

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND HOSPITAL LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9407 CUMBERLAND ROAD NEW KENT, VA 23124</b>
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E 000	<p>Initial Comments</p> <p>An unannounced Hospital Licensure Complaint Inspection was conducted May 20, 2019 through May 22, 2019. A team of two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health, investigated two (2) complaints (VA 00046089 and VA 00046052). The surveyors conducted observations, interviews and document reviews during the investigative process to determine compliance with the Hospital Licensure regulations.</p> <p>The facility was not in compliance with the Regulations for the Licensure of Hospitals in Virginia 12 VAC 5-410, last revised November 14, 2018.</p>	E 000		
E 028	<p>12 VAC 5-410-230 Patient care management</p> <p>C. Each hospital shall establish a protocol relating to the rights and responsibilities of patients based on Joint Commission on Accreditation of Healthcare Organizations' 2000 Hospital Accreditation Standards, January 2000. The protocol shall include a process reasonably designed to inform patients of their rights and responsibilities. Patients shall be given a copy of their rights and responsibilities upon admission.</p> <p>This RULE: is not met as evidenced by: Based on observation, staff interview and facility document review, it was determined the facility staff failed to ensure the rights of each patient were implemented with regards to the right to a safe, sanitary and humane environment.</p> <p>Safety hazards were observed on Unit 8 which posed a threat to the safety and well being of</p>	E 028		7/12/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>06/17/19</b>
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E 028	<p>Continued From page 1</p> <p>patients housed on that unit.</p> <p>The findings included:</p> <p>On 5/20/19 at 12:50 p.m. during a tour of Unit 8 (a 14 bed co-ed unit), the inspector observed in the male bathroom (large stall) a rack of three hangers which were rusty and had sharp edges affixed to the wall. These hangers were within reach of any patient who came into the bathroom stall. The inspector also noted there was a rectangle shaped cut-out in the wall in the second (smaller) stall which when the inspector peered into the hole, exposed wires could clearly be visualized and the hole was large enough that a hand could be inserted to reach the exposed wires. These exposed wires were clearly accessible to any patient who would come into the bathroom stall. Both stalls had a door that could be shut to block view for privacy reasons.</p> <p>The surveyor asked Staff Member # 2 (Director of Nursing), who was present at the time of discovery, who was responsible for making rounds and identifying safety hazards/potential hazards on the unit. Staff Member #2 stated, "The Unit Manager or Nursing Supervisor, or Housekeeping. Anyone can identify a hazard and report it." Staff Member #2 stated, "The patients are never in the bathroom alone. They are always accompanied by a staff member". The inspector asked whether the staff member accompanied the patient into either toilet stall or left the door open when the patient was using the stall. Staff Member #2 stated "No". The Inspectors also noted that there was no functioning call system in any of the bathrooms (male/female) on the unit.</p> <p>The Inspectors requested work orders for the identified hazards to see when/if they had been</p>	E 028		
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E 028	<p>Continued From page 2 identified by staff.</p> <p>The "work orders" were received by the Inspector on 5/20/19 at 2:00 p.m. and evidenced the facility had identified the hazards on 5/16/19 and that there was an "estimated completion date" of 5/17/19. Staff Member #1 (Chief Executive Officer) and #2 stated at that time that the "work is being completed". There was handwritten documentation on the form that the work was "done" on 5/20/19: 4. Hole in wall from old nurse call switch. Need a box and solid SS plate installed. Small stall. 5/20. 6...Remove conduit clips from wall- 5/20.</p> <p>According to documentation obtained regarding the Unit 8 census, there were three (3) patients housed on the unit at the time of the observations who were listed as being on "Suicidal Precautions".</p> <p>On 5/21/19 at 10:15 a.m., the Inspectors returned to Unit 8. In the large bathroom stall, the three rusty rack holders (conduit holder) had been removed, however the hole in the small stall wall with the exposed wires remained. The Inspector asked Staff Member #2 why the hole had not at least been temporarily covered. Staff Member #2 stated, "I don't know".</p> <p>The facility "Patient/Resident Rights" were reviewed and evidenced, "...15...you have the right to:...f. Have the right to a safe, sanitary and humane environment."</p> <p>The facility policy "Levels of Observation - Hospital Policy on Suicide Prevention" evidenced, in part: "1. To provide continuous interventions aimed at providing a safe environment for patients identified as exhibiting suicidal behavior,</p>	E 028		
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E 028	<p>Continued From page 3</p> <p>ideations or exhibiting self-harm behaviors..."</p> <p>The hospital policy on "Departmental Hazard Surveillance" evidenced, in part: "...2. Cumberland Hospital has a hazard surveillance system established at Cumberland Hospital which is designed to detect and report all potential safety hazards before they result in injury or illness...F. Unit Coordinators (or designee), Vocational Services, and Nutritional Services shall do monthly checks of the environment...6. The designated inspector of a particular area shall report immediately any deficiency found to the supervisor so that corrective action may begin promptly..."</p> <p>The "Work Order Flow Process" revealed: "...All life safety needs are to be communicated by phone immediately to Department Senior manager, Director of Plant operations, and CEO...These require immediate attentions for repair and/or correction...Time Frames for completing work orders: Life Safety ---and Emergency- 16 (sixteen) hours (shift +1)..."</p> <p>The Inspector discussed the concerns with Staff Members #1 and #2 on 5/21/19 at 3:40 p.m.</p>	E 028		
E 201	<p>12 VAC 5-410-490 Infection control</p> <p>A. Each hospital shall have an infection control committee to perform at least the following functions:</p> <p>1. Establish a hospital-wide infection surveillance program and designate an infection control officer to conduct all infection surveillance activities and to maintain appropriate records to include infection rates by body site and clinical service</p>	E 201		7/12/19

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E 201	<p>Continued From page 4</p> <p>and all hospital acquired blood stream pathogens.</p> <p>2. Establish written policies governing the admission and isolation, including protective isolation, of patients with known or suspected infectious diseases.</p> <p>3. Develop, periodically evaluate, and revise as needed, infection control policies, procedures and techniques for all appropriate phases of hospital operation and service in order to protect patients, employees, and visitors. These policies shall include, but are not limited to, appropriate employee health screening and immunization and acceptable techniques and practices for high risk procedures such as parenteral hyperalimentation, urinary tract catheterization, dialysis, and intravenous therapy.</p> <p>This RULE: is not met as evidenced by: Based on observations, interviews and document reviews, it was determined the facility's infection control/prevention committee failed to protect two (2) of three (3) patients from the spread of infectious agents. [Patients #4 and #5]</p> <p>The findings included:</p> <p>Observations conducted on May 20, 2019 at 12:58 p.m. on Patient #4's unit, revealed a green colored sign on the inside of the nurse's station door. The sign had Patient #4's identification sticker and read in part "MRSA/MDRO Precautions Mark all that apply Active infection" was marked with an "x." The sign had two (2) circular dots at each of the following statements. "Standard Precautions - use gowns and gloves for contact with uncontrolled secretions, wounds, draining wounds, dressing changes, stool, and</p>	E 201		
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E 201	<p>Continued From page 5</p> <p>ostomy tubes ... for healthy and independent patients. Contact Precautions (modified) - for patients who are ill or who cannot keep their secretions or drainage contained. Follow standard precautions and wear gown and gloves if clothes are likely to become soiled. The patient with MRSA/MDRO, colonized or active should be the last pt [patient] to use the shower or bathtub."</p> <p>The surveyor observed a unit precaution sign taped to a board within the nurse's station. The sign indicated both behavioral and medical precautions. The sign did not indicate "MRSA/MDRO" or "Contact Precautions" for Patient #4. The bottom of the sign read, "UPDATED 4/25/19." The surveyor asked Staff Member #2 whether the precaution sign should list Patient #4's MRSA/MDRO or Contact Precautions, Staff Member #2 stated, "Yes." The surveyor inquired how staff caring for Patient #4 were made aware of the patient's active infection status; Staff Member #2 reported all precautions were listed on the patient's "Kardex" and their behavioral monitoring sheets.</p> <p>Staff Member #2 and the surveyor reviewed Patient #4's "Kardex." Staff Member #2 verified the "Kardex" did not include MRSA/MDRO or Contact Precautions. At 1:01 p.m. on May 20, 2019, Staff Members #17 and #20 entered the nurse's station. The surveyor asked Staff Members #17 and #20 regarding Patient #4's precautions. Staff Member #17 recited the precautions listed on the unit's precaution sign. The surveyor inquired regarding the green MRSA/MDRO Precautions sign on the nurse's station door. The surveyor asked regarding how often staff updated the unit's precaution sign. Staff Member #20 reported a midnight shift staff typed the precaution sign daily. The surveyor</p>	E 201		

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E 201	<p>Continued From page 6</p> <p>informed Staff Members #2, #17 and #20 the unit's precaution sign read, "UPDATED 4/25/19." Staff Member #17 stated, "They forgot to change the update date. [Patient #4's name] hand wound is covered."</p> <p>Observations conducted on Patient #4's unit on May 21, 2019 at 10:15 a.m. with Staff Member #2, revealed the unit's precaution sign had not been updated to include the patient's active infection or MRSA/MDRO Precautions. Staff had placed several lines through "4/25/19" and hand wrote "5/20/19." Staff Member #2 verified Patient #4's "Kardex" still did not reflect the patient's MRSA/MDRO Precautions. Staff Member #13 reported the staff caring for Patient #4 had the patient's behavior monitoring sheet. Staff Member #13 reported Patient #4 was in school. At 10:54 a.m. on May 21, 2019, Staff Member #2 accompanied the surveyor to Patient #4's class. Staff Member #2 and the surveyor reviewed Patient #4's behavioral monitoring sheet, Staff Member #2 verified the sheet did not include MRSA/MDRO or Contact Precautions. Staff Member #2 verified staff caring for Patient #4 might not know the patient needed MRSA/MDRO or Contact Precautions.</p> <p>On May 21, 2019 at 12:38 p.m., the surveyor conducted an interview with Staff Member #10. Staff Member #10 presented the facility's infection control/prevention policy and procedure. Staff Member #10 verified the culture of Patient #4's wound in "April [2019] grew MRSA." Staff Member #10 reported Patient #4 would have been placed on Modified Contact precautions because "the wound was covered with a dressing and the patient's clothes." Staff Member #10 reported the physician order the antibiotics and to keep the wound covered, but failed to write the</p>	E 201		
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E 201	<p>Continued From page 7</p> <p>order for "modified contact precautions." Staff Member #10 explained without the order for the modified contact precautions, the information would not be documented on the patient's "Kardex" or the behavioral monitoring sheets. Staff Member #10 reported Patient #4's unit included another patient with MRSA, who self-inflicts injuries and picks at the wounds. Staff Member #10 explained the housekeeping process for cleaning when a patient is on MRSA/MDRO Precautions. Staff Member #10 verified the housekeeping staff might not have known Patient #4's MRSA/MDRO Precaution status. The surveyor inquired regarding the status of Patient #4's hand wound. Staff Member #10 reported not being aware the patient currently had a hand wound. Staff Member #10 reported the unit staff did not email or text regarding the patient's hand wound. Staff Member #10 verified Patient #4's admission MRSA screening did not indicate a history of MRSA.</p> <p>On May 21, 2019, the surveyor reviewed the facility's policy titled "Infection Control Policy on the Control of Methicillin-Resistant Staphylococcus Aureus." The policy read in part "Purpose: 1. To insure the prevention of the spread of Methicillin-Resistant Staphylococcus Aureus (MRSA) ... 8. For patients who are ill and totally dependent on the healthcare worker (HCW) for activities of daily living or who cannot keep their secretions or drainage contained, modified Contact are used. For modified Contact Precautions, the HCW would follow Standard Precautions and would wear gown and gloves to enter the patient room if clothes are likely to become soiled ... 9. For patients with a MRSA colonization or infection: A. When possible, place patients in private room or group them together with other MRSA colonized or infected patients.</p>	E 201		



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E 201	<p>Continued From page 8</p> <p>B. ... 5. If a patient is discovered to be colonized or infected with MRSA, evaluate the patient's roommate for risk factors which may predispose her/him to serious infection ... C.... When bathing or showering, the patient with MRSA should go last. After the patient completes their bath the shower should be thoroughly sprayed with a hospital approved cleanser ... Communication regarding MRSA within the hospital ... 18. Anytime a patient has been determined to be either colonized MRSA or have an infection caused by MRSA, the following persons/departments will be notified ... C. All unit staff working on the unit on which the patient is residing ... G. Housekeeping ... 19. To facilitate communication that a patient is positive for MRSA, Contact Precautions will be written at the top of the patient's Blue Sheet [behavioral monitoring sheet] under Precautions ... 22. For patients with MRSA colonization or infection, housekeeping will wear a gown and gloves to clean the patient's room. In addition, housekeeping will clean the room of a patient with MRSA last ..."</p> <p>Patient #4's medical record listed his/her admission date as December 21, 2018. Patient #4's admission "Methicillin-resistant staphylococcus aureus (MRSA)" screening tool did not indicate the patient had a history of MRSA. An "Intra-cycle Treatment Plan Update" dated "4/26/19" for Patient #4 documented the patient developed a "1 1/2 - 2 cm (one and one-half to two centimeter) circular reddened area [with] small amount of yellow/tan drainage just below back of pull up"</p> <p>A review of "Medical Progress Note" documentation read in part: "04/26/2019 ... has an area just below the waist</p>	E 201		
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E 201	<p>Continued From page 9</p> <p>band at ... pullup that is circular and draining some tan/yellow drainage. There are some surrounding papules and this may yeast [sic], but it is difficult to know ..."</p> <p>"04/29/2019 ... has a wound to ... left buttock that may have been from irritation from ... pullup and we are using a dressing ... left buttock appears to be draining clear liquid ..."</p> <p>"04/30/2019 ... There is an reddened area on ... top of ... buttocks where ... pull up typically rubs. The area had been cultured and is positive for methicillin-resistant staph aureus; however it is unclear if there was ever a significant abscess to culture or if they cultured the top of the wound ..."</p> <p>"05/01/2019 has positive methicillin-resistant Staphylococcus aureus from a culture of ... skin where ... pull up has been rubbing on [him/her]. We are going to begin clindamycin topically to the area since wound is healing at [his/her] close [sic] with no obvious drainage ..."</p> <p>"05/02/2019 ... has a wound on ... left buttock, which is now closed with no drainage, but it did culture out MRSA ..."</p> <p>"05/03/2019 ... superficial buttock wound is healing well though it did grow MRSA ..."</p> <p>"05/05/2019 ... Cleocin is used on an irritation on [his/her] back for 14 days ..."</p> <p>"05/09/2019 ... [He/she] is also on clindamycin cream for irritation on [his/her] back that was a small abscess, which drained ..."</p> <p>"05/10/2019 ... The sore on [his/her] thigh, which was of MRSA origin, has healed and no further treatment is necessary."</p> <p>Patient #5's medical record listed his/her admission date as October 10, 2017. Patient #5 is Patient #4's roommate. Patient #5's admission "Methicillin-resistant staphylococcus aureus (MRSA)" screening tool did not indicate the patient</p>	E 201		

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E 201	<p>Continued From page 10</p> <p>had a history of MRSA. A review of Patient #5's medical record did not reveal a documented evaluation regarding MRSA after Patient #4's positive diagnosis of MRSA.</p> <p>On May 21, 2019 at approximately 2:00 p.m., the surveyor asked Staff Member #2 whether Patients #4 and #5 were roommates during Patient #4's positive diagnosis of MRSA. Staff Member #2 reported he/she would check with the business office. Staff Member #2 returned and reported Patients #4 and #5 were roommates in April and May 2019.</p> <p>On May 21, 2019 at approximately 3:10 p.m., during the end of the day meeting with Staff Members #1 and #2, the surveyor requested information related to the facility's evaluation of Patient #5's further susceptibility when Patient #4 was diagnosed with MRSA.</p> <p>On May 22, 2019 at approximately 10:00 a.m., Staff Member #2 reported the facility failed to follow their infection control policy. Staff Member #2 reported Patient #5 had not been evaluated as stated in the policy prepared by the infection control/prevent committee.</p>	E 201		



9407 CUMBERLAND ROAD · NEW KENT, VIRGINIA 23124 · (800) 368-3472

**June 17, 2019**

**Douglas Middlebrooks, PhD**

**Supervisor, Division of Acute Care Services**

**Commonwealth of Virginia Department of Health**

**Office of Licensure and Certification**

**9960 Mayland Drive - Suite 401**

**Henrico, VA 23233**

**RE: Cumberland Hospital, VA0528**

**Unannounced Hospital Licensure Complaint Investigation**

**Complaints: #VA00046089 & #VA00046052**

**Dear Mr. Middlebrooks,**

**Please accept the attached response from Cumberland Hospital for Children and Adolescents with included plans of correction to the State regulations standard level deficiencies which were cited in our final report from the VDH's unannounced complaint survey that was conducted at our facility on May 20-22, 2019.**

**Sincerely,**

**Leslie D. Bowery, Director, Standards and Regulatory Compliance**

**Cumberland Hospital for Children and Adolescents**

*Leslie D. Bowery*  
6/17/2019

**RECEIVED**

**JUN 19 2019**

**VDH/OLC**

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E 000 Initial Comments E 000

An unannounced Hospital Licensure Complaint Inspection was conducted May 20, 2019 through May 22, 2019. A team of two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health, investigated two (2) complaints (VA 00046089 and VA 00046052). The surveyors conducted observations, interviews and document reviews during the investigative process to determine compliance with the Hospital Licensure regulations.

The facility was not in compliance with the Regulations for the Licensure of Hospitals in Virginia 12 VAC 5-410, last revised November 14, 2018.

E 028 12 VAC 5-410-230 Patient care management E 028

C. Each hospital shall establish a protocol relating to the rights and responsibilities of patients based on Joint Commission on Accreditation of Healthcare Organizations' 2000 Hospital Accreditation Standards, January 2000. The protocol shall include a process reasonably designed to inform patients of their rights and responsibilities. Patients shall be given a copy of their rights and responsibilities upon admission.

This RULE: is not met as evidenced by: Based on observation, staff interview and facility document review, it was determined the facility staff failed to ensure the rights of each patient were implemented with regards to the right to a safe, sanitary and humane environment.

Safety hazards were observed on Unit 8 which posed a threat to the safety and well being of

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Patricia Jay Brooks, CEO*

TITLE

*CEO*

(X5) DATE

*6/17/19*

6/17/2019

Virginia Department of Health

Office of Licensure and Certification – Division of Acute Care Services

9960 Mayland Drive, Suite 401

Henrico, Virginia 23233

RE: Complaint # VA00046089 & VA00046052

Please accept the following response with corrective action plan(s) from Cumberland Hospital for Children and Adolescents related to a quality of care concern that was investigated by your agency on 5/20 – 5/22/2019. By submitting this Plan of Correction, the Facility does not admit that it violated the regulations. The Facility also reserves the right to amend the Plan of Correction as necessary and to contest the deficiencies, findings, conclusions, and actions of the agency.

The deficiencies cited in the report and our plans of corrective action are as follows:

- **Patient Care Management: 12 VAC 5-410-230 – E028**

The facility staff failed to ensure the rights of each patient were implemented with regards to the right to a safe, sanitary and humane environment.

#### Corrective Action Taken on Identified Deficiencies

The 3 conduit brackets on the wall in the large bathroom stall area on Unit 8 that were identified by the surveyors as hazardous due to sharp edges were removed from the bathroom wall on 5/20/19.

The hole in the wall in the smaller bathroom stall on Unit 8 which was identified as deficient due to abandoned low voltage wires that were visible and accessible to patients was repaired. The repair was completed by installing a junction box, secured with a solid stainless steel cover to cover the hole. This work was completed on 5/21/19.

#### Prevention of Future Deficiency

To prevent a recurrence of delayed response to any identified safety concerns or hazards, the Director of Plant Operations will conduct a re-training for all staff regarding the requirement to report any safety hazard or environmental issue that could pose a threat to our patients, staff and visitors. The training will focus on identification of hazards, how to mitigate any risk immediately and the process for notification to the maintenance department to initiate the proper response and eliminate the risk within the required timeline. The Director will complete re-training by July 12, 2019.

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## **Maintaining Compliance**

To maintain compliance, the daily maintenance surveillance reports will be reviewed by the Director of Plant Operations to identify any documented safety hazards and verify that the proper procedures were followed and the risk was corrected as specified in the facility's policies. The Work Order system will be monitored daily for proper content and to ensure all work-orders are being created using the appropriate level of priority and therefore initiating the desired response by communication to the necessary departments and managers. Timeliness of completed work orders will be tracked monthly by the DPO and reported to the facility's Environment of Care, Performance Improvement, and Medical Executive Committees.

- **Infection Control: 12 VAC 5-410-490 - E201**

The facility's infection control/prevention committee failed to protect two of three patients from the spread of infectious agents.

### **Plan of Correction:**

The plan of corrective action will allow for: 1) more effective communication throughout the facility when a patient is diagnosed with an active multi-drug resistant organism (MDRO) and; 2) the room assignment of the infected patient and the patient's roommate susceptibility to infection will be evaluated.

On 6/5/19, the Infection Prevention Coordinator reviewed the facility's Infection Control Policy on the Control of Methicillin Resistant Staphylococcus Aureus. The IP Coordinator verified the policy reflects the surveillance process utilized to identify patients/residents admitted with a history of MDRO infection. This includes the history of MDRO infection documented on the Pre-admission Clinical Review form and the MRSA/MDRO screening tool utilized by the Admissions Department. The policy further states, the IP Coordinator will be notified of a positive history for MDRO infection by the Admissions Department. The IP Coordinator reviews all pre-admit information for each new admission to Cumberland Hospital, evaluating for multiple acute care admissions, previous critical care stays, and a history of immunosuppression based on diagnoses. All information obtained from this review will be communicated to the Medical Director or designee. Surveillance information will be reported in the IP report presented to the Med Staff/ICC committee meeting on a quarterly basis. The MDRO Assessment Tool will be completed for any patient, with a prior history of MDRO infection, and then placed on the patient's chart. During the admission process, the Notification of High Risk form will indicate the history of MDRO infection and will be signed by the physician.

Adherence to existing policy specifications will include the following requirements: When an active case of MDRO infection is suspected, based on patient symptomatology or diagnosed, based on laboratory confirmation, the IP Coordinator will conduct an evaluation of the patient and complete the MDRO Assessment form. The appropriate departments, the CNO, Unit Coordinator and the Nursing Supervisors will be contacted by the IP Coordinator or designee. The CNO/IP or Nursing Supervisor will alert the Director of Plant Operations of the MDRO infection with the unit and patient/resident room number. This information will be communicated to the EVS Department via the ADT Form (Admission,

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discharge, transfer). The IP coordinator or designee will also contact the EVS Department as soon as the Precautions have been initiated by medical order from a member of the medical staff. The Medical Staff will order the appropriate transmission-based precautions and the precautions will be written on the patient/resident's Kardex and daily observation sheet in red ink. The MDRO/MRSA precaution sign will be posted in the nurses' station and if appropriate, outside of the patient/resident's door.

The patient will either be the single occupant of a room, roomed with another patient diagnosed with the same MDRO depending on MD evaluation, or have a roommate whom has been evaluated by Med staff/Infection Prevention Coordinator for risk of compromised immune system, risk of infection with open wound, or symptoms of acute illness. The results of this evaluation will be documented on the patient's and the roommate's chart and on the MDRO Assessment Tool.

The Infection Control Policy on the Control of Methicillin Resistant Staphylococcus Aureus will be revised to reflect the changes made to increase the effectiveness of communication of MDRO infection and to decrease the possibility of transmission of MDRO to other patients and employees. Policy revisions are expected to be completed no later than July 1, 2019.

Staff training will be conducted via Healthstream, utilizing a Power Point presentation on MDRO/MRSA infections and Modified Contact/Contact Precautions. This presentation will outline the process for the communication of an active MDRO/MRSA infection and the modifications in patient care that are necessary for the prevention of transmission of a multi-drug resistant organism. The evaluation of the room placement of the patient will also be included in the training. The Staff training assignment will be completed for all required employees by July 1, 2019.

#### Maintaining Compliance

The Infection Prevention Coordinator will report monthly to the Performance Improvement and Medical Executive Committees on the status active MRSA/MDRO infections at the facility. Data tracking will include: timely communication of a positive diagnosis, appropriate precautions ordered and in place, medical record documentation and verification of patient roommate assessment or room placement as applicable.

Thank you for affording us the opportunity to reply to these findings and respond with our course of action. Please let me know if I can be of further assistance.

Leslie D. Bowery, BSHS

Director of Standards and Compliance

*Leslie D. Bowery 6/17/19*

Cumberland Hospital for Children and Adolescents

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New Kent, Virginia 23124

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