

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

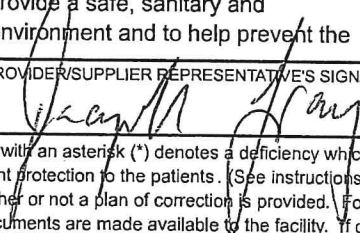
PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495309 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/09/2021 |
| NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH NORFOLK | | STREET ADDRESS, CITY, STATE, ZIP CODE 827 NORVIEW AVENUE NORFOLK, VA 23509 | |

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|--------------------|---|---------------|--|----------------------|
| E 000 | Initial Comments | E 000 | | |
| F 000 | INITIAL COMMENTS | F 000 | | |
| F 880 SS=D | <p>An unannounced Medicare/Medicaid Focused Infection Control (FIC) survey was conducted 09/08/21 through 09/10/21. 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.</p> <p>Resident cumulative COVID-19 cases since 2020 totaled 21, 3 COVID-19 related deaths. Staff cumulative COVID-19 cases since 2020 totaled 11, all staff recovered and no deaths. At the time of the survey, there was 1 resident that tested positive for COVID-19, and 0 Staff that tested positive for COVID-19.</p> <p>The census in this 60 certified bed facility was 39 at the time of the survey. The survey sample consisted of 10 current resident reviews: (Resident's #1 through #10).</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the</p> | F 880 SS=D | <p>F 880 SS=D- 1. Facility staff failed to ensure facility staff, residents signed in on the COVID log and were screened appropriately.</p> <p>1. The Identified dietary staff member who had not been screened on 9-7-21 was screened on 9-7-21. The Identified dietary staff members who had not been screened on 9-8-21 were screened on 9-8-2021.</p> | |

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

Electronically Signed



TITLE

Administrator

(X6) DATE

10/11/21

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 | Continued From page 1 development and transmission of communicable diseases and infections. §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: §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. | F 880 | <ol style="list-style-type: none"> 2. All staff and residents are at risk of spreading possible infection when infection control surveillance screening is not completed as required. 3. Education will be provided to facility staff, contract staff, visitors, and vendors on the required screening process upon entrance into the facility. One entrance (only) will be designated at the main entrance of the facility to ensure facility staff, contract staff, visitors and vendors enter and complete the required surveillance screening process. This process includes checking the individual's temperature and asking questions regarding possible signs and symptoms of COVID-19. 4. Administrative staff will conduct audits on screening logs 3x per week x 4 weeks to validate individuals entering the building have signed in, answered questions, and received a temperature check. Results of audits will be reported monthly to the QAPI Committee. The QAPI committee is responsible for the on-going monitoring for compliance. 5. DOC 10/13/21 | | |

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| F 880 | <p>Continued From page 2</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 observations, staff interviews and facility document review the facility staff failed to ensure that infection control surveillance screening was conducted on each staff member prior to the start of their shift on 9/7/21 and 9/8/21.</p> <p>The findings included:</p> <p>On 9/9/21 the Covid-19 Sign In/Out Entry Logs were audited using the facility as worked schedules with the facility's Infection Preventionist present. The Covid-19 Sign In/Out Entry Logs revealed that on 9/7/21 one dietary staff member who was identified on the as worked schedule for 9/7/21 had not been screened prior to the start of their shift.. Also on 9/8/21 based on the as</p> | F 880 | | |

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| F 880 | <p>Continued From page 3</p> <p>worked schedules for 9/8/21 there were 2 additional dietary staff members that were not listed on the Covid-19 Sign In/Out Entry Logs as being screened prior to the beginning of their shift.</p> <p>On 9/9/21 at 12:30 p.m., an interview was conducted with Dietary Aide OSM (other staff member) #2 regarding Covid screening on 9/7/21 prior to the beginning of her shift. OSM #2 was asked to review the Covid-19 Sign In/Out Entry Logs for 9/7/21 and indicate if her screening for that day was documented. OSM #2 stated, "I don't think I did the screening that day, it wasn't intentional. I usually screen every day I work. I kept ringing the doorbell and no one answered the door, so I went around to the back door and went to work."</p> <p>On 9/9/21 at 2:15 p.m., an interview was conducted with Dietary Aide OSM #4 regarding Covid screening on 9/8/21 prior to the beginning of her shift. OSM #4 was asked to review the Covid-19 Sign In/Out Entry Logs for 9/8/21 and indicate if her screening for that day was documented. OSM #4 stated, "No, I don't see where I signed in. I probably got distracted at the front door with questions about dialysis lunches. I should do the screening every day, it was just one of those days."</p> <p>On 9/9/21 at 2:30 p.m., an interview was conducted with Dietary Aide OSM #5 regarding Covid screening on 9/8/21 prior to the beginning of his shift. OSM #5 was asked to review the Covid-19 Sign In/Out Entry Logs for 9/8/21 and indicate if his screening for that day was documented. OSM #5 stated, "No, I'm not on it. I did not sign-in and screen. I was running late</p> | F 880 | | |

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| F 880 | <p>Continued From page 4</p> <p>from my other job. I came to work and went to the kitchen and forgot to sign-in on the logs. I should have recorded everything when I got here."</p> <p>On 9/9/21 at 2:41 p.m., an interview was conducted with the facility Infection Preventionist regarding the above findings and was asked if these 3 staff member had tested positive for Covid-19 in the last 2 weeks. The Infection Preventionist was also asked what were the expectations of staff in regards to Covid screening. The Infection Preventionist stated, "No, they were tested yesterday and everyone was negative. I expect all staff members to enter through the front door only. They ring the bell, are let in then they put their mask on. Then they are to take their temperature, log it into the screening logs and answer the screening questions. All staff should be screening upon entering the facility. I need to do some training, because I see now that all staff have not been screened."</p> <p>The facility policy titled, "Coronavirus Surveillance" last reviewed 10/29/20 was reviewed and is documented in part, as follows:</p> <p>Policy: This facility will implement heightened surveillance activities for coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness.</p> <p>Policy Explanation and Compliance Guidelines: 2. Heightened surveillance activities will be implemented to limit the transmission of COVID-19. These include, but are not limited to, screening visitors, staff and residents.</p> | F 880 | | |

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| F 880 | <p>Continued From page 5</p> <p>3. Screening for visitors and staff: a. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat or other symptoms of coronavirus.</p> <p>b. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, suspected to have COVID-19, or is ill with respiratory virus.</p> <p>c. Travel within the last 14 days to geographic areas with sustained community transmission.</p> <p>d. Residing in a community where community-based spread of COVID-19 is occurring.</p> <p>On 9/9/21 at 4:00 p.m., a prexit debriefing was conducted with the Administrator the Director of Nursing, the Infection Preventionist and the Regional Director of Clinical Services where the above findings were share. The Administrator stated, "Everyone that comes into the building is to be screened."</p> <p>No further information was shared from the facility staff prior to survey exit.</p> | F 880 | | |