STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495368	A. BUILDING _____ B. WING _____	06/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEWPORT	11141 WARWICK BLVD NEWPORT NEWS, VA 23601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 6/2/20 through 6/4/20 and onsite on 6/8/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted offsite from 6/2/20 through 6/4/20 and onsite on 6/8/20. The facility was not in compliance with F880 of 42 CFR Part 483, Federal for Long-Term Care requirements. The census in this 60 bed facility at the time of the survey was 32. There were no residents or staff that had tested positive for COVID-19.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		6/19/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/15/2020

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 880	Continued From page 1 staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880		

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F 880	Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and facility documentation review, the facility staff failed to ensure safe social distancing and facial covering was in place during screening of employees, as well as visitors, to reduce the possibility of transmission of infection. The findings include: On 6/8/20 at 7:00 a.m., the receptionist was observed screening approximately 4 oncoming and outgoing staff without a facial covering in use, nor was safe social distancing maintained during the process. When this surveyor approached the reception desk, she immediately obtained an infrared temperature and gave instructions to fill out a visitor sheet. Upon full introductions, she said, "Oh that's who you are, oh God, let me put my mask on." During an interview with the Administrator on 6/8/20 at approximately 9:00 a.m., she stated she would inservice the receptionist regarding their COVID-19 Pandemic Plan and Infection Control Prevention Policy for all staff to wear face covering, as well as maintain social distancing. The facility's policy titled Infection Control Outcome Surveillance Guidelines for Coronavirus	F 880	This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with participation requirements. A one on one meeting was conducted to counsel the staff member observed not in compliance with facial covering requirements during the survey. The counseling also included the responsibility of the employee conducting the screenings to ensure social distancing is being practiced. The Administrator/ designee will conduct observation rounds to ensure facial covering requirements are met and social distancing is being practiced. Small group meetings are being held providing question and answer sessions regarding requirement for facial coverings and proper social distancing. These meetings will continue to encompass 100% facility staff. Additional signage has	

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F 880	Continued From page 3 dated 4/7/20 and revised 5/7/20 indicated all healthcare personnel must use a facemask while in the facility. The facility's guidelines titled "Social Distancing" dated 4/2020 indicated to stay at least 6 feet between each other even when wearing face covering.	F 880	been posted outside the entrance of the facility to notify anyone entering the building of the facial covering requirement. Markers and signage were placed in the screening area to promote proper social distancing. Observation rounds will be conducted daily on all shifts for a period of sixty days to ensure facial coverings are worn and social distancing is being practiced. The Administrator/designee will identify any patterns or trends and report results to the Quality Assurance and Performance Improvement committee at least quarterly.	