

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

PRINTED: 08/03/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/27/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER-CANTERBURY OF RICHMOND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 WESTBROOK AVE RICHMOND, VA 23227</b>		
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 07/27/2022. The facility was in substantial compliance with 42 CFR Part 483.73(b)(6) emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.  The census in this 158 certified bed facility was 132 at the time of the survey.	E 000			
F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted onsite 07/27/2022. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. No complaints were investigated during the survey.  The census in this 158 certified bed facility was 132 at the time of the survey. The survey sample consisted of 7 resident reviews and 5 employee reviews.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880			

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

TITLE

(X6) DATE

*Sharon M. [Signature]* RN, VWCN, LNHA *Director of Nursing* 8/12/22  
date 8/15/22

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  §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. (v) The circumstances under which the facility must prohibit employees with a communicable	F 880	1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice: a) Direct care staff were educated on usage of goggles and other necessary PPE when caring for resident's #6 & #7 during any care provided, due to unvaccinated status during substantial and high transmission in Henrico County b) Resident #7 was immediately placed on Enhanced Droplet Precautions per CDC recommendations. c) For resident's #6 and #7, were immediately placed on Enhanced Droplet Precautions per CDC recommendations.  2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: a) The Nursing Leadership team/Designees will make rounds to ensure that all staff wear eye protection (i.e., goggles or a face shield), and required PPE during all resident personal care encounters when the COVID-19 transmission level is substantial or high, or in outbreak status. b) All unvaccinated residents will be placed on enhanced droplet precautions during an outbreak or when the county in which we reside is at substantial to high transmission levels. c) The Infection Preventionist (IP)/Designee, will track all resident COVID-19 vaccinations and will ensure Enhanced Droplet Precautions are in place for residents who are not-up-to-date or unvaccinated.	7/28/2022	8/25/2022

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F 880	<p>Continued From page 2</p> <p>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 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 observation, staff interviews, facility documentation review, and clinical record review, the facility staff failed to implement infection control practices as per the CDC (Centers for Disease Control and Prevention) and CMS (Centers for Medicare &amp; Medicaid Services) guidance/requirements to prevent the spread of COVID-19 within the facility for 2 of 7 sampled residents (#6 &amp; #7)</p> <p>The findings included:</p> <p>1. The facility staff failed to wear eye protection when providing direct Resident care, while the facility was located in an area of high COVID-19 transmission and in an active COVID-19 outbreak as per the guidance from CDC (Centers for Disease Control and Prevention).</p>	F 880	<p>3. What measures will be put into put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <p>a) The Facility Educator/ Designee will educate staff on community transmission levels/ facility outbreak status and what type of PPE is to be worn based on each level.</p> <p>b) The IP completed a 100% review of all resident's COVID-19 vaccination status to determine who was not-up-to-date or unvaccinated. Those residents were immediately placed on Enhanced Droplet Precautions.</p> <p>c) The Infection Preventionist/ Designee will keep a spreadsheet tracking the weekly transmission levels and PPE required for the level, for the county in which the facility is located.</p> <p>d) Infection Preventionist will email PHC staff weekly, or with any changes, indicating the current transmission level for the county and what PPE is to be worn.</p> <p>e) The Facility Educator/ Designee will educate staff regarding the required PPE necessary for Enhanced Droplet Precautions.</p> <p>f) The Facility Educator will educate staff on the proper donning of a surgical mask by pinching the bridge of the nose for proper placement to ensure the mask does not fall below the nostrils.</p>	08/25/2022	

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F 880	<p>Continued From page 3</p> <p>Prior to the survey team's entry to the facility the CDC COVID Data Tracker was reviewed and it noted the facility was located in an area with a "high" level of community transmission for COVID-19. Accessed online at:</p> <p>On 7/27/22, upon the survey team arrival to the facility, during the screening process, the survey team was made aware that the facility was in a current COVID-19 outbreak status.</p> <p>On 7/27/22 at approximately 12:40 PM, the facility Administrator and Infection Preventionist confirmed that the facility was in a COVID-19 outbreak and currently had Residents on quarantine for COVID-19.</p> <p>On 7/27/22 at approximately 1:00 PM, a tour of the facility was conducted with the IP present. Nurses, certified nursing assistants, therapy staff, maintenance, and housekeeping employees were all observed entering Resident rooms wearing only surgical masks.</p> <p>On 7/27/22 at approximately 4:00 PM, LPN B and LPN C were observed administering medications to Residents on unit 1 and unit 3. LPN B and LPN C were observed to enter multiple Resident rooms wearing only a surgical mask. No other PPE, to include but not limited to: eye protection, was observed.</p> <p>On 7/27/22, during a meeting with the facility Administrator, Director of Nursing and IP, the IP confirmed that the facility had remained in a level of high community transmission for months.</p> <p>The facility policy titled, "Novel Coronavirus (COVID-19)" was reviewed. This policy read,</p>	F 880	<p>4. How the corrective action will be monitored to ensure the deficient practice will not recur:</p> <p>a) The Facility Educator/ Designee will submit copies of education provided and discuss any observations or concerns to the QAPI committee for further review.</p> <p>b) The IP will report the resident's vaccination status and that proper TBP compliance to the QAPI committee.</p> <p>c) The IP will submit any variances or staff concerns related to the county transmission levels to the QAPI committee for further recommendations and guidance.</p> <p>d) The Unit Managers and Supervisors will make rounds to ensure proper PPE is being worn by staff correctly daily x 5 days, then weekly x 2 weeks, then monthly x 2 months.</p> <p>e) The DON/ADON will randomly quiz staff on different types of PPE, how to properly don and doff and when it should be worn daily x 5 days, weekly x 2 weeks then monthly x 2 months. Any variances will be reported to the QAPI committee for further recommendations.</p> <p>f) The Unit Managers and Supervisors will make rounds to ensure anyone wearing a surgical mask, has it secured on the bridge of their nose correctly daily x 5 days, then weekly x 2 weeks, then monthly x 2 months. Any variances will be reported to the QAPI committee for further recommendations.</p>		08/25/2022

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F 880	<p>Continued From page 4</p> <p>".. 20. The facility will prepare for a potential outbreak, by addressing: a. Leadership staff will stay informed regarding COVID-19 and potential risks in their geographic location via the CDC Community Transmission Level and CDC COVID Tracker..."</p> <p>The CDC guidance document titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic", with a revision date of Feb. 2, 2022, was reviewed. This document read, "Implement Universal Use of Personal Protective Equipment for HCP [health care personnel]. Additionally, HCP working in facilities located in counties with substantial or high transmission should also use PPE as described below: Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters..." Accessed online at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a></p> <p>On 7/27/22, the facility Administrator, Director of Nursing and IP were made aware of the above findings and guidance from CDC was reviewed with them.</p> <p>No further information was provided.</p> <p>2. The facility staff failed to wear appropriate personal protective equipment (PPE) while providing care to a Resident (Resident #7) who was unvaccinated.</p> <p>On 7/27/22, during a survey entrance conference</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>held with the facility Administrator, Director of Nursing (DON) and Infection Preventionist (IP), the IP identified that the facility was in a COVID outbreak status and had identified their most recent COVID positive Resident that same day.</p> <p>Review of the facility submitted listing of Resident's COVID immunization status revealed that Resident #7 was not up-to-date with COVID immunizations.</p> <p>On 7/27/22 at approximately 4:00 PM, Surveyor B observed LPN B to enter the room of Resident #7 and administer medications. LPN B was observed wearing a procedure mask and no other PPE (personal protective equipment).</p> <p>On 7/27/22, during a group meeting with the facility Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON) and Infection Preventionist (IP), the IP confirmed that that facility had identified a COVID outbreak on 6/24/22, and remained in outbreak status. During this same meeting, the facility staff confirmed that Resident #7 was no up-to-date with COVID immunizations.</p> <p>The facility policy titled, "Novel Coronavirus (COVID-19)" was reviewed. This policy read, "...26. Confirmed Cases of COVID-19. 4. The facility's Infection Preventionist (IP) will collaborate with the Office of Epidemiology along with the CDC for additional guidance. Outbreak Plan:.....g. During an outbreak, residents who are not up to date with COVID-19 vaccinations who are in close proximity to a positive resident case or who have had a confirmed exposure to COVID-19: i. will be placed on quarantine with HCP utilizing full PPE when caring for said</p>	F 880			

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F 880	<p>Continued From page 6 residents (enhanced droplet precautions)..."</p> <p>The Centers for Disease Control and Prevention (CDC) gives facilities guidance in their document titled, "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Nursing Homes &amp; Long-Term Care Facilities, Updated Feb. 2, 2022". This document read, "...New Infection in Healthcare Personnel [HCP] or Residents...Respond to a Newly Identified SARS-CoV-2-infected HCP or Resident...Residents and HCP who are not up to date with all recommended COVID-19 vaccine doses:...These residents should generally be restricted to their rooms, even if testing is negative, and cared for by HCP using an N95 or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities..." Accessed online 7/27/22, at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p>During an end of day meeting on 7/27/22, the facility Administrator, DON, ADON (assistant director of nursing) and Infection Preventionist confirmed they were aware of the CDC guidance document referenced above and follow CDC guidance. They were shown the guidance regarding Residents who are not up to date with all recommended COVID-19 vaccine doses being cared for using pull PPE, when the facility is in outbreak. They all confirmed that they were not aware that this meant all Residents who were not up to date.</p> <p>No further information was provided.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>3. For Resident #6 and #7, who were not up-to-date with COVID immunizations, the facility staff failed to implement transmission based precautions/(TBP) and require staff to wear full personal protective equipment (PPE) to include N-95, isolation gown, eye protections, and gloves during all direct care encounters while in an active COVID outbreak.</p> <p>On 7/27/22, during a meeting with the facility Administrator, DON, ADON and IP, they identified that they facility was in a COVID-19 outbreak.</p> <p>On 7/27/22, during the entrance conference the IP confirmed that they had some Residents on isolation/transmission based precautions and this was identified by signage on the exterior of the Resident's room door. During a facility tour, Surveyor B observed that (Resident #6 and #7) had no signage for isolation/TPB.</p> <p>The facility staff provided the survey team with a Resident COVID-19 vaccination listing. Review of this listing revealed that Resident #6 and #7, were not up-to-date with COVID vaccinations or were unvaccinated.</p> <p>On 7/27/22 at approximately 1 PM and again at 4:00 PM, a tour of the facility was conducted. Resident #6 and #7's rooms were specifically observed and identified no indication that they were on any type of precautions and gave no indication that additional PPE (N-95, eye protection, gloves and isolation gown) were needed.</p> <p>A review of the facility policy titled, "Novel</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>Coronavirus (COVID-19)" was conducted. This policy read, "...Outbreak Plan: ...g. During an outbreak, residents who are not up to date with COVID-19 vaccinations who are in close proximity to a positive resident case or who have had a confirmed exposure to COVID-19: i. will be placed on quarantine with HCP utilizing full PPE when caring for said residents (enhanced droplet precautions)..."</p> <p>The Centers for Disease Control and Prevention (CDC) gives facilities guidance in their document titled, "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Nursing Homes &amp; Long-Term Care Facilities, Updated Feb. 2, 2022". This document read, "...New Infection in Healthcare Personnel or Residents: Respond to a Newly Identified SARS-CoV-2-infected HCP [healthcare personnel] or Resident...Residents and HCP who are not up to date with all recommended COVID-19 vaccine doses: These residents should generally be restricted to their rooms, even if testing is negative, and cared for by HCP using an N95 or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities..."</p> <p>During an end of day meeting on 7/27/22, the facility Administrator, DON, ADON (assistant director of nursing) and Infection Preventionist confirmed they were aware of the CDC guidance document referenced above and follow CDC guidance. They were shown the guidance regarding Residents who are not up to date with all recommended COVID-19 vaccine doses being cared for using pull PPE, when the facility is in</p>	F 880			

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F 880	Continued From page 9 outbreak. They all confirmed that they were not aware that this meant all Residents who were not up to date.  No further information was provided.	F 880			