

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BONVIEW REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7246 FOREST HILL AVE RICHMOND, VA 23225</b>	
(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
F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted offsite 4/30/2020 through 5/1/2020 and onsite 6/12/2020. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.  The census in this 196 certified bed facility was 148 at the time of the onsite survey.	F 000		
F 880 SS=E	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, 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;	F 880		7/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/23/2020

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  §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.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</p> <p>§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:</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 3 (first floor nursing station, second floor nursing unit hallway, and third floor resident room) out of 6 areas observed within the facility.</p> <p>The findings included:</p> <p>The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>On 6/12/2020 at approximately 10:30 AM, Surveyor B, accompanied by the Director of Nursing (DON, Employee B), while on tour of the facility, observed a Nurse Practitioner (NP, Employee C) sitting at the first floor nursing station with a face mask dangled from one ear which exposed both mouth and nose. Surveyor B asked the NP, "Is there any reason you don't have your mask on your face?" and the NP replied, "I'm dictating". Surveyor B stated to the DON, "Your policy is masks at all times in the building, am I correct?" and the DON replied, "Yes".</p> <p>Surveyor B, accompanied by the DON, observed Certified Nursing Assistant (CNA) A in the hallway on the second floor nursing unit with a face mask</p>	F 880	<ol style="list-style-type: none"> <li>1. The three staff members CNA A, CNA B, and Employee C were re-educated by Director of Clinical Services (DCS) on Infection Exposure Prevention and Transmission Precautions as June 12, 2020.</li> <li>2. Quality monitoring of staff properly wearing masks was conducted by the Interdisciplinary Team as of June 12, 2020 to ensure that staff and residents were in compliance with properly wearing their masks.</li> <li>3. The Executive Director, Director of Clinical Services, Assistant Director of Clinical Services and/or RN Nurse Managers re-educated current staff and contract service staff, across departments, to include physicians, nurse practitioners, department managers, nursing staff, dietary staff, housekeeping staff, laundry staff, and therapy staff member on infection control practices regarding the prevention of nosocomial infections and the importance of properly wearing their masks by July 6, 2020 .</li> <li>4. The Director of Clinical Services and/or Assistant Director of Clinical Services, along with the Interdisciplinary team members, as assigned, will conduct random quality monitoring of the established baseline via observation of appropriate use of masking for 100% of the entire staff. Quality Monitoring to be conducted 5 x weekly for 8 weeks, and as</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>positioned under the chin with both nose and mouth exposed. Surveyor B asked CNA A, "Can I ask you why you have your mask under the chin?" and CNA A replied, "I'm sorry, I just pulled it down to talk to her [indicating a nurse at the med cart]".</p> <p>Surveyor B, accompanied by the DON, observed CNA B providing direct care to a resident in room 305 which was a semi-private room with an additional resident also in the room. The face mask worn by CNA B was positioned under the chin with both nose and mouth exposed. Surveyor B asked CNA B about the position of the face mask and CNA B replied, "it keeps slipping down".</p> <p>On 6/12/2020 at 11:55 AM, a telephone conference was held by Surveyor C with the DON. The DON confirmed the observations made during the tour with Surveyor B and acknowledged that some staff members were not compliant with existing facility policy on the use of face masks. The DON stated, "my expectation is that all staff will wear a face mask that covers the mouth and nose at all times while in the building". Facility documents with regard to the use of face masks in the facility was requested and received.</p> <p>On 6/12/2020, review of the facility's document titled, "Emergency Procedure-Pandemic COVID-19", undated, item 16, stated, "Wear facemask/face shield/respirator during the entire shift".</p> <p>The Facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/12/2020. No further information was provided.</p>	F 880	<p>needed thereafter, or until compliance is met. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.</p> <p>5. Date of Compliance: 7/6/2020</p>		

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