

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER ST FRANCIS NURSING CTR		STREET ADDRESS, CITY, STATE, ZIP 4 RIDGEWOOD PARKWAY NEWPORT NEWS, VA 23602	
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>Based on observations, clinical record review, staff interviews and facility documentation, the facility staff failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of a communicable disease (COVID-19), and other infectious diseases. The facility staff failed to ensure 8 residents (Residents #1-#8) of 8 residents outside of their rooms, wore face coverings for source control when leaving their rooms and around others according to CDC guidelines. The findings included: On 6/22/20 at approximately 10:25 a.m., an observation was made in the (NAME) Day room of four residents. Residents #1, #2, #3 & #4 were not wearing face coverings/masks. An observation was also made on the (NAME) Hall and the following was observed: Resident #6, Resident #7 and Resident #8 were observed sitting in their wheel chairs near the nurses station and Resident #5 was seen ambulating in the hallway with a staff member. None of the residents were wearing face coverings/masks. An interview was conducted on 6/22/20 with CNA (Certified Nursing Assistant) #1 at approximately, 10:40 a.m., concerning the above residents. She stated, The residents can't tolerate wearing masks or being in their rooms. An interview was conducted on 6/22/20 at approximately 11 a.m., with Others Staff #1 concerning the residents in the activity room not wearing masks. She stated, They've never worn masks. An interview was conducted on 6/25/20 with the Interim DON (Director of Nursing) at approximately 12:25 p.m. via telephone. She stated, When we first started to mask a lot of residents would take them off. When we revisited it our plan was to mask residents leaving the facility. We have offered masks to residents but they weren't wearing them. Normally our patients are not masked. A discussion and review of resident Care Plans were made with the DON. There was no documentation indicating that the above residents could not wear masks. Per CDC Guidance: Preparing for COVID-19 in Nursing Homes Implement Source Control Measures. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html On 6/25/20 an interview was conducted with Others Staff #2 at approximately, 1:40 p.m. She stated, We don't have any control over them not wearing masks. They were supplied masks in the beginning. The staff has to wear the mask at all times. Residents will sometimes wander into the activity room. Initially it was just me and three residents (on 6/22/20). On 6/26/20 at approximately 9:15 a.m., an exit interview was conducted via telephone with the Acting Administrator and the interim Director of Nursing. No further information was provided by the facility staff.</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.