

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OF SUPPLIER SENTARA REHABILITATION & CARE RESIDENCE-CHESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP 776 OAK GROVE RD PO BOX 1277 CHESAPEAKE, VA 23320	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on staff interviews and facility documentation review the facility staff failed to ensure 1 of 3 Resident representatives (for Resident #1) was notified of a positive COVID-19 test result timely. The findings included: Resident #1 was originally admitted to the facility on [DATE] and was discharged to the hospital on [DATE]. Resident #1 was readmitted to the facility on [DATE], discharged to the hospital on [DATE] and readmitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Resident #1's Minimum Data Set (MDS - an assessment protocol) with an Assessment Reference Date of 09/17/2020 coded Resident #1 with a BIMS (Brief Interview for Mental Status) score of 15 indicating no cognitive impairment. On 09/30/2020 at approximately 12:00 p.m. a copy of the facility COVID-19 positive Line Tracker was received from the Administrator and revealed the following information regarding Resident #1: Date tested : 08/10/2020 Date of Result Notification: Resident was asymptomatic. Date of Negative Result: BLANK SPACE STATUS: Resident recovered and is now LTC (Long Term Care) (9/17). On 09/30/2020 review of Resident #1's clinical record revealed the following: Review of Providers Narrative Progress Note revealed the following: Date of Visit: 08/08/2020 Reason For Visit: Progress Note Progress Note: Resident seen in medical follow up for COVID-19 testing. It was noticed today that she is in the same suite as a patient who just tested positive for COVID-19. The patients have been in their separate rooms without sharing the bathroom however given the proximity and sharing of staff members we wanted to test (Resident Name) to make sure she was not compromised. COVID-19 testing. Review of Physician Clinical Notes Report E-Signed (Electronically Signed) 08/20/2020 revealed the following: Effective Date Author: 08/14/2020 NEW DIAGNOSIS / INTERVAL HX (History) / TEST: *** regarding patient's recent lab results. Patient noted to be COVID 19 positive on 08/10/20. Patient currently in isolation and appropriate steps being taken with staff. Clinical Notes Report for the period of 08/08/2020 through 08/12/2020 was reviewed and no evidence that resident representative was notified of Resident #1's positive COVID-19 test results. Review of Daily Skilled Nurse's Notes for the period of 08/08/2020 through 08/15/2020 was reviewed and there was no evidence that the resident representative was notified of Resident #1's positive COVID-19 test results. On 09/30/2020 at approximately 2:00 p.m., an interview was conducted with the Administrator regarding Outbreak Testing. When asked if the staff document when residents test negative the Administrator stated, They are inconsistent unless on the COVID Unit. The staff notify the responsible party, family when the resident test positive and they document in the nurse note. On 09/30/2020 at approximately 2:45 p.m., an interview was conducted with the Clinical Manager. When asked who contacts the family, resident representative when a resident test positive for COVID-19, the Clinical Manager stated, If a resident is positive I think the doctor or Administrator calls the family. On 10/01/2020 requested copy of Policy and Procedure on Notification of Resident Changes. On 10/02/2020 received the facility policy and procedure titled Life Care - Notification of Changes in Condition. Review of the policy and procedure revealed the following: Revision Date: 02/11/2020 Required Action Steps: 3. The nurse on duty will notify the Practitioner and Resident / Legal Representative / Family Member when there is a need to alter treatments or a change in condition is noted. On 10/05/2020 at approximately 2:00 p.m., an interview was conducted over the telephone with the Clinical Manager. When asked if she was able to find any documentation stating that Resident #1's representative was notified of her positive COVID-19 test results, the Clinical Manager stated, I did not see it in the nurses notes. I don't remember seeing anything on (Resident Name). On 10/05/2020 at approximately 3:25 p.m., during a briefing the Administrator was made aware of finding. No further information was presented about the finding.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interview, clinical record review 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). The facility staff failed to conduct active screening of staff for COVID-19 when entering the facility. The findings included: On 09/30/2020 at approximately 10 a.m., requested that the Clinical Manager provide directions to the entrance where staff enter when coming into work. The Clinical Manager accompanied the surveyor to the back entrance of the facility. At the back entrance was an area with overbed tables lined up against the wall along with a tracking log. Observed a staff member cleaning a thermometer with wipes. When the Clinical Manager was asked who was screening staff at the back entrance when entering the facility, the Clinical Manager stated, Staff are checking their own temperatures. The Clinical Manager also stated, The Infection Control Nurse goes around and checks the staff's temperatures again at noon and their temperature is checked before they leave work. Surveyor requested copy of the tracking log for the period of 09/29/2020 and 09/30/2020. Received a copy of Daily Internal Tracking Facility Access Log on 09/30/2020. Review of the log revealed the following: Column Time In not consistently documented; Column Outcome (Cleared to enter, Not cleared to enter, Employee Health Notified) not consistently documented; Column TEMP (Temperature) at 1/2 (Half) Way point of shift not consistently documented; Column Time Out not consistently documented; Column RECORD TEMPERATURE TAKEN not consistently documented. On 09/30/2020 at approximately 3:15 p.m., an interview was conducted with the Clinical Manager with the Administrator present, when asked if the Clinical Manager stated that the staff check their own temperature and screen themselves when they come in to work, the Clinical Manager stated, Yes, they've been doing it so long they know what to do. On 09/30/2020 a copy of facility policy and procedure on staff screening process was requested and received. The facility policy titled - Life Care - Staff and Non-Staff Screening for COVID-19 Procedure Original Date: 04/15/2020 Revision Date: 07/16/2020 Purpose: To provide further guidelines on how to effectively conduct staff and non-staff screenings for Covid-19. Refer to Policy for overall commitments. On 10/05/2020 at approximately 3:25 p.m., during briefing the Administrator was made aware of finding. No further information was presented about the finding.</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.