STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495045	A. BUILDING _____ B. WING _____	06/09/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANORCARE HEALTH SERVICES-RICHMOND	2125 HILLIARD ROAD RICHMOND, VA 23228

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to follow infection control procedures to prevent the spread of a communicable disease during a COVID-19 outbreak for eleven of 11 residents in the survey sample, (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11). The facility failed to ensure residents were at least six feet apart in the dementia unit common room per the CDC (Center of Disease Control) for COVID 19. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].) (1), depression and high blood pressure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/1/2020 coded the resident as scoring a 7 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. Resident #1's comprehensive care plan dated 3/9/19 and revised on 3/25/2020, failed to evidence documentation related to infectious diseases or infection control. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 3/17/20 coded the resident as unable to complete the interview; the staff interview was not completed. Resident #2's comprehensive care plan dated 8/11/17 and revised last on 12/27/19, failed to evidence documentation related to infectious diseases or infection control. Resident #3 was admitted to the facility bon 1/2/17 with diagnoses, that included but were not limited to [MEDICAL CONDITION], arthritis and [MEDICAL CONDITION] disease (Not enough [MEDICAL CONDITION] hormone to meet your body's needs.) (4). Resident #3's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/21/2020, coded the resident was having both short and long-term memory problems. Resident #3's comprehensive care plan dated 1/10/17 and revised on 4/24/20, failed to evidence documentation related to infectious diseases or infection control. Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/17/20, coded the resident as scoring a 5 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. Resident #4's comprehensive care plan dated, 2/24/20 and revised on 4/17/20 failed to evidence documentation related to infectious diseases or infection control. Resident #5 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. (A stroke occurs when blood flow to a part of the brain stops. A stroke is sometimes called a brain attack. If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing [MEDICATION NAME] damage.) (6). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/26/20 coded the resident with both short and long-term memory problems. Resident #5's comprehensive care plan dated 5/17/19 and revised on 6/11/20, failed to evidence documentation related to infectious diseases or infection control. Resident #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #6's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/1/20, coded the resident as severely cognitively impaired for making daily decisions. A review of Resident #6's comprehensive care plan dated 4/16/20 failed to reveal any information related to infection control. Resident #7 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #7's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/3/20, coded the resident as scoring a 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact. Resident #7's care plan dated 5/29/20 documented, in part, Focus-Infection of Respiratory tract with interventions including administer medications as ordered. Resident #8 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #8's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/6/20, coded the resident as severely cognitively impaired for making daily decisions. A review of Resident #8's care plan dated 4/25/20 failed to reveal any information related to infection control. Resident #9 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #9's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/6/20, coded the resident as severely cognitively impaired for making daily decisions. Resident #9's care plan, dated 1/5/19, did not contain any information related to infections control. Resident #10 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #10's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 3/11/20, coded the resident as severely cognitively impaired for making daily decisions. Resident #10's care plan dated 4/24/20 documented, Focus Infection of skin boil under left armpit, new boils to face, neck, pubic area, left leg and thigh. Intervention: maintain precautions as indicated. Resident #11 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #11's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/8/20 coded the resident as scoring a nine out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired for making daily decisions. Resident #11's care plan dated 1/4/20 did not contain any information related to infection control. On 6/9/20 at 10:55 a.m., observation was made on the facility's dementia unit. On arrived to the unit, observation revealed, 11 residents seated around various tables in the common room. Seated together at one table, were Residents #1, #2, and #3. They were all less than six feet apart. Observation revealed none of the residents was wearing a mask. Seated together at another table less than six feet apart, were Residents #4, #5, and #6. None of the residents was wearing a mask. Seated together at a third table, less than six feet apart were, Residents #7, #8, and #9 were. Observation revealed none of the residents was wearing a mask. At fourth table, Residents #10 and #11 were seated. They were less than six feet apart and were not observed wearing a mask. On 6/9/20 at 11:08 a.m., LPN (licensed practical nurse) #1 was interviewed. When asked if she usually works on the dementia unit, she stated she did. When asked if residents usually wear masks when they are out of their room or in a common area, LPN #1 stated that when the facility came out of the first phase of COVID-19 procedures, she was told the residents were no longer required to wear masks. When asked if residents are required to be six feet apart at all times, LPN #1 stated, Yes they are. When asked if the residents seated around tables in the common room were six feet apart, LPN #1 stated, No, not at this time. They are not six feet apart. When asked why it is important for residents to be at least six feet apart, LPN #1 stated, The Coronavirus. On 6/9/20 at 11:35 a.m., OSM (other staff member) #1, the dementia unit activities director, was interviewed. She stated she was aware that residents were supposed to remain six feet apart at all times. OSM #1 stated she realized the residents were not six feet apart in the common room. OSM #1 stated she was working on spreading the residents out. On 6/9/20 at 11:41 a.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were interviewed. When asked if residents in the dementia unit were currently participating in group activities, ASM #2 stated the residents participate in socially distant activities. When asked the definition of socially distant, ASM #2 stated this meant residents remained six feet apart at all times. When informed of the observation in the dementia unit common area, ASM #2 stated, If they are roommates, they are okay to share a table. When asked to verify that any of the residents observed at the same tables were roommates, ASM #2 checked the resident roster. ASM #2 stated, No. None of them are roommates. They have really struggled back there. A review of the

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) facility policy, Consideration for Memory Care Units in Long Term Care Facilities, revealed, in part: Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units where numerous residents with cognitive impairment reside together .Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing .Continue to provide structured activities, which may need to occur in the resident's room or be scheduled at staggered times throughout the day to maintain social distancing .Limit the number of residents, or space residents at least 6 feet apart as much as feasible when in a common area. This policy is also the wording in the CDC (Centers for Disease Control) guidance found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html. No further information was provided prior to exit. The following information is found in CMS (Centers for Medicare/Medicaid) memo 20-30, which describes measures currently to be practiced in long term care facilities: Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). The link to this document is https://www.cms.gov/files/document/qso-20-30-nh.pdf-0. REFERENCES (1) Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named [DIAGNOSES REDACTED]CoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by [DIAGNOSES REDACTED]-CoV-2 has been named COVID-19. This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments (2) Barron's Dictionary of Medical Terms, 5th edition, Rothenberg and Chapman, page 26. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 424. (4) This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/[MEDICAL CONDITION].html. (5) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. (6) This information was obtained from the website: https://medlineplus.gov/ency/article/ 6.htm. (7) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 160. (8) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 199. (9) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 480. (10) (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 518. (11) [MEDICAL CONDITION] disorder (formerly called manic-depressive illness or [MEDICAL CONDITION]) is a mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks. This information is taken from the website https://www.nimh.nih.gov/health/topics/[MEDICAL CONDITION]-disorder/index.shtml.