

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER BONVIEW REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 7246 FOREST HILL AVE RICHMOND, VA 23225	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, and facility documentation, the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 1 of 3 nursing units within the facility. The findings included: 1. The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19. 2. The facility staff failed to change mop water after cleaning a Resident room on droplet precautions for COVID-19 prior to cleaning other Resident rooms not on droplet precautions. 3. The facility staff failed to don (put on) PPE before entering a Resident room on droplet precautions for COVID-19. 1A). On 8/26/2020 at approximately 1:40 PM, while accompanied by Employee C (Assistant Director of Nursing ADON), Employee J was observed outside of room [ROOM NUMBER]. room [ROOM NUMBER]'s door was closed with the following signs on the exterior of the door: Sequence for putting on personal protective equipment (PPE): 1. Gown, 2. mask or respirator, 3. goggles or face shield, 4. gloves. A second sign read, Droplet/Contact Precautions What to wear: mask, gloves, gowns, eye protection, door should remain closed. A third sign on the door read, Droplet Precautions: Stop: Visitors report to the nurse before entering. Personal Protective Equipment (PPE), hand hygiene, patient placement, patient transport. Employee J was observed to have on a mask and eye protection. Employee J then put on an isolation gown by putting her arms through the sleeves and tied it at the waist. Employee J failed to put the gown over her head to secure it at the neck and it was observed to fall away from her chest. Employee J entered the Resident's room. Employee J did not put gloves on prior to entering the room. Employee J touched the Resident's over bed table with her ungloved hands. Employee C, the ADON, called Employee J back to the doorway. Employee J then put the isolation gown over her head and commented I thought I had tied it. Surveyor A asked Employee J why she didn't have gloves on, Employee J stated, I have them right here (she was holding gloves in her hand). Surveyor A asked if Employee J was to put PPE on prior to entering the room, Employee J stated yes. 1B) Surveyor A observed that Employee J had a procedure mask on underneath her N95 (medical respirator). When Employee J was asked about this she stated, that's how they do it in other buildings. (Note: By applying the N95 mask over the procedure mask, it fails to maintain a seal and therefore any particles/contaminates would be able to potentially enter or exit under the mask.) Employee J was asked if this is how she was trained, Employee J didn't respond. Surveyor A asked if Employee J normally works at this facility and Employee J stated, yes. Surveyor A asked Employee C if staff are to wear a procedure mask under their N95 (medical respirator), Employee C stated, no ma'am they have been told they can wear it on top, but it is not effective underneath because it prevents them obtaining a seal. On 8/26/2020 at approximately 3:10 PM during an end of day meeting the facility Administrator, ADON, Infection Preventionist and Regional Director of Clinical Services were made aware of the observations of Employee J. During this call, RN A (the infection preventionist) was asked when staff should be donning (putting on) PPE. RN A stated, before entering the room. The facility staff were then asked if they expect staff to wear a procedure mask under their N95, RN A stated, no, it doesn't give you a proper seal. On 8/26/2020 the facility staff provided evidence of Employee J receiving training on 6/3/2020 regarding infection control and hand washing. Employee J received training on 8/18/20 regarding proper PPE Doff/Don (put on and removal), COVID-19 protocol. On 8/27/2020 a review of the facility policy titled Standard and Transmission Based Precautions was reviewed. It read, Apply PPE upon room entry and remove PPE prior to leaving the room: gloves, gown. The CDC guidance is as follows: During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces. Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don (put on) gloves upon entry into the room or cubicle. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient. Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before leaving the patient-care environment. Accessed online at: https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html The facility Administrator and ADON were made aware of the findings. No further information was provided. 2. On 8/26/2020 at 1:47 PM Employee H was observed cleaning in room [ROOM NUMBER], which was on droplet precautions. An interview was conducted with Employee H. When asked about her process/practice she indicated she cleans the room then goes to the next room. When asked at what point she changes her mop water, if she changes between each room, Employee H stated no, I go to the next one and do several before I change because they really aren't that dirty. Surveyor A observed that multiples rooms on the hallway with room [ROOM NUMBER] were on droplet precautions, there were also several rooms that were not on droplet precautions. On 8/26/2020 at approximately 3:10 PM during an end of day meeting the facility Administrator, ADON, Infection Preventionist and Regional Director of Clinical Services were made aware of the observations and interview with Employee H. During this call, Surveyors A and B asked what the expectation is when staff are cleaning. The facility Administrator stated, when mopping of the rooms, they change the water every 2 rooms and if on precautions they are to change it between every room. On 8/26/2020 the facility staff provided the survey team with training records dated 8/21/2020 that revealed Employee H had been educated on cleaning isolation rooms based on CDC guidance. The CDC gives the following guidance: Environmental Infection Control: Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly Accessed online 8/27/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html The facility Administrator and ADON were made aware of the findings. No further information was provided. 3. On 8/26/2020 at 1:52 PM Surveyor A, while accompanied by Employee C, the ADON, an observation was made of RN B, the unit manager, entering Resident room [ROOM NUMBER]. room [ROOM NUMBER] was identified by signage to be on droplet precautions. The following signage was observed on the exterior of the door: Sequence for putting on personal protective equipment (PPE): 1. Gown, 2. mask or respirator, 3. goggles or face shield, 4. gloves. A second sign read, Droplet/Contact Precautions What to wear: mask, gloves, gowns, eye protection, door should remain closed. A third sign on the door read, Droplet Precautions: Stop: Visitors report to the nurse before entering. Personal Protective Equipment (PPE), hand hygiene, patient placement, patient transport. RN B, the unit manager was observed to have on her N95 mask and a face shield but at no point was she observed to put on an isolation gown or gloves. Upon RN B's exit from room [ROOM NUMBER] Surveyor A asked about wearing PPE in the room, RN B stated, yes I should have put on a gown and gloves but I didn't think I was going to be in there but a minute. RN B stated she was aware of the importance of wearing full PPE. On 8/26/2020 Employee C, the ADON, stated that RN B should have had on a gown and gloves prior to entering room [ROOM NUMBER]. On 8/26/2020 at approximately 3:10 PM during an end of day meeting the facility Administrator, ADON, Infection Preventionist and Regional Director of Clinical Services were made aware of the observations and interview with RN B. During this call, Surveyors A and B asked what the expectation is. The facility Administrator stated RN B should have put on gloves and a gown before entering room [ROOM NUMBER]. On 8/27/2020 a review of the documents</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>the facility submitted to the survey team revealed RN B had attended training from the CDC entitled Nursing Home Infection Preventionist Training Course and completed it on 12/7/2019. On 8/27/2020 a review of the facility policy titled Standard and Transmission Based Precautions was reviewed. It read, Apply PPE upon room entry and remove PPE prior to leaving the room: gloves, gown. CDC guidance stated: Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Accessed online at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html CDC guidance further stated: Gloves: Put on clean, non-sterile gloves upon entry into the patient room or care area. Gowns: Put on a clean isolation gown upon entry into the patient room or area. Accessed online at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html The facility Administrator and ADON were made aware of the findings. No further information was provided.</p>		