

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER THE JEFFERSON		STREET ADDRESS, CITY, STATE, ZIP 900 NORTH TAYLOR STREET ARLINGTON, VA 22203	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to provide a mask to a resident out of 5 sampled residents during the COVID-19 pandemic. Resident (R) 1 was taken out of room and accompanied by a therapy staff who was wearing a mask. R1 was not wearing a mask. The findings include: The Director of Nursing (DON) provided a copy of the COVID-19 surveillance report. This report revealed 4 residents (R2, R3, R4 and R5) with laboratory-confirmed infections of COVID-19. A review of lab report dated 06/5/2020 revealed that R1 was negative for Coronavirus. R1 admitted was on 3/11/2019. Observation on 06/18/2020 at 9:45 AM revealed that R1 was not wearing a mask upon exiting her room with the therapy staff (Employee (E) 1). Only E1 was wearing a mask while walking next to R1 who was using a walker. R1 was being brought to the therapy room. During interview with E2 on 06/18/2020 at 9:50 AM, E2 stated If we take residents out of the room, they wear a mask. That's the first time I saw R1 leave the room. During interview with the Administrator on 06/18/2020 at 10:40 AM, she stated Sometimes resident will refuse to wear a mask and we try to educate and accommodate by doing therapy in the room. The Administrator told surveyor that she would check with R1 regarding wearing a mask. During interview with the Director of Nursing (DON) on 06/18/2020 at 11:00 AM, the DON stated that R1 is negative for covid. She can leave the room without a mask. Residents who are covid positive are required to stay in the room. Surveyor was informed by the Administrator afterward on 06/18/2020 at 11:05 AM, that R1 said she was willing to wear a mask. Administrator also confirmed that R1 should wear a mask when leaving the room. On 6/18/2020 at 5:46 PM the Administrator stated We have started re-education on best practice of residents wearing mask when coming to the common area (hallway, rehab gym etc.). In addition, we have checked every resident's room to assure that there is the mask ready for them to use. On 6/19/2020 at 9:00 AM, A review of the facility policy Covid-19 Mitigation and Response Plan revealed under the minimizing chance for exposure section at item number 1. Every person can reduce their risk of exposure by wearing a mask face covering in public. The policy also states Our priority is to protect our communities to the extent possible.		
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.