STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	496315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted offsite from 05/12/2020 through 05/18/2020, and onsite on 05/14/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Abbreviated Focused Survey was conducted offsite from 05/12/2020 through 05/18/2020, and onsite on 05/14/2020. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). On 05/12/2020, the census in this 88 certified bed facility was 69. Of the 69 current residents, 18 residents had tested positive for the COVID-19 virus; of the 18 residents who tested positive, one was in the hospital and one had expired. The survey sample consisted of five current resident reviews (Residents #1, #2 and #4 through #6 and one closed record review [Residents #3]).	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 6/8/20

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 1 The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (I) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (II) When and to whom possible incidents of communicable disease or infections should be reported; (III) Standard and transmission-based precautions to be followed to prevent spread of infections; (Iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 2 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review and facility document review, the facility staff failed to maintain infection control practices during a COVID-19 (1) outbreak in the facility, for one of six sampled residents, (Resident #4); and the staff failed to handle linens in a manner to prevent the spread of infection on one of two units, (the COVID, positive isolation unit). The facility staff failed to maintain infection control practices for the use of PPE (personal protective equipment) between multiple residents including Resident # 4 whom was diagnosed with a co-infectious (simultaneous infection) pathogen, Clostridium difficile (2) and failed to disinfect medical equipment when caring for multiple residents on the COVID-19 isolation unit in the facility. The facility staff failed to ensure a cloth gown that was in direct contact with the facility floor on the	F 880	1. CNA #3 was provided immediate education in Infection Control. Resident #4's plan of care was reviewed processes were put into effect to prevent the spread of infectious agents. 2. Residents requiring isolation practices have the potential to be affected. Quality review by DON/designee completed audit of staff/agency infection control education on DATE. Quality review of resident's diagnosis was completed on DATE by DON/designee to ensure residents requiring isolation are provided the appropriate procedures to prevent spread of infectious agents. 3. Staff/agency re-educated by DON/Designee on DATE, in regard to proper equipment disinfecting policy, proper PPE usage and procedure when dealing with resident with infectious disease. Additionally, staff/agency were re-educated by DON/designee, on DATE, in regard to proper linen care and infection control procedures, to ensure competency and compliance. 4. DON/designee will conduct monitoring ensure staff are following infection control procedures weekly x 4 weeks then monthly x 3 months, DON will report findings to the QAPI Committee. 5. Allegation of Compliance date is 6/19/2020	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 3 COVID-19 positive isolation unit was not in contact with other clean gowns and not used when providing care to a resident. The findings include: 1. Resident # 4 was admitted to the facility with diagnoses that included but were not limited to atrial fibrillation [3], high blood pressure and enterocolitis [inflammation of the small intestine and colon] due to recurrent clostridium difficile. Resident # 4's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 02/02/20, coded Resident # 4 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 4 was coded as requiring extensive assistance of one staff member for activities of daily living. On 5/14/20 at 3:45 p.m. an observation was made of CNA [certified nursing assistant] # 3 providing care to residents on the COVID-19 isolation unit. CNA # 3 was observed in Resident # 4's room wearing an isolation gown, gloves and mask. CNA # 3 was observed taking Resident # 4's temperature and pulse oximetry (measures oxygen level) reading using a pulse oximeter, which fit onto the resident's finger. CNA # 3 was then observed leaving Resident # 4's room wearing the isolation gown, gloves and mask and going into four additional rooms performing the same procedures with the residents in those rooms. CNA # 3 failed to change gloves, wash hands or clean the equipment making contact with the residents between each resident. At 3:53 p.m., CNA # 3 was observed at the nurse's station cleaning the pulse oximeter and the	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 4 thermometer after completing the procedures with the five residents observed. A laboratory report dated 03/07/2020 for Resident # 4 from [Name of Hospital] documented in part, "03/08/2020. Positive for Toxigenic C. difficile." The "Physician's Telephone Order," dated 03/10/2020 for Resident # 4 documented, "Vancomycin 125mg [milligrams po [by mouth] daily x [times 7 [seven] days then Vancomycin 125mg po every 2 [two] days for 6wks [six weeks]." The POS [Physician's Order Sheet] dated 04/01/2- through 04/30/20, signed by the physician on 0361/220 documented in part, "03/09/20: Contact precautions Every Shift for C-Diff." The comprehensive care plan for Resident # 4 dated 07/31/2019 with a revision date of 03/11/2020 documented, "Focus: [Resident # 4] has C. Difficile." Under "Interventions", it documented in part, "Disinfect equipment used before it leaves the room. Date initiated: 07/03/2019." On 5/14/20 at 4:25 p.m., an interview was conducted with CNA # 3 about the observation of going room to room wearing an isolation gown, gloves, mask, taking temperatures and pulse oximetry readings without changing gloves or cleaning the pulse oximeter between residents. CNA # 3 stated that they went room to room and did not change gloves or wash their hands because "I technically did not touch them, I just slip their finger into the pulse ox." When asked if they cleaned the machine between resident uses,	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 5 CNA # 3 stated she did not see any wipes in the hall. CNA # 3 stated, "I know you are supposed to do that but when you don't see them [disinfecting wipes] you can't do them." CNA # 3 stated that after she saw the wipes at the nurse's station the machine was wiped down. When asked if she was aware of any reason why it was important to change PPE after caring for Resident # 4, CNA # 3 stated, "I do not have an answer for that, I do not remember anything." CNA # 3 stated, "We use sanitizer to not spread the infection around but it is hard when you don't have the supplies you need. I didn't realize the wipes were there until after I finished." On 05/14/20 at 4:42 p.m., an interview was conducted with RN [registered nurse] # 1, assistant director of nursing, in the presence of OSM [other staff member] # 4, social service director, OSM # 6, human services director, OSM # 7, business development coordinator, and ASM [administrative staff member] # 5, senior regional director of operations, who on the phone. After being informed of the observation described above RN # 1 was asked to describe the procedure staff follows for a resident with C-Difficile. RN # 1 stated staff should follow contact precautions, washing with soap and water, and disinfecting equipment. When asked why it was important to follow those procedures, RN # 1 stated to try to stop the spread of the virus. On 5/15/20 at approximately 9:10 a.m., a request was made for the facility policy on following infection control precautions for C-difficile, a handwashing policy related to direct resident care and for disinfecting shared medical equipment to ASM (administrative staff member) # 3, the	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 6 regional director of clinical services was made aware of the above findings by telephone. A request for Resident # 4's comprehensive care plan, the recent signed physician's order sheet and MDS dated 02/02/2020 was also made to ASM # 3. The facility's policy "Standard and Transmission Based Precautions" documented in part, "Standard Precautions: Used for all patients It is common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient. Hand Hygiene, Equipment and environment cleaning." Under "Transmission Based Precautions", it documented in part, "Transmission Based Precautions: used in conjunction with standard precautions. Patient Equipment: use disposable or dedicated patient-care equipment (if equipment is used for multiple patients, clean and disinfect prior to use on another patient)." According to "Gerontological Nursing, Lippincott, Williams and Wilkins Eighth Edition, page 414" documented, "The spores or pathogens like C. difficile can persist on the surfaces of furniture and equipment for months and contaminate the hands of caregivers; strict adherence to handwashing procedures is crucial to protect both patients and caregivers from developing infections." According to "Gerontological Nursing, Lippincott, Williams and Wilkins Eighth Edition, page 414" documented, "Diarrhea and abdominal cramps are common symptoms associated with C. difficile infections ...Because this infection can spread from infected fecal matter being	F 880		

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 7 transported by contaminated objects or hands, the use of gloves, strict handwashing techniques, cleaning of environmental surfaces (usually with a bleach solution), and use of enteric or contact precautions are crucial." According to "Lippincott Nursing Procedures Seventh Edition, pages 651-653" it documented, "Pulse oximetry ...Completing the procedure ...remove the probe, turn off and unplug the unit and, if using a reusable probe, clean it by gently rubbing it with a disinfectant wipe or pad. Perform hand hygiene. Document the procedure." On 5/15/20 at approximately 9:10 a.m., ASM # 3 stated that the facility staff follows their policies and Lippincott as their standard of practice. No further information was provided prior to exit. Reference: [1]. COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and may different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. This	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 8 Information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads [2]. Clostridium difficile is a gram-positive anaerobic bacterium most often associated with antibiotic-associated diarrhea. Symptoms may range from asymptomatic carrier states to severe pseudomembranous colitis and are caused by toxins produced by the organism. Although c-difficile infection can be caused by almost any antibiotic that disrupts the intestinal flora, it's classically associated with clindamycin use. Patients at high risk for this disorder include include those that are taking many kinds of antibiotics immunosuppressed individuals, and those in nursing homes. C-difficile may be transmitted directly from patient to patient via contaminated hands of facility personnel (most common) or indirectly through contaminated equipment such as bedpans, urinals, call bells, ...and surfaces such as bedrails, floors, and toilet seats ...because spores of c-difficile are resistant to most commonly used facility disinfectants the patients room may be contaminated even after the patient has been discharged. The immediate environment must be thoroughly cleaned and disinfected with 0.5% sodium hypochlorite ...standard precautions for contact with blood and body fluids should be used for all direct patient contact and contact with the patient's environment. Use good handwashing technique with antiseptic soap after direct contact with the patient or environment ...reusable equipment must be disinfected before use on another patient or disposable equipment should be used .... This information was obtained from: Springhouse Handbook of Diseases- Causes, Signs and	F 880		

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 9 Symptoms; Patient Care- 2007 Springhouse Corporation pages 217-219 [3]. A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html. 2. On 05/14/2020 at 4:05 p.m., CNA # 3 was observed at the clean linen laundry cart on the COVID -19 positive isolation unit. CNA #3 removed two clean gowns, and one gown fell onto the floor, CNA # 3 picked the gown up off the floor and placed it onto the cart right across from the laundry cart that contained PPE (personal protective equipment) and four clean gowns lying on top of the cart. CNA # 3 paced the gown that had fallen to the floor on top of one of the clean gowns on the cart. At approximately 4:06 p.m., an interview was conducted with RN [registered nurse] # 3. When asked about the cart in the hallway across from the clean linen cart, RN # 3 stated that it contained clean gowns that were ready to be used. On 5/14/20 at 4:16 p.m., an observation revealed that a CNA #1 picked up a gown from the top of the cart that was in contact with the gown observed previously on the floor. CNA #1 put the gown on and went into a positive COVID-19 resident room. Then CNA # 3, who originally put the gown on cart from the floor, took that gown, put it on, and went into the resident room to assist CNA #1. Observations of the activity in the resident room revealed they	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 10	F 880		

repositioned the resident, folded the blankets and sheets. Further observations revealed that while the sheets and blanket were being folded they brushed up against CNA #1 and #3s gowns, and then the sheets and blanket were repositioned over the resident.

On 005/14/2020 at 4:28 p.m., an interview was conducted with CNA # 3 regarding the gown that fell to the floor. When asked if a gown she had taken from the clean linen cart had fallen to the floor, CNA # 3 stated, "Yeah I do, I set it on one of the little counters [top of cart]. Yes, on the yellow cart. They are clean gowns on the cart. In my opinion I would say it is clean but no it's not clean." When asked if the gown that fell to the floor could contaminate other gowns on top of the cart CNA # 3 stated, "It could have been." CNA #3 was asked about putting on the gown that was on the floor and going into the resident's room. CNA # 3 stated, "If considering that gown, I should not have, considering this is already contaminated, limited supply of gowns, say someone coughs on your sleeve, put your arm on your chest it would be smart to take it all off but if you don't have what you need. Considering I used it, it's ok but it's not ok. If I was more aware of my surroundings then rest of the linen wouldn't have gotten contaminated."

On 05/14/20 at 4:42 p.m., an interview was conducted with RN [registered nurse] # 1, assistant director of nursing, in the presence of OSM [other staff member] # 4, social service director, OSM # 6, human services director, OSM # 7, business development coordinator, and ASM [administrative staff member] # 5, senior regional director of operations, who on the phone. After being informed of the observation described

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495315	A. BUILDING _____ B. WING _____	05/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONSULATE HEALTH CARE OF WOODSTOCK	803 SOUTH MAIN ST WOODSTOCK, VA 22664

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 11 above RN # 1 was asked to describe the procedure staff follows when clean linen or gowns are dropped on the floor. RN # 1 stated they should have gone into hamper to be laundered. On 5/15/20 at approximately 9:10 a.m. a request was made to ASM (administrative staff member) # 3, the regional director of clinical services was made aware of the above findings by telephone. A request for the facility policy on following infection control precautions for C-difficile, a handwashing policy related to direct resident care and for disinfecting shared medical equipment, Resident # 4's comprehensive care plan, the recent signed physician's order sheet and MDS dated 02/02/2020 was made to ASM # 3. On 5/15/20 at approximately 9:10 a.m., ASM # 3 stated that the facility staff follows their policies and Lippincott as their standard of practice. No further information was provided prior to exit.	F 880		