



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

Cumberland Hospital for Children and Adolescents

*Leslie D. Bowery* 12/24/2019

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>493300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>12/12/2019</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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A 000	<p><b>INITIAL COMMENTS</b></p> <p>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.</p> <p>The survey process included: a review of the facility's Governing Body, Patient Rights, Quality and Nursing Services. Interviews were conducted, Clinical Records and policies and procedures were reviewed.</p> <p>Complaint #VA 00047980 was investigated during the two - day complaint survey.</p> <p>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.</p> <p>The Complaint was substantiated with deficient practice.</p>	A 000		
A 144	<p><b>PATIENT RIGHTS: CARE IN SAFE SETTING</b> CFR(s): 482.13(c)(2)</p> <p>The patient has the right to receive care in a safe setting. This Standard is not met as evidenced by: Based on observations, interviews and policy and procedure review, it was determined that the facility failed to provide care in a safe setting by not following the facility policy and current standards of practice for infection control for two (2) of three (3) staff members (Staff Members # 6 and # 7).</p> <p>The findings include:</p> <p>On December 11, 2019 at 2:45 p.m. an interview</p>	A 144		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Patricia Gay Brooks</i>	TITLE <i>CEO</i>	(X6) DATE <i>12/20/19</i>
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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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**A 000 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's 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.

**A 144 PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2)**

The patient has the right to receive care in a safe setting.  
This Standard is not met as evidenced by:  
Based on observations, interviews and policy and procedure review, it was determined that the facility failed to provide care in a safe setting by not following the facility policy and current standards of practice for infection control for two (2) of three (3) staff members (Staff Members # 6 and # 7).

The findings include:  
  
On December 11, 2019 at 2:45 p.m. an interview

**A 000** Please accept the following response with corrective action plan from Cumberland Hospital for Children and Adolescents for findings cited by your agency during a recent complaint survey of our Hospital program on December 11 through 12, 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.

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**A 144** Cumberland's Infection Control Procedure for Hand Hygiene Guidelines states in part "all staff, regardless of work area will keep natural nail and/or artificial nail tips no more than ¼ inch past the fingertips. Direct care staff should not wear artificial nails longer than ¼ inch as long nails are more likely to harbor pathogens on the fingertips as well as development of yeast infections on fingertips. Artificial nails are difficult to clean underneath and many artificial nail wearers may be more reluctant to follow vigorous hand washing guidelines due to the risk of loosening the adhesives used with artificial nails. Chipped nail polish should be removed, as this also increases the number of organisms potentially on fingernails. Clear or transparent nail polish is preferred, which will allow for visual inspection of the nails to assure that proper cleaning under the nail has occurred."

1/1/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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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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**A 144** Continued From page 1  
with Staff Member # 1 revealed "Yes, staff do have long fingernails."  
At 3:00 p.m. an interview with Staff Member #3 revealed "staff are informed of the facility policy regarding fingernails during orientation."  
  
On December 12, 2019 at 9:30 a.m. a review of the facility policy provided by Staff Member # 2 at 9:25 a.m., titled "Infection Control Procedure on Hand Hygiene Guidelines" read in part "All staff, regardless of work area will keep natural nail and/or artificial nail tips no more than 1/4 inch past fingertips. Direct care staff should not wear artificial nails longer than 1/4 inch at [Facility Name] as they are more likely to harbor pathogens on their fingertips as well as develop yeast infection on fingertips. Artificial nails are difficult to clean underneath and many artificial nail wearers may be more reluctant to follow vigorous hand washing guidelines due to the risk of loosening the adhesives used with artificial nails. Chipped nail polish should be removed, as this also increases the number of organisms on fingernails and clear or transparent nail polish is preferred. This will allow for visual inspection of the nails to assure that proper cleaning under the nails has occurred."  
  
At 9:55 a.m., an interview with Staff Member # 6 revealed Staff Member # 6 provides direct care to patients. Staff Member # 6 reported being responsible for patient showers/baths as assigned. Staff Member # 6 stated head to toe assessments of the patient's skin are completed during showers/baths and any findings of bruises, scratches, redness, etc are reported to the nurse. Staff Member # 6 stated if the previous shift is still on the unit, will ask if that staff member was aware of the findings and how it occurred. Staff Member # 6 was observed with colored

**A 144** The facility's plan of correction to ensure full adherence to the above procedure included:  
  
An on-line staff training module, acknowledging the elements of the facility hand hygiene procedure, was assigned to all direct-care staff on 12-20-19 via the HealthStream learning management platform. The due date for completion of the training is January 1, 2020.  
  
Managers began observations of direct care staff to assess for appropriate fingernail length on 12/12/19, to include all full-time and PRN staff. Staff noted to be out of compliance were given 72 hours to correct the infringement and to present themselves to a manager for re-observation. Managers will continue with fingernail inspection on a weekly basis to ensure ongoing compliance for a minimum of four months of sustained compliance at 100%.  
  
Any employee noted to be out of compliance after their initial observation and/or correction period will be issued a formal corrective action, up to and including possible termination for egregious neglect of the terms of the procedure.  
  
As additional monitoring, the facility's monthly Infection Prevention Surveillance process was updated on 12/20/19, to include that the facility's Infection Preventionist will perform random observations of staff fingernails here to forward during monthly infection control surveillance rounds.  
  
The corrective action plan also provides that the new-hire employee health onboarding process be enhanced to include observation of appropriate fingernails upon hire. Potential employees completing the employee health portion of the onboarding process will be educated to the facility's hand-hygiene procedure during employee health screening and will be given an opportunity to correct fingernail infringements prior their first day of employment at the facility.

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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 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 showers/baths. I have never scratched a patient."

A 144 Monitoring for on-going compliance with the terms of the corrective action plan includes patient care nurse managers performing weekly staff observation of fingernails. Evidence of this monitoring is forwarded weekly by all managers to the facility's Chief Nursing Officer. Evidence of random observation of staff for fingernail compliance is also documented monthly by the facility's Infection Prevention Coordinator during monthly surveillance rounds. Results of the noted monitoring are reported monthly to the facility's Patient Care and Performance Improvement Committees.  
  
The responsible person for the overall terms of the corrective action plan is the facility's Chief Nursing Officer. The date of completion of all above corrective actions is January 1, 2020.

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