

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER THE VILLAGE AT ORCHARD RIDGE		STREET ADDRESS, CITY, STATE, ZIP 100 PROCESSION WAY WINCHESTER, VA 22603	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infection control practices to prevent the spread of infection and communicable disease for one of 13 residents in the survey sample, Resident # 1. The facility staff failed to ensure a visitor from outside the facility was using the appropriate PPE during an end of life visit to Resident # 1 who was under end of life care. The findings include: On 06/18/2020 at 1:45 p.m., an observation of Resident # 1's room revealed a guest sitting in a chair in Resident # 1's room next to their bed. Observation of the guest revealed they were wearing a gown. There was no evidence of the guest wearing gloves or a mask. On 06/18/2020 at 1:45 p.m., an interview was conducted with LPN (licensed practical nurse) # 1, infection control coordinator. When asked to describe the procedure that guest should follow when visiting a resident, LPN # 1 stated that guest cannot visit due to the COVID-19 outbreak. When asked about Resident # 1 having a visitor, LPN # 1 stated that they were under end of life care. OSM # 1 further stated that residents who are at end of life care are allowed visitors as long as they go through the screening process before coming into the facility and that they wear full PPE (personal protective equipment) that includes gown, gloves and mask. At 1:51 p.m., an observation was conducted with LPN # 1 and this surveyor of Resident # 1 room. LPN # 1 stated that the visitor was a family member and further stated that they were not wearing the appropriate PPE. When asked what Resident #1's visitor should be wearing, LPN # 1 stated that they should have had gloves and a mask on. When asked if this observation was an infection control concern, LPN # 1 stated yes. LPN # 1 then approached the visitor and asked them to put on the appropriate PPE. Resident # 1 was admitted to the facility with [DIAGNOSES REDACTED]. Resident # 1's most recent MDS (minimum data set), was not due at the time of the survey. The facility's admission assessment for Resident #1 dated 06/08/2020 documented orientation to person, place and time and requiring assistance with ADLs (activities of daily living). The baseline care plan for Resident # 1 dated 06/08/2020 documented in part, Focus: (Name of Resident #1) has elected Hospice services. Date Initiated; 6/08/2020. The POS 'physician's orders [REDACTED]. Order Date: 06/08/2020. The facility's policy COVID-19 Visitation Policy documented in part. The facility will restrict visitation of all visitors and non-essential health care personnel, except for certain [MEDICATION NAME] care situations, such as an end -of-life situation. In those cases, visitors will be limited to a specific room only. For individuals that enter in [MEDICATION NAME] situations (e.g. end-of-life care), the facility will require visitors to perform hand hygiene and use personal Protective Equipment (PPE), such as facemasks. Those visitors who are permitted, must wear a facemask while in the building and restrict their visit to the resident's room, or other location designated by the facility (such as a designated area by an entrance of the building, if possible for the visit to occur). The CDC (Center for Disease Control and Preparation) guidance dated May 19, 2020 documented in part, Preparing for COVID-19 in Nursing Homes. Implement Visitor Restrictions. Restrict all visitation to their facilities except for certain [MEDICATION NAME] care reasons, such as end-of-life situations. Send letters or emails pdf icon to families advising them that no visitors will be allowed in the facility except for certain [MEDICATION NAME] care situations, such as end of life situations. Use of alternative methods for visitation (e.g., video conferencing) should be facilitated by the facility. Post signs at the entrances to the facility advising that no visitors may enter the facility. Decisions about visitation for [MEDICATION NAME] care situations should be made on a case-by-case basis, which should include careful screening of the visitor for fever or symptoms consistent with COVID-19. Those with symptoms should not be permitted to enter the facility. Any visitors that are permitted must wear a cloth face covering while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene. On 06/18/2020 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator, was made aware of the findings. No further information was provided prior to exit.</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.