

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE CITADEL VIRGINIA BEACH LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, clinical record review, staff interviews and facility documentation review, 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). On 6/9/20, the facility staff failed to implement social distancing during the midday meal on one of two memory care units. The findings included: On 6/9/20, at approximately 11:30 a.m., staff were observed preparing the residents for the midday meal on one of two memory care units. At the time the meal was served seven residents were observed at an eight table capacity. One resident was observed on each side of the sink but less than six feet from the resident at the table for eight. At another table near the window were two residents at a table for 4, again not six feet from each other nor away from the residents seated at the table for eight. Two more residents were observed seated at a round table more than six feet from the table for eight but less than six feet from three other residents seated at the back wall. Two additional residents were escorted by staff into the dining area but they would not take a seat. Two staff members were observed circulating the room distributing the meal to each resident cramming past the residents to complete the task. Resident #1 was seated at the table near the window with another resident. Resident #1 had approximately two wash cloths folded and held them up to the mouth. Resident #1 was originally admitted to the facility 2/15/19. The resident has never been discharged from the facility. The current [DIAGNOSES REDACTED]. This indicated Resident #1's cognitive abilities for daily decision making were intact. An interview was conducted with Licensed Practical Nurse (LPN) #1 on 6/9/20 at approximately 11:45 a.m. LPN #1 stated the resident was aware of the COVID-19 virus and was fearful of it. LPN #1 stated it never occurred to offer the resident a mask but did and it was accepted by the resident. Review of the facility's risk assessment didn't include information regarding dining services on the memory units. On 6/11/20 at approximately 1:10 p.m., the above information was shared with the Administrator, Director of Nursing and two Corporate Consultants via phone conference. The Administrator stated because the resident resided on the memory unit a consistent atmosphere was necessary for the residents and that included the dining experience. The Administrator further stated the other memory unit had two dining area to utilize which made social distancing more practical but the identified unit didn't. The Administrator also stated Resident #1's cognitive status fluctuates and after the staff provided the resident with the mask the resident decided not to utilize it. The assessment conducted 6/11/20, revealed a BIMS score of 9, which indicated moderately impaired decision making abilities. A document written by the Administrator 6/11/20, and offered for consideration read: Modified Social Distancing Plan for unit (name of unit); we referred to the Centers for Disease Control (CDC) guidelines for social distancing in a locked memory care setting. We used it as guidance as to how to effectively limit resident exposure while still maintaining their daily routines. We maintained consistent care givers and we educated staff on hand washing. Maintaining the six foot social distancing on unit (name of unit) was not feasible due to the safety and supervision needs of the residents, the residents need to stay on the same daily routine, and the physical plant limitations on that unit. The facility provided a copy of the CDC recommendations dated 5/12/20 which stated routines are important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing and use of cloth face coverings (if tolerated).</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.