had them locked up in a file. When asked if the consent form and education should be readily accessible in the clinical record, ASM #2 stated that everything is supposed to go into the clinical record. ASM #2 also stated that nurses were supposed to document when the vaccination was administered under the immunization tab or in a nursing note. ASM #1 and ASM #2 was made aware of the above findings, ASM #2 stated, "I'm going to address it."</p> <p>Prior to exit no further information was provided.</p> <p>4. Resident #4 was admitted to the facility on 3/29/19 with diagnoses that included but were not limited to Dementia, Delusional Disorder, Chronic Kidney Disorder and Hypertension.</p> <p>Resident #4's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 10/14/20. Resident #4 was coded as being intact in cognitive function, scoring 12 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #4 was coded in Section O.0250A (Influenza Vaccine) as "Yes" receiving the Flu Vaccination.</p> <p>Review of the facilities' "Flu Vaccination Record" for Resident #4 documented the following: "Flucevax 2020-2021; Lot number 279828; Expiration dated 6/2021; Date Administered 11-6-20; 7-3 shift."</p>	F 883			

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F 883	<p>Continued From page 20</p> <p>Review of Resident #4's clinical record failed to evidence that the Flu vaccination was given. There was no evidence that the Flu vaccination was administered on the November 2020 MARS (Medication Administration Record)/TARS (Treatment Administration Record) or in the nursing notes dated November 2020 through December 2020.</p> <p>Review of the "Immunizations" tab of Resident #4's clinical record revealed that her last documented Flu vaccination was on "9/26/19."</p> <p>There was no evidence in the clinical record that the resident or resident representative was provided flu education and consent was obtained prior to receiving the flu vaccination.</p> <p>On 12/18/20 at 3:40 p.m., ASM #1 (Administrative Staff Member), the Facility Administrator was asked by the onsite surveyor to provide evidence that the Flu vaccination was administered as well as family education and consent.</p> <p>On 12/18/2020 at 1:46 P.M. a phone interview was conducted with Resident #4's son. Resident #4's son was asked if he had been contacted by the facility and asked for consent to give his father the flu vaccine and if any flu vaccine education was provided to him from the facility. Resident #4's son stated, "They did call me about a month ago and asked if he could have the flu shot, but no I never received any education about it."</p> <p>On 12/18/20 at 4:23 p.m., a telephone interview was conducted with ASM #1 and ASM #2, the DON (Director of Nursing) by the onsite surveyor.</p>	F 883			

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F 883	<p>Continued From page 21</p> <p>ASM #2 stated that the unit manager had all the consent forms and education locked up in his office and that the unit manager had left for the day related to a death in his family. ASM #2 also stated that the medical records personnel who also carries a key was also at a funeral. ASM #2 stated that they would be able to provide Flu information on the following Monday 12/21/20.</p> <p>On 12/21/20 at 9:44 a.m., an interview was conducted with ASM #3, the ADON (Assistant Director of Nursing). When asked the process for obtaining the Flu vaccination consents and providing education; ASM #3 stated that administration will direct the unit managers to have their floor nurses educate and obtain consents for the Flu vaccinations. ASM #2 stated that education is given to each resident and the resident will sign a consent form that they either give or do not give consent and that they received the education. ASM #3 stated that the responsible party will be notified over the phone if the resident cannot give consent. ASM #3 stated that education is also given over the phone. When asked where the consent forms are kept; ASM #3 stated that the consent forms should either be filed in the hard chart or uploaded to the electronic system. When asked if nurses had access to the hard charts if the unit manager was not available, ASM #3 stated that they did. ASM #3 stated that a nursing note should also be documented once the flu vaccination was administered. ASM #3 stated that this information should be documented either in a nurse's note or under the "Immunizations Tab" in the clinical record. ASM #3 stated that information such as location of the vaccination given; lot number of the solution etc. should also be documented. When asked how she would know if the flu</p>	F 883			

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F 883	<p>Continued From page 22</p> <p>vaccination was given to a resident if it is not documented in the clinical record, ASM #3 stated, "Good Question. They are supposed to document under the tab."</p> <p>On 12/21/20 at 10:15 a.m., ASM #1 had emailed the consent form for Resident #4. Review of the consent form revealed that education and consent to receive the Flu vaccine was given and obtained by Resident #4's son on 11/5/20. There was still no evidence that Resident #3 received the Flu vaccination on the consent form.</p> <p>On 12/21/20 at 10:38 a.m., a telephone interview was conducted with ASM #1 and ASM #2. When asked where they had found the consent and education forms for the Flu vaccination, ASM #2 stated that her one unit manager had them locked up in a file. When asked if the consent form and education should be readily accessible in the clinical record, ASM #2 stated that everything is supposed to go into the clinical record. ASM #2 also stated that nurses were supposed to document when the vaccination was administered under the immunization tab or in a nursing note. ASM #1 and ASM #2 was made aware of the above findings, ASM #2 stated, "I'm going to address it."</p> <p>Prior to exit no further information was provided.</p> <p>5. Resident #6 was admitted to the facility on 8/6/16 and readmitted on 3/30/20 with diagnoses that included but were not limited to Schizophrenia, high blood pressure, dementia, seizure disorder, and diabetes mellitus. Resident #6's most recent MDS (minimum data set) assessment was a quarterly assessment with an</p>	F 883			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NANS POINTE REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST CONSTANCE ROAD SUFFOLK, VA 23434</b>		
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F 883	<p>Continued From page 23</p> <p>ARD (assessment reference date) of 11/9/20. Resident #6 was coded as being intact in cognitive function scoring 14 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #6 was coded in Section O.0250 (Influenza Vaccine) as not receiving the flu Vaccination. "Not offered" was documented under Section O.0250.</p> <p>Review of the facilities' "Flu Vaccination Record" for Resident #1 documented the following: "Flucevax 2020-2021; Lot number 279828; Expiration dated 6/2021; Date Administered 11-6-20; 7-3 shift."</p> <p>Review of Resident #6's clinical record failed to evidence that the flu vaccination was given. There was no evidence that the flu vaccination was administered on the November 2020 MARS (Medication Administration Record)/TARS (Treatment Administration Record) or in the nursing notes dated November 2020 through December 2020.</p> <p>Review of the "Immunizations" tab of Resident #1's clinical record revealed that his last documented flu vaccination was on "9/25/19."</p> <p>There was no evidence in the clinical record that the resident or resident representative was provided flu education and consent was obtained prior to receiving the flu vaccination.</p> <p>On 12/18/20 at 3:40 p.m., ASM #1 (Administrative Staff Member), the Facility Administrator was asked by the onsite surveyor to provide evidence that the flu vaccination was administered as well as family education and consent.</p>	F 883			



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

PRINTED: 01/19/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
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F 883	<p>Continued From page 24</p> <p>On 12/18/2020 at 3:46 P.M. a phone interview was conducted with Resident #6's sister. Resident #6's sister was asked if she had been contacted by the facility and asked for consent to give her brother the flu vaccine and if any flu vaccine education was provided to her from the facility. Resident #6's sister stated, "They did call and ask for my consent to give the flu shot, but no I didn't get any education about it."</p> <p>On 12/18/20 at 4:23 p.m., a telephone interview was conducted with ASM #1 and ASM #2, the DON (Director of Nursing) by the onsite surveyor. ASM #2 stated that the unit manager had all the consent forms and education locked up in his office and that the unit manager had left for the day related to a death in his family. ASM #2 also stated that the medical records personnel who also carries a key was also at a funeral. ASM #2 stated that they would be able to provide flu information on the following Monday 12/21/20.</p> <p>On 12/21/20 at 9:44 a.m., a telephone interview was conducted with ASM #3, the ADON (Assistant Director of Nursing). When asked the process for obtaining the Flu vaccination consents and providing education; ASM #3 stated that administration will direct the unit managers to have their floor nurses educate and obtain consents for the flu vaccinations. ASM #2 stated that education is given to each resident and the resident will sign a consent form that they either give or do not give consent and that they received the education. ASM #3 stated that the responsible party will be notified over the phone if the resident cannot give consent. ASM #3 stated that education is also given over the phone. When asked where the consent forms are kept; ASM #3 stated that the consent forms should</p>	F 883			

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

PRINTED: 01/19/2022  
FORM APPROVED  
OMB NO. 0938-0391

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F 883	<p>Continued From page 25</p> <p>either be filed in the hard chart or uploaded to the electronic system. When asked if nurses had access to the hard charts if the unit manager was not available, ASM #3 stated that they did. ASM #3 stated that a nursing note should also be documented once the flu vaccination was administered. ASM #3 stated that this information should be documented either in a nurse's note or under the "Immunizations Tab" in the clinical record. ASM #3 stated that information such as location of the vaccination given; lot number of the solution etc. should also be documented. When asked how she would know if the flu vaccination was given to a resident if it is not documented in the clinical record, ASM #3 stated, "Good Question. They are supposed to document under the tab."</p> <p>On 12/21/20 at 10:15 a.m., ASM #1 had emailed the consent form for Resident #6. Review of the consent form revealed that education and consent to receive the flu vaccine was given and obtained by Resident #6 on 11/5/20. There was still no evidence that Resident #6 received the flu vaccination on the consent form.</p> <p>On 12/21/20 at 10:38 a.m., an interview was conducted with ASM #1 and ASM #2. When asked where they had found the consent and education forms for the flu vaccination, ASM #2 stated that her one unit manager had them locked up in a file. When asked if the consent form and education should be readily accessible in the clinical record, ASM #2 stated that everything is supposed to go into the clinical record. ASM #2 also stated that nurses were supposed to document when the vaccination was administered under the immunization tab or in a nursing note. ASM #1 and ASM #2 was made</p>	F 883			

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 883	Continued From page 26 aware of the above findings, ASM #2 stated, "I'm going to address it."  Facility policy titled, "Influenza, prevention and control of seasonal" did not address the above concerns.	F 883			
F 885 SS=E	No further information was presented prior to exit. Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii)  §483.80(g) COVID-19 reporting. The facility must—  §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—  (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This REQUIREMENT is not met as evidenced by:	F 885			

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F 885	<p>Continued From page 27</p> <p>Based on staff interview, family interview, clinical record review and facility document review, it was determined that facility staff failed to inform residents, their representatives, and families of suspected or confirmed COVID cases in the facility after the date of 12/1/20 for six of six sampled residents; Resident #1 through #6.</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on 12/18/18 and readmitted on 3/23/20 with diagnoses that included but were not limited to stroke, high blood pressure, and high cholesterol. Resident #1's most recent MDS (Minimum data Set) assessment was a quarterly assessment with an ARD (Assessment Reference Date) of 11/17/20. Resident #1 was coded as being moderately impaired in cognitive function scoring 13 out of 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Review of the facility's resident COVID-19 testing line list from 11/30/20 through 12/19/20 revealed positive COVID cases were identified on the following dates: 11/30/20, 12/2/20, 12/5/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, 12/11/20, 12/14/20, 12/15/20, and 12/19/20.</p> <p>Review of the facility's staff COVID-19 testing line list from 11/20/20 through 12/19/20 revealed positive COVID cases were identified on the following dates: 11/30/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/11/20, 12/12/20, 12/14/20, 12/18/20 and 12/19/20.</p> <p>Review of Resident #1's clinical record revealed that his family was notified on 12/1/20 for the first identified COVID-19 case. The following was</p>	F 885			

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 885	<p>Continued From page 28</p> <p>documented in his clinical record: "Staff made (Name of Representative) aware that the facility has one Resident tested positive for Covid and that the Resident is in quarantine. All Residents will be tested on December 1, 2020. Family has no concerns at this time."</p> <p>Further review of Resident #1's clinical record revealed that he had been sent out to the hospital on 12/5/20 and arrived back to the facility on 12/10/20. There was no evidence of any resident, representative, and family notification after 12/10/20 of further positive resident and staff COVID cases.</p> <p>On 12/18/2020 at 6:15 P.M. a phone interview was conducted with Resident #1's brother. Resident #1's brother was asked if he had received any updates, notifications or calls from the facility regarding Covid positive residents and staff results in the facility. Resident #1's brother stated, "I had a call on the 1st of December letting me know that they had one positive person. Then my brother went to the hospital on Saturday December 5th and came back to the home on December 10th." Resident #1's brother was then asked since his brother returned to the facility on December 10th had he received any calls, updates or notifications from the facility regarding any additional positive Covid cases in the facility. Resident #1's brother stated, "No, the only call and update I got was the one positive in the facility on the 1st of December."</p> <p>On 12/21/20 at 8:20 a.m., an interview was conducted with ASM (Administrative staff member) #2, the DON (Director of Nursing) via phone. When asked the process of notifying residents, representatives and family members</p>	F 885			

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

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FORM APPROVED  
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F 885	<p>Continued From page 29</p> <p>regarding new COVID cases; ASM #2 stated that they did notify family members with updated COVID numbers. ASM #2 then stated that the social workers were responsible for notifying the family members with every known case and to document in the electronic record that this notification had occurred.</p> <p>On 12/21/20 at 11:03 a.m., an interview was conducted with OSM (Other Staff Member) #1, the Social Worker via phone. When asked the process of notifying residents, representatives and family members regarding new COVID cases; OSM #1 stated that the facility had notified everyone on 12/1/20 regarding the first case on 11/30/20. OSM #1 stated that after that first case, she had just been notifying family members/representatives if their loved one (resident) was positive. OSM #1 stated that this week; the week of 12/21/20; she was going to notify all family members of updated COVID numbers through email and phone calls. When asked why she was notifying family members, OSM #1 stated, "Only because I want to give them a weekly update." When asked why weekly updates were not given before the week of 12/21/20; OSM #1 stated that she was not made aware she had to do weekly updates until last week.</p> <p>On 12/21/20 at approximately 5 p.m., ASM #1, the facility Administrator and ASM #2, the DON (Director of Nursing) were made aware if the above concerns.</p> <p>No further information was presented prior to exit.</p> <p>2. Resident #2 was admitted to the facility on</p>	F 885			

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

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F 885	<p>Continued From page 30</p> <p>3/30/1992 and readmitted on 10/4/2014 with diagnoses that included but were not limited to stroke, coronary artery disease, Dementia, and seizure disorder. Resident #2's most recent MDS (Minimum data set) was a quarterly assessment with an ARD (Assessment Reference Date) of 10/1/20.</p> <p>Review of the facility's resident COVID-19 testing line list from 11/30/20 through 12/19/20 revealed positive COVID cases were identified on the following dates: 11/30/20, 12/2/20, 12/5/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, 12/11/20, 12/14/20, 12/15/20, and 12/19/20.</p> <p>Review of the facility's staff COVID-19 testing line list from 11/20/20 through 12/19/20 revealed positive COVID-19 cases were identified on the following dates: 11/30/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/11/20, 12/12/20, 12/14/20, 12/18/20 and 12/19/20.</p> <p>Review of Resident #2's clinical record revealed that his family was notified on 12/1/20 for the first identified COVID case. The following was documented in her clinical record: "Staff made (Name of Representative) aware that the facility has one Resident that has tested Positive for Covid and that the Resident is in quarantine. All Residents will be tested on December 1, 2020. Family has no concerns at this time."</p> <p>Further review of Resident #2's clinical record revealed that she became Covid positive on 12/5/20. The representative was made aware of Resident #2's Covid status. There was no further evidence of resident, representative or family notification regarding COVID cases in the facility after 12/5/20.</p>	F 885			

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

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F 885	<p>Continued From page 31</p> <p>On 12/21/20 at 8:20 a.m., an interview was conducted with ASM (Administrative staff member) #2, the DON (Director of Nursing). When asked the process of notifying residents, representatives and family members regarding new COVID cases; ASM #2 stated that they did not notify family members with updated COVID numbers. ASM #2 then stated that the social workers were responsible for notifying the family members with every known case and to document in the electronic record that this notification had occurred.</p> <p>On 12/21/2020 at 10:16 A.M. a phone interview was conducted with Resident #2's sister. Resident #2's sister was asked if she had received any updates, notifications or calls from the facility regarding Covid positive residents and staff results in the facility. Resident #2's sister stated, "I have not received any calls about positive Covid results in the home since the 1st of December. I try and call up there and most of the time they do not answer and if they do they never call you back with any answers. They are just horrible and will lie straight to your face. As far as I know there was just one positive case until they called me to tell me my sister was positive and being moved to another room."</p> <p>On 12/21/20 at 11:03 a.m., an interview was conducted with OSM (Other Staff Member) #1, the Social Worker via phone. When asked the process of notifying residents, representatives and family members regarding new COVID cases; OSM #1 stated that the facility had notified everyone on 12/1/20 regarding the first case on 11/30/20. OSM #1 stated that after that first case, she had just been notifying family</p>	F 885			



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F 885	<p>Continued From page 32</p> <p>members/representatives if their loved one (resident) was positive. OSM #1 stated that this week; the week of 12/21/20; she was going to notify all family members of updated COVID numbers through email and phone calls. When asked why she was notifying family members, OSM #1 stated, "Only because I want to give them a weekly update." When asked why weekly updates were not given before the week of 12/21/20; OSM #1 stated that she was not made aware she had to do weekly updates until last week.</p> <p>On 12/21/20 at approximately 5 p.m., ASM #1, the facility Administrator and ASM #2, the DON (Director of Nursing) were made aware if the above concerns.</p> <p>No further information was presented prior to exit. 3. Resident #3 was admitted to the facility on 5/14/18 with diagnoses that included but were not limited to Schizophrenia, Bipolar Disorder, Dementia, Alzheimer's Disease, and Hypertension.</p> <p>Resident #3's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 9/11/20. Resident #3 was coded as being intact in cognitive function, scoring 13 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Review of the facility's resident COVID-19 testing line list from 11/30/20 through 12/19/20 revealed positive COVID cases were identified on the following dates: 11/30/20, 12/2/20, 12/5/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, 12/11/20, 12/14/20, 12/15/20, and 12/19/20.</p>	F 885			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NANS POINTE REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST CONSTANCE ROAD SUFFOLK, VA 23434</b>		
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F 885	<p>Continued From page 33</p> <p>Review of the facility's staff COVID-19 testing line list from 11/20/20 through 12/19/20 revealed positive COVID-19 cases were identified on the following dates: 11/30/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/11/20, 12/12/20, 12/14/20, 12/18/20 and 12/19/20.</p> <p>Review of Resident #3's clinical record was completed and provided no evidence that her family was notified of any facility identified COVID cases from 11/30/20 through 12/14/20.</p> <p>On 12/18/2020 at 12:52 P.M. a phone interview was conducted with Resident #3's son. Resident #3's son was asked if he had received any updates, notifications or calls from the facility regarding Covid positive residents and staff results in the facility. Resident #3's son stated, "I was called on December 1st and made aware there was 1 Covid positive person and then I was called again this Tuesday the 15th by the Social Worker and told my mom tested positive." Resident #3's son was also asked if he had received any other notifications or calls from the facility about positive Covid cases from December 2nd up to today. Resident #3's son stated, "No I didn't , that didn't happen."</p> <p>On 12/21/20 at 8:20 a.m., an interview was conducted with ASM (Administrative staff member) #2, the DON (Director of Nursing). When asked the process of notifying residents, representatives and family members regarding new COVID cases; ASM #2 stated that they did notify family members with updated COVID numbers. ASM #2 then stated that the social workers were responsible for notifying the family members with every known case and to</p>	F 885			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NANS POINTE REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST CONSTANCE ROAD SUFFOLK, VA 23434</b>		
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F 885	<p>Continued From page 34</p> <p>document in the electronic record that this notification had occurred.</p> <p>On 12/21/20 at 11:03 a.m., an interview was conducted with OSM (Other Staff Member) #1, the Social Worker via phone. When asked the process of notifying residents, representatives and family members regarding new COVID cases; OSM #1 stated that the facility had notified everyone on 12/1/20 regarding the first case on 11/30/20. OSM #1 stated that after that first case, she had just been notifying family members/representatives if their loved one (resident) was positive. OSM #1 stated that this week; the week of 12/21/20; she was going to notify all family members of updated COVID numbers through email and phone calls. When asked why she was notifying family members, OSM #1 stated, "Only because I want to give them a weekly update." When asked why weekly updates were not given before the week of 12/21/20; OSM #1 stated that she was not made aware she had to do weekly updates until last week.</p> <p>No further information was presented prior to exit.</p> <p>4. Resident #4 was admitted to the facility on 3/29/19 with diagnoses that included but were not limited to Dementia, Delusional Disorder, Chronic Kidney Disorder and Hypertension.</p> <p>Resident #4's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 10/14/20. Resident #4 was coded as being intact in cognitive function, scoring 12 out of possible 15 on the BIMS (Brief Interview for Mental Status)</p>	F 885			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
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F 885	<p>Continued From page 35 exam.</p> <p>Review of the facility's resident COVID testing line list from 11/30/20 through 12/19/20 revealed positive COVID-19 cases were identified on the following dates: 11/30/20, 12/2/20, 12/5/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, 12/11/20, 12/14/20, 12/15/20, and 12/19/20.</p> <p>Review of the facility's staff COVID testing line list from 11/20/20 through 12/19/20 revealed positive COVID-19 cases were identified on the following dates: 11/30/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/11/20, 12/12/20, 12/14/20, 12/18/20 and 12/19/20.</p> <p>Review of Resident #4's clinical record revealed that his family was notified on 12/1/20 for the first identified COVID-19 case. The following was documented in his clinical record: "Staff left a voice mail for (Name of Representative) making him aware that the facility has one Resident that has tested positive for Covid and that the Resident is in quarantine. All Residents will be tested on December 1, 2020. There was no evidence of any resident, representative, and family notification after 12/1/20 of further positive resident and staff COVID cases.</p> <p>On 12/18/2020 at 1:46 P.M. a phone interview was conducted with Resident #4's son. Resident #4's son was asked if he had received any updates, notifications or calls from the facility regarding Covid positive residents and staff results in the facility. Resident #4's son stated, "I was called on December 1st and told they have one positive resident who had been quarantined" Resident #4's son was also asked if he had received any other notifications or calls from the</p>	F 885			

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

PRINTED: 01/19/2022  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2020</b>
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F 885	<p>Continued From page 36</p> <p>facility about positive Covid cases from December 2nd up to today. Resident #4's son stated, "Yes, they called me on December 15th this week to let me know dad had tested positive for Covid. That was the only other call I received."</p> <p>On 12/21/20 at 8:20 a.m., an interview was conducted with ASM (Administrative staff member) #2, the DON (Director of Nursing). When asked the process of notifying residents, representatives and family members regarding new COVID cases; ASM #2 stated that they did notify family members with updated COVID numbers. ASM #2 then stated that the social workers were responsible for notifying the family members with every known case and to document in the electronic record that this notification had occurred.</p> <p>On 12/21/20 at 11:03 a.m., an interview was conducted with OSM (Other Staff Member) #1, the Social Worker. When asked the process of notifying residents, representatives and family members regarding new COVID cases; OSM #1 stated that the facility had notified everyone on 12/1/20 regarding the first case on 11/30/20. OSM #1 stated that after that first case, she had just been notifying family members/representatives if their loved one (resident) was positive. OSM #1 stated that this week; the week of 12/21/20; she was going to notify all family members of updated COVID numbers through email and phone calls. When asked why she was notifying family members, OSM #1 stated, "Only because I want to give them a weekly update." When asked why weekly updates were not given before the week of 12/21/20; OSM #1 stated that she was not made</p>	F 885			

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F 885	<p>Continued From page 37</p> <p>aware she had to do weekly updates until last week.</p> <p>No further information was presented prior to exit.</p> <p>5. Resident #5 was admitted to the facility on 3/22/19 with diagnoses that included but were not limited to Congestive Heart Failure, Anemia, Osteoarthritis and Hypertension.</p> <p>Resident #5's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 9/21/20. Resident #5 was coded as being intact in cognitive function, scoring 14 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Review of the facility's resident COVID testing line list from 11/30/20 through 12/19/20 revealed positive COVID-19 cases were identified on the following dates: 11/30/20, 12/2/20, 12/5/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, 12/11/20, 12/14/20, 12/15/20, and 12/19/20.</p> <p>Review of the facility's staff COVID testing line list from 11/20/20 through 12/19/20 revealed positive COVID-19 cases were identified on the following dates: 11/30/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/11/20, 12/12/20, 12/14/20, 12/18/20 and 12/19/20.</p> <p>Review of Resident #5's clinical record was completed and provided no evidence that her family was notified of any facility identified COVID-19 cases from 11/30/20 through 12/14/20.</p> <p>On 12/18/2020 at 2:02 P.M. a phone interview was conducted with Resident #5's daughter.</p>	F 885			

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 885	<p>Continued From page 38</p> <p>Resident #5's daughter was asked if she had received any updates, notifications or calls from the facility regarding Covid positive residents and staff results in the facility. Resident #5's daughter stated, "I was called on December 1st and made aware of 1 positive Covid resident in the facility" Resident #5's daughter was also asked if she had received any other notifications or calls from the facility about positive Covid cases from December 2nd up to today. Resident #5's daughter stated, "No, I was not called again until this past Tuesday on the 15th and told that my mom was positive for Covid. I was never notified of any other positive cases in the facility."</p> <p>On 12/21/20 at 8:20 a.m., an interview was conducted with ASM (Administrative staff member) #2, the DON (Director of Nursing). When asked the process of notifying residents, representatives and family members regarding new COVID cases; ASM #2 stated that they did notify family members with updated COVID numbers. ASM #2 then stated that the social workers were responsible for notifying the family members with every known case and to document in the electronic record that this notification had occurred.</p> <p>On 12/21/20 at 11:03 a.m., an interview was conducted with OSM (Other Staff Member) #1, the Social Worker. When asked the process of notifying residents, representatives and family members regarding new COVID cases; OSM #1 stated that the facility had notified everyone on 12/1/20 regarding the first case on 11/30/20. OSM #1 stated that after that first case, she had just been notifying family members/representatives if their loved one (resident) was positive. OSM #1 stated that this</p>	F 885			

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F 885	<p>Continued From page 39</p> <p>week; the week of 12/21/20; she was going to notify all family members of updated COVID numbers through email and phone calls. When asked why she was notifying family members, OSM #1 stated, "Only because I want to give them a weekly update." When asked why weekly updates were not given before the week of 12/21/20; OSM #1 stated that she was not made aware she had to do weekly updates until last week.</p> <p>No further information was presented prior to exit.</p> <p>6. Resident #6 was admitted to the facility on 8/6/16 and readmitted on 3/30/20 with diagnoses that included but were not limited to Schizophrenia, high blood pressure, dementia, seizure disorder, and diabetes mellitus. Resident #6's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 11/9/20. Resident #6 was coded as being intact in cognitive function scoring 14 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Review of the facility's resident COVID testing line list from 11/30/20 through 12/19/20 revealed positive COVID-19 cases were identified on the following dates: 11/30/20, 12/2/20, 12/5/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, 12/11/20, 12/14/20, 12/15/20, and 12/19/20.</p> <p>Review of the facility's staff COVID-19 testing line list from 11/20/20 through 12/19/20 revealed positive COVID cases were identified on the following dates: 11/30/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/11/20, 12/12/20, 12/14/20,</p>	F 885			



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F 885	<p>Continued From page 40 12/18/20 and 12/19/20.</p> <p>Review of Resident #6's clinical record revealed that his family was notified on 12/1/20 for the first identified COVID-19 case. The following was documented in his clinical record: "Staff made (Name of representative aware that the facility has one Resident that has tested positive for Covid and that the Resident is in quarantine. All Residents will be tested on December 1, 2020. Family has no concerns at this time."</p> <p>There was no further evidence in Resident #6's clinical record of resident, representative or family notification regarding COVID cases in the facility after 12/1/20.</p> <p>Further review of Resident #6's clinical record revealed that he had been sent out to the hospital on 12/14/20 and had not returned back to the facility. Review of a nursing note dated 12/15/20 documented that Resident #6 was admitted for sepsis and possible COVID-19.</p> <p>Further review of the facility's COVID infection tracking log revealed that Resident #6 had passed away at the hospital.</p> <p>On 12/18/2020 at 3:46 P.M. a phone interview was conducted with Resident #6's sister. Resident #1's sister was asked if she had received any updates, notifications or calls from the facility regarding Covid positive residents and staff results in the facility. Resident #6's sister stated, "The last call I received was from the social worker on 12/1/2020 stating that there was 1 covid positive resident. I have only had that one call. Then they called me on December 14th to tell me my brother was being sent to the</p>	F 885			

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F 885	<p>Continued From page 41</p> <p>hospital and he died on the 15th. He was Covid positive."</p> <p>On 12/21/20 at 8:20 a.m., an interview was conducted with ASM (Administrative staff member) #2, the DON (Director of Nursing). When asked the process of notifying residents, representatives and family members regarding new COVID cases; ASM #2 stated that they did notify family members with updated COVID numbers. ASM #2 then stated that the social workers were responsible for notifying the family members with every known case and to document in the electronic record that this notification had occurred.</p> <p>On 12/21/20 at 11:03 a.m., an interview was conducted with OSM (Other Staff Member) #1, the Social Worker. When asked the process of notifying residents, representatives and family members regarding new COVID cases; OSM #1 stated that the facility had notified everyone on 12/1/20 regarding the first case on 11/30/20. OSM #1 stated that after that first case, she had just been notifying family members/representatives if their loved one (resident) was positive. OSM #1 stated that this week; the week of 12/21/20; she was going to notify all family members of updated COVID numbers through email and phone calls. When asked why she was notifying family members, OSM #1 stated, "Only because I want to give them a weekly update." When asked why weekly updates were not given before the week of 12/21/20; OSM #1 stated that she was not made aware she had to do weekly updates until last week.</p> <p>On 12/21/20 at approximately 5 p.m., ASM #1,</p>	F 885			

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

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F 885	Continued From page 42 the facility Administrator and ASM #2, the DON (Director of Nursing) were made aware if the above concerns.  No further information was presented prior to exit.  Facility policy titled, "Notification of Changes...7. a. Specific guidance notice of COVID-19 status change; a. Due to the potential for rapid spread-residents, family and staff will be notified of a single case positive COVID-19 of a healthcare worker and/or a residents by 5:00 PM the day following notifications to the facilities. b. In the event of 3 or more occurring 72 hours from each other will be notified by 5 PM the day following notifications to the facilities. c. On a weekly basis to maintain inform status."	F 885		