

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

PRINTED: 03/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OR SUPPLIER DOCKSIDE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 74 MIZPAH ROAD LOCUST HILL, VA 23092	
(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 A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 08/11/2020 and continued with offsite review through 08/12/2020. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000		
F 000	The census in this 94 certified bed facility was 74 at the time of the survey. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite 08/11/2020 and continued with offsite review through 08/12/2020. 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 survey sample consisted of 12 residents.	F 000		
F 880 SS=E	The census in this 94 certified bed facility was 74 at the time of the survey. 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.	F 880		8/28/20

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

TITLE

(X6) DATE

Electronically Signed

08/24/2020

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) 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; §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	F 880			

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F 880	<p>Continued From page 2</p> <p>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.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</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: Based on observation, interview and facility documentation the facility staff failed to establish and maintain infection prevention and control program for 3 of 12 residents (Residents 6, 9, and 10).</p> <p>The Findings include:</p> <p>1) For the Kitchen, the facility staff failed to wear masks appropriately to cover mouth and nose.</p> <p>2) For the COVID positive unit, the facility staff failed to have a dedicated area to don and doff PPE and dispose of PPE at entrance points to the unit.</p> <p>3) For Residents 6, 9, and 10, the facility staff failed to change PPE when going from a known COVID Positive resident room to COVID Status</p>	F 880	<p>1. The kitchen staff member was immediately re-educated on proper wearing of the mask to cover both mouth and nose by the Dietary Manager at the time of the finding. The COVID unit staff member was immediately re-educated on proper personal protective equipment (PPE) usage and changing when going from a positive COVID status room to a resident status unknown room by the Assistant Director of Nursing at the time of the finding. A dedicated PPE donning/doffing and disposal area was established immediately at the time of the finding.</p> <p>2. Residents that remain negative for COVID have the potential to be affected by these practices. Point-prevalence</p>		

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F 880	<p>Continued From page 3 unknown resident room.</p> <p>1) On 8/11/20 at approximately 10:35 AM an interview with the Director of dietary services revealed that staff are to wear gloves and masks that cover nose and mouth, while in food prep area.</p> <p>On 8/11/20 at approximately 10:37 AM, Employee C (a cook in the kitchen) was walking through the kitchen wearing her mask below her nose. When asked why she was wearing it that way she stated "It keeps slipping."</p> <p>2) To access the "Hot Zone" (COVID Positive unit), Surveyor A was escorted by a Corporate Nurse, out of the building and around to the door marked "Ambulance Use Only," and entered the COVID positive unit from the outside as opposed to walking through the Plastic Zippered Sheeting area dividing the halls inside.</p> <p>Upon entering the COVID positive unit from the outside of the building at 10:40 AM the surveyor observed there was no donning and doffing station and no trash can. The Corporate Nurse Escort (Employee E), had to step into the building and go down the hall to obtain an N-95 mask and appropriate PPE. While walking up the hall it was observed that Room 301 had a gown hanging over the top of the door. The gown was hanging half in the hallway and half in the Resident room. ADON (employee B) was on the unit was asked about the gown hanging over the door and she responded, "I do not know why this is here and I</p>	F 880	<p>testing occurred for those negative residents on 8/21/2020. The Infection Preventionist/Designee will conduct a Quality Round five times weekly to assess for compliance with infection control practices.</p> <p>3. All staff will be re-educated on the Infection Control Policy. This in-service will include, but not be limited to, a review of infection control policy, donning and doffing of PPE, proper disposal of PPE, appropriate mask wear, and PPE procedure for entering COVID status unknown rooms.</p> <p>4. The Infection Preventionist/Designee will conduct Quality Compliance Rounds five times weekly for six weeks to assess for compliance with infection control practices. Findings will be submitted to the QAPI committee for review and recommendations as indicated.</p>		

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F 880	<p>Continued From page 4</p> <p>cannot tell if it is dirty or clean. No this should not be here I will get rid of it now."</p> <p>On 8/11/20 at approximately 10:55 AM while preparing to exit the building (through the day room exit onto the Patio), the Corporate RN was asked about there being no donning and doffing station set up by either of the entrances to the Unit. When asked how the staff are supposed to don and doff with no trash can or PPE she stated they usually have a trash can here. The Corporate RN stated should have an area by the exit where staff can don and doff PPE as they are entering and coming onto the unit.</p> <p>On 8/11/20 at approximately 1:00 PM CNA A was interviewed and she stated that she worked both units the "COVID side and the other side depending on where I am needed most." When asked the normal procedure for leaving the building for breaks or lunch, she stated that "You are supposed to you wash your hands and take off PPE when you leave and wash your hands and put on fresh PPE when you come back."</p> <p>3) Upon walking to the other hall it was observed that 6 rooms 412-417 (total of 10 Residents), had plastic sheeting up covering the doorway. At approximately 10:50 CNA C was interviewed and she identified herself as "Agency Staff" and stated that she had been told the rooms at the end of the hall with the plastic are "Not Positive."</p> <p>At 10:52 AM an interview with the Corporate Nurse and the ADON was conducted and they stated the rooms at the end of the hall are residents who were tested but before the results</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>came back, they began having symptoms. They were left in their rooms and re-tested.</p> <p>On 8/11/20 at approximately 1:05 PM CNA D was observed going from food cart in hallway dressed in PPE with gloves, gown and mask to room 411 (a known positive Resident) to assist CNA C with repositioning a Resident in the bed. She exited the room with the same gloves and gown, walked to the food cart, picked up a meal tray and continued into the room 415 (COVID Status unknown) she exited the room after 4 minutes, again wearing the same PPE, and entered room 417 (COVID Status unknown), she exited that room after 2 minutes wearing the same gown and gloves. She then came back to the cart and got another tray and went down the hall to another room without changing PPE.</p> <p>On 8/11/20 at approximately 1:15 PM an interview with the ADON was conducted. When asked what should CNA D be when going from known positive rooms to unknown status rooms, she stated that the CNA should be changing PPE when leaving known COVID positive room to unknown status.</p> <p>On 8/12/20 during the end of day conference the Administrator was made aware of the issues with infection control no further information was provided.</p>	F 880			