

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
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NAME OF PROVIDER OR SUPPLIER LANCASHIRE CONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 287 SCHOOL STREET KILMARNOCK, VA 22482
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(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
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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted offsite 5/21/2020 through 5/22/2020 and onsite 6/9/2020 through 6/10/2020. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. There was one resident in the sample. The census in this 120 certified bed facility was 86 at the time of the onsite survey.	F 000		
F 880 SS=D	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. 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	F 880		7/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/23/2020
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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.

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F 880	<p>Continued From page 1 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>§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 documentation review, the facility failed for 1 resident (Resident #1) of 1 sampled residents to implement infection control precautions.</p> <p>The findings include: The facility staff failed to wear a face mask while being within a 4 foot distance of Resident #1.</p> <p>Resident #1 was a 75 year old who was diagnosed with Delusional Disorder and Hypertension.</p> <p>The Minimum Data Set, which was a Quarterly Assessment dated 5/8/20 was reviewed. Resident #1 was coded as having a Brief Interview of Mental Status Score of 15. In addition, she was coded as requiring set-up help only for ambulation. Resident #1 used a rolling walker for ambulation.</p> <p>On 6/9/20 at approximately 11:15 A.M. a tour was conducted of the facility laundry room. The Administrator (Employee A) was present. The staff (Employee F) was working in the laundry room without her surgical mask covering her mouth and nose. She had the mask pulled down on her neck. Resident #1 was also in the laundry room. Resident #1 did not have her mask on properly. She held the mask to her face with one hand while pushing her rolling walker with the</p>	F 880	<ol style="list-style-type: none"> 1. A one on one meeting was conducted to counsel the staff member observed not in compliance with proper wearing of face mask during the survey. The employee performed a return demonstration on the proper way to wear a face mask while in the facility and verbalized understanding of the requirement. 2. The Administrator/ designee will conduct observation rounds to ensure staff are wearing face mask at all times while in facility. All staff members will demonstrate appropriate way to wear a face mask. 3. All facility staff will be reeducated on the Use of Face Masks. Small group meetings are being held providing question and answer sessions regarding requirement for face masks while in the facility. These meetings will address the proper way to wear a face mask to include ensuring the mouth and nose is covered completely by the mask at all times while in the facility. 4. Observation rounds will be conducted daily on all shifts for 90 days to ensure face masks are worn properly and are covering mouth and nose at all times. The Administrator/designee will identify any patterns or trends and report results 		

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F 880	<p>Continued From page 3</p> <p>other hand. She stood approximately 4 ft from Employee F. Resident #1 stated that she had gotten confused and that she didn't intend to come into the laundry room.</p> <p>Employee F was asked why she wasn't wearing her mask. She stated, "I took it down so I can breathe, cause it's hot in here." The Administrator was asked about the facility's expectations. He stated that all staff should be wearing masks at all times while in the building.</p> <p>On 6/10/20, a review of facility documentation was conducted, revealing an Infection Control policy dated 4/7/20. An excerpt read, "All healthcare personnel must use a facemask while in the facility."</p> <p>Facility training documentation was reviewed. Employee F attended the Personal Protective Equipment & COVID-19 inservice training on 3/19/20.</p> <p>No further information was received.</p>	F 880	to the Quality Assurance and Performance Improvement committee at least quarterly.		