

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE HEALTH SERVICES-IMPERIAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1719 BELLEVUE AVENUE RICHMOND, VA 23227</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infection control program to prevent the spread of communicable disease and infection for two of 18 resident rooms under droplet precautions, Resident room # 223 and # 202. The Facility staff failed to wear all required PPE (personal protective equipment) upon entering two resident rooms on droplet (1) and airborne (2) precautions on the 222-236 and 200-211 hallways of unit two. On the 222-236 hallway, CNA (certified nursing assistant) #2 entered room [ROOM NUMBER] a droplet and airborne isolation room, without wearing an isolation gown. On the 200-211 hallway, CNA #1 entered room [ROOM NUMBER] a droplet and airborne isolation room, without wearing an isolation gown. The findings include: 1. On 8/12/20 at approximately 12:30 p.m., an observation was conducted on the 222-236 hallway of unit two at the facility revealed CNA (certified nursing assistant) # 2 entering Resident room [ROOM NUMBER] with a lunch tray. Observation of room [ROOM NUMBER] revealed the door was closed with two resident names on the nameplate of the door and two paper signs posted on the door. The first sign read Stop Airborne Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Put on a fit-tested N-95 (3) or higher level respirator before room entry. Remove respirator after exiting the room and closing the door. Door to room must remain closed. The second sign read, Stop Droplet Precautions Everyone must: Clean their hands, including before entering and when leaving room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. Further observation revealed CNA # 2 entering the resident's room wearing a mask and goggles. The observation failed to evidence CNA # 2 wearing gloves and a gown. On 8/12/20 at approximately 12:45 p.m., an interview was conducted with CNA # 2 regarding PPE (personal protective equipment) required for entering resident rooms on droplet and airborne isolation. CNA # 2 stated that any staff who entered a resident room who was on droplet and airborne isolation had to wear full PPE, which included gloves, an isolation gown, an N95 mask and goggles for eye protection. When asked about entering resident room [ROOM NUMBER] with the lunch tray, CNA # 2 stated that they were not wearing the correct PPE. CNA # 2 further stated, I was moving, not thinking and forgot to gown up. When asked why it was important to wear the correct PPE CNA # 2 stated, It's a way of preventing an infection. Review of the nurse's progress notes in the clinical records for the residents in room [ROOM NUMBER] documented both residents were displaying symptoms of COVID-19 including fever and cough and as being in airborne isolation and droplet isolation on 8/10/2020 and 8/11/2020. On 8/12/20 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing, infection control practitioner. When asked what PPE was worn in droplet and airborne isolation rooms, ASM #2 stated that an N95 mask, goggles, gown and gloves were to be worn when staff enter the room for any reason. When asked the purpose of the PPE, ASM #2 stated it was to prevent the spread of infection for the resident and the employee and to keep the infection contained. Review of the facility policy Transmission-Based Precautions and COVID-19 (4) documented in part, In our facilities, because aerosol generating procedures are rare, we are utilizing transmission based precautions in caring for known or suspected patients with COVID-19. Because the organism can be spread by droplets through the air, we are utilizing a combination of droplet and airborne transmission-based precautions. The same level of precautions are utilized regardless of whether the patient is on a special COVID-19 Airborne Isolation Unit (CAIU) or is in a private room with their own bathroom anywhere else in the facility. N-95 respirator/mask Eye protection (face shield, goggles, or safety glasses with attached side shields) Gown Gloves . On 8/12/20 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit.</p> <p>2. On 8/12/20 at 12:20 p.m., an observation was conducted of the facility 200-211 hallway of unit two. Observation of room [ROOM NUMBER] revealed the door was closed with two resident names on the nameplate of the door. There were two paper signs posted on the door. The first sign read Stop Airborne Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Put on a fit-tested N-95 (3) or higher level respirator before room entry. Remove respirator after exiting the room and closing the door. Door to room must remain closed. The second sign read, Stop Droplet Precautions Everyone must: Clean their hands, including before entering and when leaving room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. On 8/12/20 at 12:25 p.m., observation revealed CNA (certified nursing assistant) #1 on the 200-211 hallway of unit two passing meal trays to residents in room [ROOM NUMBER]. CNA #1 placed two meal trays onto a red rolling cart then picked up one of the meal trays entered room [ROOM NUMBER] and placed the meal tray on the resident's bedside table. Observation revealed CNA #1 wearing only a mask and goggles. CNA #1 sanitized their hands and exited the room. CNA #1 then retrieved the second meal tray off the cart and entered room [ROOM NUMBER] again wearing only a mask and goggles and closed the door to the room. CNA #1 was not observed wearing an isolation gown when entering room [ROOM NUMBER]. At 12:30 p.m., CNA #1 exited room [ROOM NUMBER] and left the hallway. At 12:40 p.m., CNA #1 returned to the hallway and entered room [ROOM NUMBER] and stated to LPN (licensed practical nurse) #1, I have to finish feeding 202. CNA #1 was observed entering room [ROOM NUMBER] wearing a mask and goggles. CNA #1 failed to don an isolation gown prior to entering the room. On 8/12/20 at 12:50 p.m., an interview was conducted with LPN #1 regarding PPE (personal protective equipment) required for entering resident rooms on droplet and airborne isolation. LPN #1 stated that any staff who entered a resident room who was on droplet and airborne isolation had to wear full PPE which included gloves, an isolation gown, an N95 mask and goggles for eye protection. When asked where PPE was kept for staff for the isolation rooms, LPN #1 stated that all of the PPE was located in the three-drawer isolation bins located in the hallways outside of the resident rooms. LPN #1 stated that there was no PPE stored in resident rooms and staff were to don the appropriate PPE prior to entering the resident's room. LPN #1 stated that the residents residing on the 200 hallway on isolation had symptoms of COVID-19 (4) or were awaiting test results. When asked about the residents in room [ROOM NUMBER], LPN #1 stated that both residents were displaying symptoms of COVID-19 and were being tested on [DATE]. LPN #1 confirmed the observation with this surveyor of CNA #1 in room [ROOM NUMBER] without an isolation gown. LPN #1 stated that CNA #1 should have had a gown on when entering the room for any reason. On 8/12/20 at 12:53 p.m., an interview was conducted with CNA #1 regarding the observation of not wearing the required PPE while inside of room [ROOM NUMBER]. When asked what PPE was worn when entering resident rooms on droplet and airborne isolation, CNA #1 stated that mask, goggles and gloves were worn. When asked if a gown was required when entering droplet and airborne isolation rooms, CNA #1 stated that a gown was not required when feeding a resident as they were doing in room [ROOM NUMBER]. When asked what a gown would be required for, CNA #1 stated that they wear a gown when changing a resident or performing head to toe care. When asked if there was potential to come in contact with droplets and resident linens while feeding residents, CNA #1 stated that there was always the potential but they do not make contact with the linens or resident belongings normally. On 8/12/20 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing, infection control practitioner. When asked what PPE was worn in droplet and airborne isolation rooms, ASM #2 stated that an</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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 1)</p> <p>N95 mask, goggles, gown and gloves were to be worn when staff enter the room for any reason. When asked the purpose of the PPE, ASM #2 stated it was to prevent the spread of infection for the resident and the employee and to keep the infection contained. On 8/12/20 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. References: 1. Droplet precautions are used to prevent contact with mucus and other secretions from the nose and sinuses, throat, airways, and lungs. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/6.htm">https://medlineplus.gov/ency/patientinstructions/6.htm</a> 2. Airborne precautions may be needed for germs that are so small they can float in the air and travel long distances. Airborne precautions help keep staff, visitors, and other people from breathing in these germs and getting sick. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/6.htm">https://medlineplus.gov/ency/patientinstructions/6.htm</a> 3. A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases or vapors. This information was obtained from the website: <a href="https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource1quest1.html">https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource1quest1.html</a> 4. COVID-19 is caused by a coronavirus called [DIAGNOSES REDACTED]-CoV-2. Coronaviruses are a large family of viruses that are common in people and may different species of animals, including camels, cattle, cats, and bats. This information was obtained from the website: <a href="https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads">https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads</a></p>		