

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OF SUPPLIER NEWPORT NEWS NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 12997 NETTLES DRIVE NEWPORT NEWS, VA 23602	
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 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), and other infectious diseases. The facility staff failed to implement their active screening process for 3 of approximately 48 staff members who entered the facility 9/30/20. The findings included: On 10/01/20 a review of the COVID-19 screening documents dated 9/30/20 revealed three facility staff had incomplete screenings (Other Staff #1, Other Staff #4 and Other Staff #5). The screening tool/document consisted of writing your name, date, time, having your temperature checked by designated facility screeners. The documents revealed the following: Other Staff #1's screening document was missing a documented temperature. Other Staff #4's Screening document was missing answers to the questionnaire. Other Staff #5's Screening document was missing a documented temperature. An interview was conducted on 10/05/20 at 10:15 a.m., with Screener #2 (the Receptionist) concerning Other Staff #4's screening document. She stated, I probably over looked the document. They should have answered the questions. An interview was conducted with the Dietary Manager (Other Staff #2) on 10/05/20 at 12:27 p.m., concerning Other Staff #1 and Other Staff #5's incomplete screening documents. She stated, I usually take the dietary staff temperatures when they get here in the morning. If they have a high temperature, I send them home. I screen them at the back door at five minutes to six in the morning. Other Staff #2 stated, I check the form (screening tool) then give it to the nurse (Infection Control Nurse) in the morning meeting. I probably forgot to write them down (temperatures). I should have checked them before I gave them to the nurse. On 10/05/20 at approximately 2:10 p.m., an interview was conducted with the Infection Control Nurse concerning the above issues. She stated, Everybody that comes in will get their temperatures checked and only one person will be screened at a time. On 10/05/20 at approximately 2:40 p.m. an interview was conducted with Other Staff #4 concerning her incomplete screening document. She stated, We fill out our own forms. I was screened. The facility policy titled COVID-19-Pandemic Plan revised 9/21/20 included: Surveillance and Detection .2. A protocol should be developed to monitor the COVID-19 illnesses in residents and staff during the outbreak, which tracks illness trends. -a system is implemented to daily monitor residents and staff for symptoms of COVID-19 -information from them (sic) monitoring systems is utilized to implement prevention interventions such as, isolation or cohorting . On 10/05/20 at approximately 3:40 p.m., the above findings were shared with the Administrator, the Infection Control Nurse and the Interim Acting Director of Nursing. No additional information was provided by the facility staff.		
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.