

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 831 ELLERSLIE AVE COLONIAL HEIGHTS, VA 23834	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and facility documentation review, the facility staff failed to properly follow infection prevention protocols related to COVID-19 in two areas (the lobby and Physical Therapy Departments) of 10 observed areas. The findings included: The Receptionist, a Dietary Staff member, and the Physical Therapy Director were observed not wearing a mask. On 06/15/2020 at 11:06 AM, Surveyor A entered the facility. During a tour that lasted until 11:45 AM, Surveyor A observed the Receptionist behind two Plexiglass partitions. The Receptionist did not have on a facemask. The Receptionist greeted Surveyor A and handed the Kiosk to initiate the questionnaire and temperature check as per the protocol at the facility. Surveyor A observed a staff member going to the bathroom in the lobby and was not wearing a mask. The staff member (Employee F) stated she worked in dietary. In addition, the Physical Therapy Director was observed not wearing a mask while sitting in her office with the door open. There were four residents and staff members in the gym who were each wearing masks. When the Physical Therapy Director saw Surveyor A and a facility staff person enter the room, the Physical Therapy Director put on a mask. On 06/15/2020 at 12:08 PM, an interview was conducted via the telephone with the Director of Nursing and Assistant Director of Nursing who stated they were sitting in the same office. The Director of Nursing was asked about the expectations regarding the use of masks within the facility. The Director of Nursing stated the expectation was that everybody should wear an N95 mask while in the building. The Assistant Director of Nursing stated all of the employees should wear the masks. When asked if they were aware of the fact that employees were observed without wearing masks, the Director of Nursing stated she was informed about three employees who did not have on masks. When asked if the facility was experiencing shortages of PPE, the Director of Nursing stated no. A copy of the facility policy was requested to be sent via email. The Director of Nursing stated she would submit the copy. On 06/15/2020 at 3:13 PM, an interview with the Administrator was conducted via telephone. The Assistant Director of Nursing and Unit Manager were in the Administrator's office during the interview. When asked about the process for wearing masks in the facility, the Administrator stated she had been informed that three staff members did not have on their masks in non patient care areas. When asked about the facility policy regarding wearing of masks, the Administrator stated staff members do not have to wear masks when they are not in patient care areas. The Administrator stated the lobby was not a patient care area. The Administrator was asked if Physical Therapy is considered a patient care area. The Administrator stated yes but the staff working with the residents had on their masks and the residents had on masks. The Administrator stated the residents who were in the Physical Therapy gym had all tested negative for COVID-19. The Administrator stated that employees in individual offices do not have to wear a mask if no residents are within 6 feet of the office. The Administrator was asked to provide a copy of the policies regarding the wearing of masks. On 06/15/2020 at 3:19 PM, Surveyor A and Surveyor B called the Administrator and Director of Nursing on a conference call. Surveyor A explained that she had seen the Receptionist without a mask behind the Plexiglass partition which had Plexiglass on two sides. Surveyor A also stated she observed a Dietary Employee in the lobby hallway and was not wearing a mask. The Dietary Employee was observed walking in the hallway, retrieved the key to the Women's bathroom and used the bathroom and returned the key to the basket on the ledge near the Receptionist's desk. The Administrator stated the receptionist sits behind a desk with Plexiglass on two sides and did not need to wear a mask because she was not in a patient care area. The Administrator stated the facility staff do not need to wear a mask unless they are in patient care areas. When asked if the Physical Therapy gym was considered a patient care area, the Administrator stated yes. The Administrator apologized and stated she was not at the facility when the observations took place and would need to gather more information. When asked about shortages of PPE, the Administrator stated the facility was not experiencing shortages of Personal Protective Equipment (PPE). During the end of day debriefing on 6/15/2020, the facility Administrator, Assistant Director of Nursing and Unit Manager were informed of the findings. The Administrator stated the facility staff did not have to wear masks unless they were in patient care areas. The Administrator stated she did not wear a mask in her office either. The Administrator stated the facility was not experiencing shortages of Personal Protective Equipment (PPE). The Administrator was asked to provide a copy of the CDC guidelines that the facility was following and the facility policy that advised no use of masks unless in patient care areas. Review of the facility documentation presented showed guidance on Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response. The documentation did not address the use of regular facemasks in the facility. In addition, the facility still had COVID-19 positive cases in the facility. According to the VDH COVID-19 Resources for Long-Term Care Facilities, Updated May 6, 2020, the facility should follow these guidelines: On Page 9 of 22, At this time of Public Health Emergency and widespread community transmission, it is recommended that all HCP in every LTCF wear a facemask while in the facility. o This serves a dual purpose of preventing entry of [MEDICAL CONDITION] into the facility and protecting staff from splashes and sprays of infectious material. This is an example of what CDC refers to as source control which is a physical measure taken to prevent respiratory pathogens including [DIAGNOSES REDACTED]-CoV-2 from being introduced, persons being exposed, or the environment being contaminated in a facility. An example of source control includes recommending masking for visitors and HCP. o HCPs should wear a cloth face covering when outside the facility, change into a facemask when they enter the facility, wear facemasks while on duty, and change into a cloth face covering when they exit the facility. Cloth face coverings are not PPE. They help prevent entry of [MEDICAL CONDITION] into the facility but do not offer the HCP a higher level of protection from exposures while at work. o A facemask can be a surgical mask, which has been approved by the FDA, or a procedure mask, which is not regulated by FDA. A surgical mask should be worn if splashes or sprays are anticipated and supplies are adequate. The most important thing is for staff to wear a facemask at all times when they are in the facility. Per the CDC's guidance stated healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. CDC recommendations/guidelines accessed online 6/9/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html CMS's COVID-19 Long-Term Care Facility Guidance dated April 2, 2020, read: For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. accessed online at https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf On 6/16/2020 at 2:25 PM during the end of day debriefing, the Administrator was advised of the findings. The facility staff reported experiencing no shortage of PPE at the current time. The Administrator stated she was going to meet with the facility's corporate consultant to discuss the wearing of masks in the facility. No further documentation or information was provided.</p>		

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

TITLE

(X6) DATE

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.