

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

December 24, 2019

Debra Hopkins, 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, 49-3300

Hospital Medicare/Medicaid Abbreviated (Complaint) Survey (VA00047523)

Dear Ms. Hopkins,

Please accept the attached CMS-2567 form from Cumberland Hospital for Children and Adolescents with included response and plan of correction to the federal regulation standard level deficiency which was cited in our final report from the VDH's unannounced complaint survey conducted at our facility on December 11-12<sup>th</sup>, 2019.

Sincerely,

Leslie D. Bowery, Director, Standards and Regulatory Compliance

Lustie D. Berreng 12/24/2019

**Cumberland Hospital for Children and Adolescents** 

DEC 3 0 2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES Printed: 12/17/2019 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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The findings include:  On December 11, 2019	A93300  COVIDER OR SUPPLIER LAND HOSPITAL LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECOR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An unannounced Medicare/Medicaid Hospital Complaint Investigation survey was conducted December 11 through 12, 2019 by two Medic Facilities Inspectors from the Virginia Depart of Health's Office of Licensure and Certification The survey process included: a review of the facility's Governing Body, Patient Rights, Quand Nursing Services. Interviews were conducted, Clinical Records and policies and procedures were reviewed.  Complaint #VA 00047980 was investigated of the two - day complaint survey.  The facility was determined not to be in compliance with the following Federal regular as stated in 42 CFR Part §482. Conditions of Participation for Hospitals.  The Complaint was substantiated with deficient practice.  PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2)  The patient has the right to receive care in a setting.  This Standard is not met as evidenced by: Based on observations, interviews and policy procedure review, it was determined that the facility failed to provide care in a safe setting not following the facility policy and current standards of practice for infection control for (2) of three (3) staff members (Staff Members and # 7).  The findings include:  On December 11, 2019 at 2:45 p.m. an interview of the control of the contro	A93300  STREET ADDR  9407 CU NEW KE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An unannounced Medicare/Medicaid Hospital Complaint Investigation survey was conducted December 11 through 12, 2019 by two Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.  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WING  493300  B. WING  493300  B. WING  STREET ADDRESS, CITY, STATE  9407 CUMBERLAND INEW KENT, VA 2312/  BUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An unannounced Medicare/Medicaid Hospital  Complaint Investigation survey was conducted  December 11 through 12, 2019 by two Medical  Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.  The survey process included: a review of the facility Governing Body, Patient Rights, Quality and Nursing Services. Interviews were conducted, Clinical Records and policies and procedures were reviewed.  Complaint #VA 00047980 was investigated during the two – day complaint survey.  The facility was determined not to be in compliance with the following Federal regulations as stated in 42 CFR Part §482. Conditions of Participation for Hospitals.  The Complaint was substantiated with deficient practice.  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Any deficiency statement enough with an estetisk (\*) 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.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/17/2019 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. A. BUILDING COMPLETED C 493300 B. WING 12/12/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **CUMBERLAND HOSPITAL LLC** 9407 CUMBERLAND ROAD **NEW KENT, VA 23124** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 000 Please accept the following response with A 000 INITIAL COMMENTS corrective action plan from Cumberland Hospital for Children and Adolescents for findings cited An unannounced Medicare/Medicaid Hospital by your agency during a recent complaint survey Complaint Investigation survey was conducted of our Hospital program on December 11 December 11 through 12, 2019 by two Medical through 12, 2019. Facilities Inspectors from the Virginia Department By submitting this Plan of Correction, the Facility of Health's Office of Licensure and Certification. does not admit that it violated the regulations. The Facility also reserves the right to amend the The survey process included: a review of the Plan of Correction as necessary and to contest facility's Governing Body, Patient Rights, Quality the deficiencies, findings, conclusions, and and Nursing Services. Interviews were actions of the agency. conducted, Clinical Records and policies and procedures were reviewed. Complaint #VA 00047980 was investigated during the two - day complaint survey. RECEIVED The facility was determined not to be in compliance with the following Federal regulations DEC 3 0 2019 as stated in 42 CFR Part §482. Conditions of Participation for Hospitals. VDH/OLC The Complaint was substantiated with deficient practice. 1/1/2020 A 144 PATIENT RIGHTS: CARE IN SAFE SETTING A 144 Cumberland's Infection Control Procedure for Hand Hygiene Guidelines states in part "all staff, CFR(s): 482.13(c)(2) regardless of work area will keep natural nail and/or artificial nail tips no more than 1/4 inch The patient has the right to receive care in a safe past the fingertips. Direct care staff should not settina. wear artificial nails longer than 1/4 inch as long This Standard is not met as evidenced by: nails are more likely to harbor pathogens on the Based on observations, interviews and policy and fingertips as well as development of yeast procedure review, it was determined that the infections on fingertips. Artificial nails are facility failed to provide care in a safe setting by difficult to clean underneath and many artificial not following the facility policy and current nail wearers may be more reluctant to follow vigorous hand washing guidelines due to the risk standards of practice for infection control for two of loosening the adhesives used with artificial (2) of three (3) staff members (Staff Members # 6 nails. Chipped nail polish should be removed. and #7). as this also increases the number of organisms potentially on fingernails. Clear or transparent The findings include: nail polish is preferred, which will allow for visual inspection of the nails to assure that proper On December 11, 2019 at 2:45 p.m. an interview cleaning under the nail has occurred." LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (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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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	7		
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A 144	with Staff Member # have long fingernails At 3:00 p.m. an inter revealed "staff are in regarding fingernails".  On December 12, 20 the facility policy pro 9:25 a.m., titled "Infe Hand Hygiene Guide regardless of work a and/or artificial nail tip past fingertips. Direct artificial nails longer Name] as they are mathogens on their five yeast infection on find difficult to clean undenail wearers may be vigorous hand wash of loosening the adh nails. Chipped nail p this also increases the fingernails and clear preferred. This will a the nails to assure the nails has occurred."  At 9:55 a.m., an interevealed Staff Members Staff Me	1 revealed "Yes, staff of s."  view with Staff Member of ormed of the facility portion of the facility	r #3 plicy w of #2 at e on staff, ill ch wear y elop are cial v e risk ad, as s on sh is n of er the are to toe leted ruises, nurse.	A 144	The facility's plan of correction to ensadherence to the above procedure in adherence to the above procedure in adherence to the above procedure in An on-line staff training module, ackrithe elements of the facility hand hygiprocedure, was assigned to all direction 12-20-19 via the HealthStream le management platform. The due date completion of the training is January Managers began observations of direct of assess for appropriate fingernail le 12/12/19, to include all full-time and Staff noted to be out of compliance via 72 hours to correct the infringement appresent themselves to a manager for observation. Managers will continue fingernail inspection on a weekly base ongoing compliance for a minimum of months of sustained compliance at 1 any employee noted to be out of confafter their initial observation and/or operiod will be issued a formal correct up to and including possible terminate egregious neglect of the terms of the As additional monitoring, the facility's Infection Preventionist will perform readservations of staff fingernails here during monthly infection control surveyounds.  The corrective action plan also proving mew-hire employee health onboarding be enhanced to include observation appropriate fingernails upon hire. Possible temployees completing the employee portion of the onboarding process wieducated to the facility's hand-hygier	nowledging iene t-care staff aming e for 1, 2020.  ect care staff ength on PRN staff. were given and to re- with sis to ensure of four 100%.  Inpliance correction tive action, tion for e procedure. Is monthly ocess was the facility's andom to forward eillance  des that the eg process of otential e health III be		

RECEIVED

procedure during employee health screening

fingernail infringements prior their first day of

and will be given an opportunity to correct

DEC 3 0 2019

If continuation sheet Page 2 of 3



on the unit, will ask if that staff member was

Member # 6 was observed with colored

aware of the findings and how it occurred. Staff

employment at the facility.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Printed: 12/17/2019 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  9407 CUMBERLAND ROAD  NEW KENT, VA 23124   (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  OF PROVIDER'S PLAN OF CORRECTION  PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY)  PREFIX  (FACH CORRECTIVE ACTION SHOULD BE			IDENTIFICATION NUMBE	:R:	A. BUILDING	A. BUILDING		COMPLETED C	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (EACH DEFICIENCY) MUST BE PRECEDED BY FULL REGULATORY TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  A 144 Continued From page 2 fingernails at least a 1/2 inch past their fingertips. Staff Member # 6 stated "these are my nails, I just got them done."  At 10:10 a.m., an interview with Staff Member # 7 revealed Staff Member # 7 provides direct care to patients. Staff Member # 7 provides direct care to patients. Staff Member # 7 reported being responsible for patient showers/baths as assigned. Staff Member # 7 stated if any new bruises, cuts or scratches are seen during the shower/bath, the lead behavior tech, charge nurse and unit coordinator are notified. Staff Member # 7 was observed with colored fingernails at least a 1/2 inch past their fingertips. Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "I wear two to three pair of gloves when doing the			B. WING		12/12/2019				
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 144  Continued From page 2 fingernails at least a 1/2 inch past their fingertips. Staff Member # 6 stated "these are my nails, I just got them done."  At 10:10 a.m., an interview with Staff Member # 7 revealed Staff Member # 7 revorated being responsible for patient showers/baths as assigned. Staff Member # 7 retails, cuts or scratches are seen during the shower/bath, the lead behavior tech, charge nurse and unit coordinator are notified. Staff Member # 7 was observed with colored fingernails at least a 1/2 inch past their fingertips. Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 stated "these are my nails with acrylic polish." Staff Member # 7 st	CUMBERLAND HOSPITAL LLC 94			9407 CI	9407 CUMBERLAND ROAD				
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(X2) MULTIPLE CONSTRUCTION

