

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT RIVER POINTE LLC		STREET ADDRESS, CITY, STATE, ZIP 4142 BONNEY ROAD VIRGINIA BEACH, VA 23452	
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>Based on observations, staff interviews and facility documentation review, the facility staff failed to ensure the COVID-19 unit was supplied with Protective Personal Equipment (PPE) to include sufficient number of disposable gowns; and that the staff utilized the designated exit from the COVID-19 unit to prevent transmission of infection. The findings included: On 6/17/20 at 6:26 p.m., an inspection was conducted on the COVID-19 unit. The Director of Nursing (DON) was with this surveyor during the inspection of the COVID-19 unit. Four residents resided on this unit; two COVID-19 positive, one transferred from the Emergency Department (ED) and one re-admission from the hospital. One Licensed Practical Nurse (LPN) #1 was assigned to the unit and wore a blue plastic isolation gown. The gown did not provide coverage to the sides, the back, or neck/upper chest portion. At each of the resident entry doors was a three drawer Sterilite container designed to house PPE supplies to include gowns for staff use to provide resident care. No gowns were in any of the drawers. When asked where isolation gowns were stored on the unit, LPN #1 took this surveyor to the medication room where no gowns were found. LPN#1 stated, I think I have two on my medication cart, but I gave five gowns away. The DON stated that the PPE on the COVID-19 unit should not be shared between any other units and if gowns are damaged or soiled there will be plenty to change into. When asked about the exit process on the COVID-19 unit, LPN #1 said she bagged her PPE and placed the bag at the doorway of the FINE unit and exited through the FINE unit. The DON corrected the LPN #1 and stated, You were supposed to go out the exit door to the outside not into another unit! LPN #1 pointed to the DON and said, Oh, now she (referring to the DON) is saying I have to do something different. On 6/17/20 at 7:00 p.m., this surveyor and the DON exited the COVID-19 unit to the outside after disposing our PPE in the receptacle at the door, disinfecting shoes and sanitizing hands. On 6/17/20 at 7:10 p.m., the Staff Development Coordinator (SDC) stated that she stocks all PPE on the units Monday, Wednesday and Friday between 4:30 p.m. and 6:00 p.m. According to the SDC she stocked the COVID-19 unit with at least a full package of 15 gowns to last through several shifts. The SDC showed this surveyor the main stock room with ample amounts of PPE to include gowns; all plastic blue gowns. The SDC stated LPN #2 from the Homer hall should have called her and she would have brought the PPE she needed, right away. On 6/17/20 at 7:30 p.m., an interview was conducted with the LPN (#2) who worked the on the Homer hall and had received PPE from the COVID-19 hall. She stated she knocked on the COVID-19 door to get PPE so she could set up her resident's tray that was on isolation precautions on the Homer hall. She stated she did not want to delay the resident from eating which was the only reason she ask for a gown from the COVID-19 unit. LPN #2 also stated LPN #1 gave her a full package of 15 gowns and she would not have taken them if she knew it would have left the COVID-19 unit without a sufficient amount of gowns for current and following shifts. On 6/17/20 at 7:45 p.m., an interview was conducted with the Administrator and DON. The Administrator stated the facility was issued paper gowns that actually fit around the entire body of the nursing staff, but was not able to explain why they were not in use. They stated they were not sure why LPN #1 was not forthcoming about the amount of PPE given to LPN #2, but it was confirmed by the SDC that a full and complete package of 15 gowns had been issued to the COVID-19 unit prior to LPN #1 giving it away. They said although LPN #1 exited from the COVID-19 unit into an area where there were empty residents rooms, she had received training about the operation of the unit to include the exit protocol to the outside from the COVID-19 unit. The training records dated 4/23/20 were reviewed and it was determined that LPN #1 and #2 received training on the facility's Pandemic plan that included the operation of the COVID-19 unit, as well as procedures on acquiring PPE.</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.