

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER THE ORCHARD		STREET ADDRESS, CITY, STATE, ZIP 20 DELFAE DRIVE WARSAW, VA 22572	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to maintain infection control practices and recommendations to prevent the spread of COVID-19 in accordance with; The Centers for Medicare and Medicaid Services (CMS), and The Centers for Disease Control and Prevention (CDC) for 1 of 1 sampled residents. The findings included: The facility staff failed to properly don (apply), wear, and doff (remove), appropriate personal protective equipment (PPE) to prevent the spread of COVID-19 during Resident care in a new admission quarantine room. On 06/22/2020 at approximately 1:15 PM, an interview with the unit manager, Registered Nurse A (RN A), was conducted. When asked about the expectation of PPE use/reuse, RN A stated that PPE is assigned to staff and dedicated to each resident in quarantine. When asked how frequently the PPE was replaced, RN A stated weekly or more frequently if soiled. On 06/22/2020 at 1:15 PM, RN A, Surveyor A, and Surveyor B walked down the hall of the facility's quarantine unit, and observed Certified Nursing Assistant A (CNA A) in the hall of quarantine unit wearing a surgical mask and faceshield as per facility policy. The signage outside room [ROOM NUMBER] indicated Resident #1 was on Droplet precautions. There was a cart containing isolation supplies outside the room. There was a box of gloves on top of the cart. RN A, Surveyor A, and Surveyor B observed CNA A retrieve her brown paper bag outside room [ROOM NUMBER] to don her PPE and enter the room. CNA A donned her gown and commented that the top ties were broken. CNA A did not don gloves and then entered room [ROOM NUMBER] where Resident #1 was seated next to his bed. CNA A adjusted the pillows on the bed with ungloved hands while speaking with Resident #1. CNA A then washed her hands in the sink, dried her hands with paper towel, and with the same paper towel, turned off the water. CNA A then walked back over to the bed, adjusted the pillows again, and moved the top sheet down with ungloved hands as Resident #1 independently transferred himself to the bed. The isolation gown CNA A was wearing had fallen off her shoulders due to the broken ties which left her upper torso and upper arms uncovered by the isolation gown. CNA A was observed touching the outside of her gown with ungloved hands attempting to adjust it over her shoulders and stated, It won't stay on. CNA A then went back to the sink, and after washing her hands, opened the overhead cabinet and donned a pair of gloves. CNA A then went back to the bed and assisted Resident #1 to arrange the linen on his bed. CNA A then walked to the threshold of room door to remove her PPE. CNA A removed her gloves, did not perform hand hygiene, reached around her back to untie the lower gown ties, then removed her arms from the sleeves, rolled the gown up without attention to the fact that she had contaminated herself by touching the outside of the gown. She then placed the gown back in the brown paper bag for reuse. When CNA A was asked about wearing gloves in the isolation room, CNA A stated that she wears gloves if she's going to touch something dirty. When asked if touching bed linens was considered something that would require her to wear gloves, CNA A stated yes. CNA A then added that she changed Resident #1's sheets this morning and stated, His sheets were clean. On 06/22/2020 at approximately 1:30 PM, an interview with RN A was conducted. When asked about the expectation for donning and doffing PPE, RN A confirmed she observed that CNA A did not wear gloves or don a new mask before entering Resident #1's room. RN A then stated to CNA A that she needs to put gloves on before touching anything in Resident #1's room because we are assuming that anything in that room could have COVID on it. RN A stated that this droplet-[MEDICAL CONDITION] is not visible so we assume it is potentially everywhere in that room. On 6/22/2020, review of Resident #1's clinical record was conducted and revealed that Resident #1 was admitted to the facility 6-18-2020. The Resident's most current [DIAGNOSES REDACTED]. The Resident had only been admitted 3 days prior to the date of survey, therefore no minimum data set (MDS) assessment had been completed. The Resident had difficulty walking, used a wheel chair, and exhibited [MEDICAL CONDITION] and wasting. The Resident required assistance from staff with activities of daily living. On 6/22/2020 review of the facility's PPE policy for donning and doffing requirements were hanging as a sign on the Resident's room door for staff to follow. The sign read; #1. Hand hygiene, apply gloves. #2. Carefully remove gown from paper bag, and carefully unroll. Do not shake. #3. Don gown, taking care to touch clean side to clean side (side labeled with your name is the dirty side). #4. Remove gloves, hand hygiene, apply new gloves. The document goes on to describe 19 specific steps to putting on and removing PPE, with each step detailed for staff to follow exactly. CNA-A did not follow the policy instructions. The DON stated Mosby and CDC as the facility's professional practice standard. The CDC guidelines require the following: CDC Implementation of the Universal Use of Personal Protective Equipment: HCP (health care professionals) working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. 5d. Risk Assessment with Appropriate Use of Personal Protective Equipment References and resources: 7, 11, 20 Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential for exposure to blood, body fluids and/or infectious material. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions. Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eyes, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed. The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/22/2020. The Administrator stated that staff member was immediately re-educated. No further information was provided.</p>		

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.