

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE NEWPORT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, staff interviews and facility documentation review, the facility staff failed to ensure safe social distancing and facial covering was in place during screening of employees, as well as visitors, to reduce the possibility of transmission of infection. The findings include: On 6/8/20 at 7:00 a.m., the receptionist was observed screening approximately 4 oncoming and outgoing staff without a facial covering in use, nor was safe social distancing maintained during the process. When this surveyor approached the reception desk, she immediately obtained an infrared temperature and gave instructions to fill out a visitor sheet. Upon full introductions, she said, Oh that's who you are, oh God, let me put my mask on. During an interview with the Administrator on 6/8/20 at approximately 9:00 a.m., she stated she would inservice the receptionist regarding their COVID-19 Pandemic Plan and Infection Control Prevention Policy for all staff to wear face covering, as well as maintain social distancing. The facility's policy titled Infection Control Outcome Surveillance Guidelines for Coronavirus dated 4/7/20 and revised 5/7/20 indicated all healthcare personnel must use a facemask while in the facility. The facility's guidelines titled Social Distancing dated 4/2020 indicated to stay at least 6 feet between each other even when wearing face covering.		

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.