

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER PORTSIDE HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 4201 GREENWOOD DRIVE PORTSMOUTH, VA 23701	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, clinical record review, and staff interviews, the facility staff failed ensure infection control measures were consistently implemented related to transporting soiled linen to prevent the transmission of a communicable disease from one resident's room (Resident #1) who was on transmission based precautions. The findings included: Resident #1 was originally admitted to the facility 12/10/20 and readmitted [DATE], after an acute care hospital stay. The current [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/21/20 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long and short term memory problems as well as severely impaired decision making abilities. In section G (Physical functioning) the resident was coded as requiring total care of two people with bathing, total care of one person with transfers, dressing, toileting, and personal hygiene, extensive assistance of one with bed mobility, and supervision after set-up with eating. On 6/22/20 at approximately 10:30 a.m., Resident #1 was observed in bed facing the doorway. Outside of the room was an over the bed table holding two boxes of gloves and a package containing multiple cloth white gowns. Above the table was a sign which read: wear a mask, gloves and gown, no dietary staff may enter. Certified Nursing Assistant (CNA) #1 was observed standing inside Resident #1's room near the doorway. CNA #1 was observed wearing a mask and gloves and holding an arm full of soiled linens. CNA #1 stated, I just took off the gown. No containers or bags for soiled linen or infectious waste were observed inside Resident #1's room. CNA #1 exited the resident's room with the linens and proceeded in the corridor to a door with a lock, which required a code to be keyed in. CNA #1 balanced the soiled linens between left arm, her body and the door as the code was keyed and the door was opened. Once inside the room CNA #1 put the linens into a receptacle with other linens. She then left the room, sanitized her hands and stated I will speak with my Manager about placement of linens for residents on droplet precautions. CNA #1 didn't return with any information. An interview was conducted with Clinical Manager #1 on 6/22/20 at approximately 10:40 p.m. Clinical Manager #1 stated Resident #1 presented with an elevated temperature on 6/21/20, therefore the decision to place the resident on precautions was instituted. Clinical Manager #1 also stated a COVID-19 test would be completed. At approximately 11:20 a.m., a Maintenance staff member was observed setting up storage cabinets outside and specialty boxes with biohazard bags (yellow and red) inside specific resident rooms. An interview was conducted with the Maintenance staff at approximately 11:30 a.m. He stated he was assisting the nursing staff to get the rooms set-up with needed supplies. He further stated the items needed are available to the nursing staff whenever needed but because there were so many rooms requiring the set-up the supply of plastic cabinets were depleted and the wooden cabinets were being utilized. He also stated the box and biohazard bag systems which are placed inside the resident room are always available to nursing staff. On 6/24/20 at approximately 9:45 a.m. via telephone, the above findings were shared with the Administrator, Director of Nursing and Clinical Manager. They acknowledged understanding of the information.</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.