

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 14935 HOLLY KNOLL LANE GAINESVILLE, VA 20155	
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, staff interview, and facility document review, it was determined, that the facility staff failed to implement infection control practices during a COVID 19 outbreak to prevent the transmission of infection and communicable disease on one of four facility units, the 200 unit. The facility's housekeeping staff failed change gloves and sanitize their hands between cleaning resident Rooms # 201 and # 202, identified as requiring droplet precaution use. The findings include: On 06/17/2020 at approximately 9:35 a.m., an observation was conducted of OSM (other staff member) # 1, housekeeper. OSM # 1 was observed in the alcove of resident room numbers 201 and 202 wearing a pair of disposable gloves, mask, face shield and gown. OSM # 1 obtain a cleaning cloth from the housekeeping cart, sprayed it with a cleaner, picked up small broom and dust pan and entered resident room # 201. At approximately 9:40 a.m., OSM # 1 came out of room # 201, discarded the cleaning cloth, obtained a new cleaning cloth, sprayed it with a cleaner and entered resident room # 202 without changing their gloves and sanitizing their hands. An observation of the outside of the door to the alcove of resident room [ROOM NUMBER] and 202 revealed a sign titled, Stop. Droplet Precautions. The sign documented, Perform hand hygiene using soap and water and/or alcohol-based hand rub before entering and before leaving room. Wear gown and mask when entering room. Bag linen to prevent contamination of self, environment or outside bag. Discard infectious trash to prevent contamination of self, environment or outside bag. On 6/17/20, at approximately 9:41 a.m., an interview was conducted with OSM # 1 regarding wearing and changing gloves. OSM # 1 stated that they didn't change their gloves from room to room but did change them when they went from alcove to alcove. On 06/17/2020 at approximately 9:50 a.m., an interview was conducted with OSM # 2, Director of housekeeping. OSM #2 was asked to describe the procedures the housekeeping staff follows for the use of gloves when entering and exiting a resident's room under droplet precautions. OSM # 2 stated, When they're on the 200 unit and they're going from room to room in terms of glove use when you finish one room you take everything off, go clean your hands, proceed to the next room. When you get there you will put on new pair of gloves and everything to proceed with that room. When OSM #2 was informed of the above observation, OSM # 2 stated that the housekeeper could be spreading germs from room to room. The facility policy titled, Infection Prevention & Control Policies & Procedures. Policy # 402. Effective Date: 02/06/20 documented in part, Standard Precautions: b. Gloves: .Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before going to another patient. Perform hand hygiene upon removing gloves. On 06/17/2020 at approximately 10:00 a.m. ASM (administrative staff member) # 1, the administrator, ASM # 3, the infection control coordinator, were made aware of the above 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.