

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>07/30/2020</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 - 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></p> <p>Based on observations, staff interviews, clinical record review, and review of facility documentation, the facility staff failed to follow droplet precautions using the preferred or alternative Personal Protective Equipment (PPE) to provide care to 2 of 32 residents in the facility identified with the COVID-19 virus (Residents #1 and #2). The findings include: 1. On 7/28/20 at approximately 12:15 p.m., during observations on the Warm Unit Licensed Practical Nurse (LPN) #1 was observed in Resident #1's room which was considered a warm room, making the resident's bed. LPN #1 only wore a face covering (surgical mask and face shield). The signage on the door read: Warm Room PPE. Any staff in the room: listing pictures of mask +gloves+faceshield ADD (picture of) gown if performing High contact resident care or touching linens: LPN #1 stated, I didn't see it, I'm sorry. And stated, I would have worn gloves and a gown if I had noticed the sign. LPN#1 took the signage off of the resident's door and placed the sign under the resident's room number. She also placed a bin/container with necessary PPE (Personal Protective Equipment) beside Resident #1's room. On 7/28/20 an email was received from the Administrator which read as follows: I spoke to the nurse who was on the unit yesterday and was made aware of the warm room sign not being visible as it should be. It was corrected during that time yesterday and made sure that all appropriate PPE containers/set up were in the correct place and accessible. The Facility Description dated 5/28/20 for No Active Cases in Warm Zone read: Eye Protection: Personal full face shield/indirect vented goggles assigned at beginning of shift-Worn during patient care. Face Mask: Procedure Mask for entire shift. Gowns: Reusable gowns kept in each room for each shift with direct patient care. 2. On 7/28/20 at 12:30 p.m., during observations on the unit, Registered Nurse (RN, Hospice Nurse) #1 was observed feeding Resident #2 wearing a cloth mask. An interview was conducted with RN #3 at 12:30 p.m., concerning the above issue. She stated, The Hospice Nurse must follow our guidelines, We are not allowed to wear cloth masks. RN #3 stated In the beginning of the pandemic we could wear them. On 7/28/20 at 12:50 p.m. an interview was conducted with RN #2 (Assistant Director of Nursing) concerning the above issue. She stated, Surgical masks should be worn. On 7/28/20 at approximately, 1:05 p.m., an interview was conducted with Other Staff #1 concerning the screening process and facial coverings. She stated, Employees and visitors come in the building with face masks on. If someone is wearing a cloth mask they have to switch to the surgical masks located in the box on the desk. On 7/28/20 at approximately 1:10 p.m. an interview was conducted with RN #1 (Hospice Nurse) concerning wearing a cloth face mask while feeding Resident #2. She stated, I usually come inside wearing my cloth mask then switch to wearing a surgical mask. RN #1 stated I forgot. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> Implement Source Control Measures. HCP should wear a facemask at all times while they are in the facility. oWhen available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. On 7/30/20 at 4:15 p.m., a telephone exit conference was conducted with the Administrator and the Assistant Director of Nursing. All of the above observations, interviews and concerns were shared. The Administrator stated, I've discussed with the staff to put signs in the exact place in all of the warm rooms. I contacted the Hospice agency concerning the nurse wearing a cloth mask, and, I've also informed them that if we have any changes in our guidance we will contact them.</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.