

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

PRINTED: 04/15/2021  
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  R-C <b>04/08/2021</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{A 000} INITIAL COMMENTS

An unannounced Medicare/Medicaid second revisit survey was conducted 04/05/2021 through 04/08/2021 for the complaint survey conducted 11/30/2020 through 12/9/2020 by three (3) Medical Facilities Inspectors (MFI's) from the Office of Licensure and Certification (OLC), Virginia Department of Health (VDH). All previous Conditions and standard level deficiencies were cleared.

{A000}

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.

This visit also included a full survey due to prior substantial non-compliance. All applicable Conditions of Participation for Hospitals were reviewed. A new standard level deficiency was cited under Infection Control 482.42(a)(2) and follow in this report.

A 749 INFECTION CONTROL PROGRAM  
CFR(s): 482.42(a)(2)

A 749

Upon receipt of notice of deficient practice within the facility regarding facility staff failed to ensure methods for preventing and controlling the transmission of infections during two (2) infection control observations, the Chief Nursing Officer initiated action to correct the infection control deficiencies.

4/30/21

The hospital infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings;

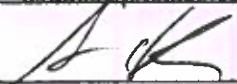
This STANDARD is not met as evidenced by: Based on observation and document review, it was determined that facility staff failed to ensure methods for preventing and controlling the transmission of infections during two (2) infection control observations.

The findings include:

On April 7, 2021 between 1:00 p.m. and 2:00 p.m. "diabetic protocol" was observed on unit 6

The Chief Nursing Officer, in collaboration with the Infection Control Practitioner, educated all nurses on expectations for hand hygiene, to include hand sanitizing procedures. This education included during diabetic protocol, between patients, and between donning and removal of protective gloves. Education was provided in person via in-services on the patient care units in order to answer questions. Competency was verified via direct observation of execution of diabetic protocol and hand hygiene techniques. The Chief Nursing Officer tracked and verified that all nurses participated in the training sessions. Immediate corrective action will take place for staff with any further observation of noncompliance.

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4/29/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) 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 749 Continued From page 1

At 1:20 p.m., Staff Member# 13 was observed assisting Patient # 12 with a blood sugar check and insulin administration. Staff Member# 13 donned clean gloves and prepared insulin. Staff Member # 13 picked up a pen from the nursing station counter and documented in Patient# 12's notebook while wearing dirty gloves. Staff Member# 13 removed the dirty gloves and failed to perform hand hygiene. Staff Member# 13 picked up the dirty pen from the nursing station with dirty hands and documented on the medication administration record (MAR). Staff Member # 13 failed to clean and disinfect the dirty pen and the nursing station counter.

At 1:40 p.m., Staff Member# 13 was observed assisting Patient # 13 with a blood sugar check and insulin administration. Staff Member# 13 donned clean gloves and prepared insulin. Staff Member# 13 touched face mask with dirty gloves. Staff Member# 13 failed to change mask after touching. Staff Member# 13 then removed dirty gloves and placed the dirty gloves on the nursing station counter. Staff Member# 13 picked up the dirty pen with bare hands and documented on MAR. Staff Member # 13 then picked up the dirty gloves from the nursing station counter and placed in the trash. Staff Member# 13 failed to perform hand hygiene or clean and disinfect the dirty pen and the nursing station counter.

On April 7, 2021, a review of the facility policy titled "Infection Control" with Staff Member# 16 revealed "Hand hygiene should be performed after glove removal. Contaminated surfaces should be cleaned and disinfected."

Person Responsible: Chief Nursing Officer

Monitoring:

The Chief Nursing Officer/designee, and the Infection Control Practitioner, are monitoring hand hygiene for nurses during medication administration via direct observation and camera review. Results of the monitoring and aggregated data is reported monthly in Infection Control, Performance Improvement and Medical Staff Meetings, and quarterly to Governing Board for a period of 4 months. Ongoing monitoring will take place on the monthly Infection Control Rounds and reported to the Infection Control, Performance Improvement Committee, and Medical Staff monthly, and Governing Board quarterly.

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A 749	<p>Continued From page 2</p> <p>According to the Center for Disease Control (CDC) guidelines "Masks are worn to help stop droplets from being spread by the person wearing the mask. They also keep splashes or sprays from reaching the mouth and nose of the person wearing the mask. The mask should fully cover the nose, mouth and chin to prevent fluid penetration. The front of the mask should not be touched. If the front of the mask is touched, hand hygiene should be performed or the mask should be changed.</p> <p>The findings were discussed with Staff Members # 1, # 2, # 3 and # 4 during the exit interview on April 8, 2021 at 2.30p.m</p>	A 749		