

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER NORFOLK HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 901 EAST PRINCESS ANNE ROAD NORFOLK, VA 23504	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined that facility staff failed to follow infection control practices and don the appropriate PPE (personal protective equipment) for one of one residents in the survey sample, Resident #1. The findings included; Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Resident #1's most recent MDS (minimum data set) assessment was an annual assessment with an ARD (assessment reference date) of 5/2/19. Resident #1 was coded as being cognitively intact in the ability to make daily decisions scoring 13 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #1's clinical record revealed an order for [REDACTED]. A nursing note dated 6/10/20 documented the following: Resident noted to have increased non-complaint behaviors with wandering floors and off facility property. Resistant to redirection by nursing staff. Placed on droplet precautions since readmission to facility. Resident to be tested for COVID-19. Further review of Resident #1's June POS revealed an order dated 6/11/20 that documented the following: Test resident for COVID 19 one time only r/o (rule out) COVID for 1 day. On 6/11/20 at 8:31 a.m., CNA (certified nursing assistant) #1, was observed entering Resident #1's room with only a surgical mask on. She did not don gloves or a gown prior to entering his room. CNA #1 grabbed Resident #1 breakfast tray, placed it down on the red bins for used isolation gear, and sanitized her hands. CNA #1 then picked the tray back up and exited Resident #1's room. Resident #1 had droplet precautions signs on the doorway. On 6/11/20 at 10:40 a.m., an interview was conducted with RN (Registered Nurse) #1, the nursing staff development coordinator. When asked why Resident #1 was on droplet precautions, RN #1 stated that the resident had been sent out to the hospital and had been on precautions since he his readmission into the facility. RN #1 stated that they re-instated the droplet precautions order because the resident had been going out into the community against medical advice and they wanted to make sure staff and other residents were protected. When asked if he was being treated like a resident on quarantine, RN #1 stated that he was. RN #1 stated that staff should be adhering to the droplet precaution orders by wearing the appropriate PPE prior to entering his room. RN #1 stated that she had already re-educated CNA #1 on PPE use. On 6/11/20 at 10:41 a.m., an interview was conducted with CNA #1. When asked what PPE she would put on prior to entering a residents room on enhanced droplet precautions, CNA #1 stated that she would wear a gown, gloves and mask. When asked the purpose of donning PPE, CNA #1 stated to prevent the spread of infections to other residents. When asked if Resident #1 was on droplet precautions, CNA #1 stated that he was. CNA #1 stated that she made a mistake. On 6/11/20 at 2:30 p.m., an interview was conducted with ASM (administrative staff member) #2, the DON (Director of Nursing). ASM #2 stated that Resident #1 had a negative COVID result in the hospital prior to readmission into the facility. The DON confirmed that Resident #1 was non-complaint since readmission with the 14 day quarantine and would go out into the community. ASM #2 stated that Resident #1 was being monitored and had no signs of symptoms of an infection. Facility policy titled, Transmission based precautions documents the following: Droplet Precautions: In addition to standard precautions, use droplet precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets .standard precautions .b. gloves. Wear gloves when touching blood, body fluids, secretions, and contaminated items. d. Barrier Gown. Wear a barrier gown to protect skin and prevent soiling of clothing during procedures and patient care activities 7. Gowns and protective apparel: Gowns are wore to prevent contamination of clothing and protect skin of staff of blood and other bodily fluid exposures.</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.