

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF NORFOLK		STREET ADDRESS, CITY, STATE, ZIP 1005 HAMPTON BLVD NORFOLK, VA 23507	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, clinical record review, staff interviews and facility documentation, 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 findings included: The facility staff failed to ensure social distancing and face coverings/masks were utilized among a group of five residents sitting and/or standing closely together near the nurses station. On 6/08/20 at approximately, 11:25 AM upon entrance onto a non-isolation unit, approximately five residents were observed sitting and standing at close contact near the nurses station. RN (Registered Nurse) #2 redirected the residents back to their rooms saying it's time to eat lunch. On 6/09/20 at approximately 1:00 PM a telephone interview was conducted with CNA (Certified Nursing Assistant) #1. She stated, Resident's are Only wearing masks if leaving off unit, and When sitting at nurses' station, no mask are worn. On 6/09/20 at approximately 1:50 PM a telephone interview was conducted with CNA #2 She stated, They only wear masks if leaving the floor. On 6/10/20 at approximately, 3:25 PM, an interview was conducted with RN (Registered Nurse) #1 concerning the above issues. She stated, Residents choose not to use masks. We have to constantly redirect them. Most of them have dementia, they will take their masks off. *Per CDC Guidance to prevent spread of COVID-19: Actions to take now: Enforce social distancing among residents and ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. On 6/11/20 at approximately 12:10 PM, an exit interview was conducted with the Administrator, DON and the Infectious Disease Educator. The administrator stated, We issue masks, especially to our ambulatory residents. To get some of the ambulatory ones to stay compliant has been a battle. They keep them under their chins (The masks) or ear. We redirect them to their rooms.		

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.