

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

PRINTED 12/15/2020
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2020
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601	
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E 000	Initial Comments An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted 11/24/2020 through 12/3/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities	E 000	This Plan of Correction is submitted in accordance with established State and Federal laws. Submission of this Plan of Correction is not an admission of a deficiency existing or that a deficiency was cited correctly, it constitutes written allegation of compliance for the deficiency cited.	
F 000	INITIAL COMMENTS An unannounced abbreviated COVID-19 Focused Survey was conducted 11/24/2020 through 12/3/2020. Significant corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). The census in this 176 certified bed facility was 123 at entrance. Of the 123 current residents, 10 residents had tested positive for the COVID-19 virus. The survey sample consisted of ten current resident reviews (Residents #1 through #10). On 11/24/2020 at 3:14 p.m., immediate jeopardy was called; the facility was notified on 11/24/2020 at 3:14 p.m. On 12/2/2020 at 12:00 p.m., immediate jeopardy was abated, and was lowered to a level 2 pattern.	F 000		
F 880	Infection Prevention & Control SS=K 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	1) Corrective action has been accomplished for the alleged deficient practice in regard to resident #1, #2, #3, and #4 by splitting Wing 2 into 2 zones, a warm zone, and a hot zone. Resident# 1 was transferred to a room in the COVID 19 positive hot zone. Residents #2, #3, and #4 were transferred to the warm zone to be monitored as they were potentially exposed to COVID 19 virus. Subsequently Residents # 2, #3, and #4 were tested weekly and vital signs were done daily.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ramona J. Ringstaff

Administrator

12/23/2020

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	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	2) Current facility residents and residents being admitted / re-admitted to the facility have the potential to be affected by the alleged deficient practice. Residents on Wing 4 were tested on 11/24/2020. All other residents were tested on 11/25/2020. All residents will continue to be tested on a weekly basis until at least 14 days after there have been no new positive cases reported for residents or staff. Residents who test positive or who have been exposed to or are suspected to have COVID, will be moved to the hot or warm unit, respectively. New admission / re-admissions will be placed on the warm and/or hot zone based on their COVID 19 status and will remain there until they meet the criteria to discontinue Transmission Based Precautions. Staff will be tested two times weekly as long as the positivity rate in the City of Winchester remains above 10%. 3) Staff will be reeducated by a clinician who has completed the CDC module for long-term care infection control training and will use resources from the quality improvement organization, CDC and VDH. Education will at a minimum include: a) Standard v. Transmission Based Precautions, proper PPE use, hand hygiene between potential exposure incidents, including inanimate objects, and facility policies and procedures regarding infection control particularly as it relates to the COVID pandemic.		

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F 880	<p>Continued From page 2</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <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> <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, facility document review, and clinical record review, it was determined the facility staff failed to maintain and implement an infection prevention program for preventing and controlling infection and communicable diseases during an identified outbreak of Coronavirus (COVID 19), (1) for four of ten residents in the survey sample, Residents #1, #2, #3, and #4.</p> <p>The facility staff failed to ensure the implementation of infection control precautions for Resident #1, who had tested positive for COVID-19. The facility failed to ensure isolation of Resident #1 and allowed the resident to ambulate into common areas where other residents were sitting. Resident #1 was observed not socially distancing the recommended six feet from other residents, and was observed at times with a mask in place below her nose or completely off her face when in close proximity to other residents. Resident #1, wearing a mask</p>	F 880	<p>b) This will include encouraging residents to wear masks and social distancing when possible and education will include staff re-direction to residents with cognitive impairment or who refuse to wear facial mask or socially distance. Staff will also be reeducated on proper placement of resident in hot, warm, and cold areas as defined by their COVID testing status.</p> <p>c) Residents will be provided information on resident placement, cohorting, social distancing and wearing a face mask for residents identified as positive for COVID, suspected or symptomatic for COVID and new admissions.</p> <p>The facility is working collaboratively with Health Quality Innovation Network [the state quality improvement organization] in an effort to enhance quality improvement efforts and sustain compliance with infection control. The facility Infection Preventionist, in collaboration with HQI will assist the facility leadership, including Medical Director and clinicians, to complete a LTC infection control self-assessment to accurate reflection of the nursing home.</p> <p>The facility will encourage facility staff to participate in the "scenario" based training on infection control developed by CMS; documentation of staff completion of these modules will be maintained. The facility will continue to work collaboratively with the local health department and epidemiologist.</p> <p>Physician order will be obtained by the type of infection control precautions and transfer to positive / warm zones as indicated.</p>		

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F 880	Continued From page 3 positioned below her nose, sat down at a table in the dining room. Resident #4, who was COVID-19 negative, and not wearing a mask, was allowed to sit at the same table, less than six feet from Resident #1. Once both residents were seated, the staff did not redirect either resident. The facility staff, after touching the rim of Resident #1's cup failed to change gloves before serving another resident a lunch plate. Staff were observed wearing the same gown worn when in contact with Resident #1, when they later they provided care to, and served lunch to, other residents. The facility staff failed to ensure Resident #2 was wearing a mask and was socially distanced from other residents. Resident #2, who had tested negative for COVID-19, was observed sitting with her mask down in a row of chairs near the nurse's station. Resident #2 was frequently coughing. Staff were observed touching Resident #2 and did not change PPE (personal protective equipment). The facility staff failed to ensure Resident #3 was wearing a mask and following infection control protocol when he independently ambulated through the unit. Resident #3, who had tested negative for COVID-19, was observed ambulating in the hall without a mask. Resident #3 was coughing and intermittently wiping his runny nose. He was observed alternately using a tissue and his bare hands when wiping his nose, and then grasping the handrail while ambulating further down the hall. The resident was not redirected by staff at any time during the observation. The facility staff failed to assist Resident #4 to sanitize her hands after she sneezed into them.	F 880	4) The Quality Assurance Nurse or designee will audit placement of COVID positive residents to assure they are appropriately placed in "hot / warm" area and for the remainder of their quarantine period. This audit will continue for at least a period of the outbreak and with any new positive or suspected cases for three months. The Quality Assurance Nurse or designee will monitor that any new resident testing positive or suspected to have COVID 19 is assigned to the correct designated area to meet infection control policies and procedures. The DON or designee will monitor through observation at least 2 times weekly that staff is using good infection control technique, including hand hygiene, encouraging use of facial masks and social distancing between residents, and wearing proper PPE for at least a period of the outbreak and with any new positive or suspected cases for 3 months. The DON/designee will analyze/review information for patterns/trends and report findings during weekly Risk Management meetings. Corrective action will occur as needed. Results will also be reported to the Quality Assurance committee on a quarterly basis for a minimum of six months to evaluate the effectiveness of the plan and will adjust the plan as needed by the committee's recommendation.		

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F 880	Continued From page 4 As a result of this failure, it was likely other residents were at risk of continued exposure and contracting COVID-19, which had already resulted in a COVID-19 positive status for 10 facility residents of the current resident population of 123. This failure resulted in Immediate Jeopardy. The findings include: Resident #1 was admitted to the facility on 2/19/19, and most recently readmitted on 4/1/2020, with diagnoses that included Alzheimer's disease (2) and cellulitis (3). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 9/02/20, Resident #1 was coded as being severely cognitively impaired for making daily decisions, having scored three out of 15 on the BIMS (brief interview for mental status). Resident #1 was coded as usually being understood by others and usually understanding others for communication. She was coded as requiring the supervision of one staff member for moving around the unit, and as using both a walker and a wheelchair for safety. A review of the clinical record for Resident #1 revealed the following nurses notes: - "11/23/2020 17:34 (5:34 p.m.) resident temp. (temperature) 102.7, cough, chills and headache. Given Tylenol (medication to reduce fever) 1000mg (milligram) PO (by mouth) Q6hrs (every six hours) today and temp. 102.2. NP (nurse practitioner) on call ordered ER (emergency room) visit, family notified of transport." - "11/24/2020 01:20 (1:20 a.m.) Returned from (Name of Hospital) ER via ambulance on	F 880	In addition, COVID 19 status within the facility and compliance with this plan of action will be discussed monthly during the Clinical Operation Report interdisciplinary conference with an external long term care consultant who has completed the CDC long term care infection control training. 5) Completion Date: December 30, 2020		

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F 880	<p>Continued From page 5</p> <p>stretcher accompanied by two EMT's (emergency medical technician). Returned to facility room [Room number]. Placed in bed via draw sheet method by EMT's and nursing staff, tolerated the transfer well. Placed in position of comfort. Returned to facility with DX (diagnosis) of COVID ..."</p> <p>- "11/24/2020 07:28 (7:28 a.m.) Resident family notified about her positive COVID test and her new room [Room number]."</p> <p>Further review of Resident #1's clinical record failed to reveal a physician's order for contact and droplet precautions or isolation</p> <p>A review of Resident #1's comprehensive care plan, dated 3/26/2020 and updated 7/1/2020, revealed, in part: "Resident is at risk for exposure to and/or transmission of COVID-19...Implement Standard, Contact, and Droplet precautions for symptoms/undiagnosed respiratory infections; follow facility policy...Resident will be encouraged to remain in his/her room if fever or respiratory symptoms occur...Resident is non compliant with COVID-19 precautions i.e. (that is) wearing face mask while out of room and social distancing ...Resident will be encouraged to wear face mask...Staff will encourage resident to maintain a distance of 6 (six) feet from others."</p> <p>Resident #2 was admitted to the facility on 11/11/19 and most recently readmitted on 1/19/2020, with diagnoses that included dementia (4) and dysphagia (5). On the most recent MDS, a quarterly assessment with an ARD of 9/25/2020, Resident #2 was coded as being severely cognitively impaired for making daily decisions. She was coded as always being understood by others and always understanding</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>others for communication. She was coded as requiring extensive assistance of one staff member for moving around the unit. She was coded as needing no assistive devices for safety.</p> <p>The nursing notes for Resident #2 documented in part, "11/14/2020 10:17 (10:17 a.m.) Tested for COVID. Results were negative."</p> <p>Further review of Resident #2's clinical record failed to reveal a physician's order for contact and droplet precautions.</p> <p>A review of Resident #2's comprehensive care plan, dated 3/26/2020 and updated 7/7/2020, revealed, in part, "Resident is at risk for exposure to and/or transmission of COVID-19...Resident is non compliant with COVID-19 precautions i.e. wearing face mask while out of room and social distancing...Resident will be reminded of the importance of compliance with COVID-19 precautions...Staff will encourage resident to maintain a distance of 6 (six) feet from others."</p> <p>Resident #3 was admitted to the facility on 6/8/15 with diagnoses that included Alzheimer's disease, restlessness, and agitation. On the most recent MDS, a quarterly assessment with an ARD of 9/16/2020, Resident #3 was coded as being severely cognitively impaired for making daily decisions. Resident #3 was coded as sometimes understanding others and as sometimes being understood by others for communication. Resident #3 was coded as requiring the assistance of staff for moving around the unit. He was not coded as requiring an assistive device for safety.</p> <p>The nursing notes for Resident #3 documented in</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>part, "11/14/2020 10:13 (10:13 a.m.) Tested for COVID. Results were negative."</p> <p>Further review of Resident #3's clinical record failed to reveal a physician's order for contact and droplet precautions.</p> <p>A review of Resident #3's comprehensive care plan, dated 3/26/2020 and updated on 7/7/2020, revealed, in part: "Resident is at risk for exposure to and/or transmission of COVID-19...Resident is non compliant with COVID-19 precautions i.e. wearing face mask while out of room and social distancing...Resident will be reminded of the importance of compliance with COVID-19 precautions...Staff will encourage resident to maintain a distance of 6 (six) feet from others."</p> <p>Resident #4 was admitted to the facility with diagnoses that included COPD (chronic obstructive pulmonary disease (6) and dementia. On the most recent MDS, a quarterly assessment with an ARD 9/16/2020, Resident #4 was coded as being severely cognitively impaired for making daily decisions, having scored three out of 15 on the BIMS. She was coded as always understanding others and as always being understood by others for communication. Resident #4 was coded being independent for moving around the unit. She was not coded as requiring assistive devices for safety.</p> <p>The nursing notes for Resident #4 documented in part, "11/14/2020 10:02 (10:02 a.m.) Tested for COVID. Results were negative."</p> <p>Further review of Resident #4's clinical record failed to reveal a physician's order for contact and droplet precautions.</p>	F 880			

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F 880	Continued From page 8 A review of Resident #4's comprehensive care plan, dated 3/26/2020 and updated 7/7/2020, revealed, in part: "Resident is at risk for exposure to and/or transmission of COVID-19... Resident is non compliant with COVID-19 precautions i.e. wearing face mask while out of room and social distancing... Resident will be reminded of the importance of compliance with COVID-19 precautions... Staff will encourage resident to maintain a distance of 6 (six) feet from others..." On 11/24/2020 at approximately 10:00 a.m., entrance to the facility was conducted and a meeting was held with ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing), and RN (registered nurse) #1, the infection preventionist. RN #1 stated the facility is laid out into four separate units. She stated Wings 1 and 3 currently had no COVID-19 positive residents. RN #1 stated Wing 2 had nine COVID-19 positive residents in the hot zone, and other residents who either had been exposed to COVID-19 or whose virus status was unknown in the warm zone. She stated all residents on Wing 2 were on isolation requiring both contact (7) and droplet (8) precautions. RN #1 stated all residents on Wing 4 were also on contact and droplet precautions. She stated Wing 4 houses residents with dementia. RN #1 stated, "We do what we can with the masks. We do distancing with dining." She stated the staff is trying to keep residents "as separated as possible." RN #1 stated five or six residents had spiked a fever recently, and that one resident had been sent out to the hospital on 11/20/2020; this resident had tested positive for COVID-19. RN #1 stated one Wing 4 resident had been sent to the ER (emergency room) the previous afternoon, had	F 880			

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F 880	<p>Continued From page 9</p> <p>tested positive for COVID-19, had returned to the facility, and was now on Wing 4. She stated this was Resident #1.</p> <p>On 11/24/2020 at 11:05 a.m., Wing 4 was entered. Resident #1 was not in her room. The door to Resident #1's room was open to the hallway.</p> <p>On 11/24/2020 at 11:05 a.m., observation revealed CNA (certified nursing assistant) #1, who was wearing a mask, face shield, and gown, but was not wearing gloves, approached Resident #2. Resident #2, whose mask was down below her face, was seated in a row of chairs against a wall close to the nurse station. CNA #1 touched Resident #2's mask, and assisted her to tie the mask. CNA #1 sanitized her hands.</p> <p>On 11/24/2020 at 11:12 a.m., Resident #2 was observed with a wet cough and pulling down her mask. CNA #1 approached Resident #2 and again adjusted the resident's mask to a position over the resident's mouth and nose. CNA #1 did not assist Resident #2 to sanitize her hands. CNA #1 changed gloves and sanitized her hands. She did not change her gown.</p> <p>On 11/24/2020, at 11:14 a.m., observation revealed Resident #1 (COVID positive), not wearing a mask walking out of her room and down the hallway. Observation revealed Resident #1 was not socially distanced from CNA #1. CNA #1 did not redirect Resident #1 to put a mask on. CNA #1 redirected Resident #1 to go back to her room by putting her arm around the resident. At 11:15 a.m., CNA #1 exited Resident #1's room. She sanitized her hands, but did not change her gown.</p>	F 880			

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F 880	Continued From page 10 At 11:15 a.m., Resident #2 was observed with a wet cough, and was not wearing a mask. On 11/24/2020 from 11:11 a.m., to 11:14 a.m., Resident #3 was observed walking down the hallway. He was wearing a mask, and he stopped in the doorway of Resident #1's room. He did not enter the room. He continued down the hallway, stopping in doorways of other residents' rooms. Resident #3, who had continued to walk down the hallway, was observed touching a box of gloves on the supply cart. He put his bare hand down into the glove box, touching multiple gloves before leaving the cart. On 11/24/2020 at 11:16 a.m., Resident #1 came out of her room again and walked down the hallway. Resident #1 was not wearing a mask. CNA #1 took the resident's hand and led her back to her room, and was observed assisting Resident #1 to lie down in the bed. CNA #1 moved back and forth between both sides of Resident #1's bed, coming into close contact with Resident #1's bed linens. Observation revealed CNA #1 picking up Resident #1's blanket and folding it against her gown. CNA #1 exited Resident #1's room, changed gloves, and sanitized her hands, but did not change her gown. On 11/24/20 at 11:26 a.m., CNA #2 was observed walking down the hallway, holding Resident #3's hand. Observation revealed Resident #3 was wearing a mask. CNA #2 was wearing a gown and mask, but was not wearing gloves. CNA #2 led Resident #3 to within three feet of Resident #2, who was coughing, and was not wearing a mask. CNA #2 sanitized her hands. CNA #2 did not assist Resident #2 with putting on her mask	F 880			

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F 880	<p>Continued From page 11 or with sanitizing her hands.</p> <p>On 11/24/2020 at 11:29 a.m., Resident #1 (COVID 19 positive) left her room and walked through the day room (adjacent to the dining room). At this time, Resident #1 was not wearing a mask. Resident #1 was observed not socially distanced and came close to Resident #4, who was seated in the day room, not wearing a mask.</p> <p>On 11/24/2020 at 11:32 a.m., CNA #1 approached Resident #2 to speak to her. She did not encourage Resident #2 to put on her mask, and CNA #1 touched Resident #1's clothing with the same gown she was wearing when she came into close contact with Resident #1 (COVID-19 positive). Resident #2 talked with CNA #1 for a few moments; Resident #2 was not wearing her mask. Resident #2 approached Resident #1 in the day room, the two residents were observed talking, both without masks in place. At 11:34 a.m., CNAs #1 and #2 were observed standing nearby Resident #1 in the day room. Neither CNA encouraged Resident #1 to put on her mask or to return to her room.</p> <p>On 11/24/20 at 11:36 a.m., CNA #1 was observed cleaning off tables in the dining room in preparation for lunch. CNA #1 was still wearing the same gown that had come into direct contact with Resident #1 during care. Resident #2 was observed without a mask, wandering throughout the day room and dining room. No staff members redirected her.</p> <p>On 11/24/20, at 11:37 a.m., Resident #3 was observed without a mask walking down the hallway, stopping in each doorway to look in each room. He was observed coughing multiple times.</p>	F 880			

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F 880	Continued From page 12 On 11/24/2020 at 11:38 a.m., CNA #1 was observed in direct contact with Resident #2, who sat at a table in the dining room. Resident #2 was not wearing a mask and was coughing. On 11/24/20, at 11:43 a.m., Resident #1 sat down at a table in the dining room. Resident #1 was observed with a mask positioned below her nose. Resident #4 walked up to the table and sat down in a chair that was not socially distanced from Resident #1. Resident #4 was not wearing a mask and Resident #1's mask remained positioned below her nose. At 11:47 a.m., CNAs #1 and #2 were observed standing in the hallway near the dining room, talking. Neither CNA attempted to redirect Residents #1 or #4. At this time, Resident #3 walked by both CNAs as they stood in the hallway; he was not wearing a mask. Neither CNA redirected him. On 11/24/20, at 11:49 a.m., LPN (licensed practical nurse) #2, who was the charge nurse on Wing 4, was interviewed. She stated she did not usually work on Unit 4. She stated it is a challenge to work on this unit because it involves constant cleaning. She stated keeping them away from each other is so hard. When asked about changing PPE (personal protective equipment), LPN #2 stated, "We only change gloves. We wear everything else all shift. We wear the same gown and mask." On 11/24/20, at 11:50 a.m., Resident #3 stood outside of another resident's room. He sneezed, wiped his nose with his bare hand, and then went down the hallway touching the handrail with his dirty hand. No staff member attempted to redirect him or were observed attempting to help him.	F 880			

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F 880	<p>Continued From page 13</p> <p>wash his hands. Observation revealed CNA #2 looking directly at Resident #3 while he wiped his nose with his hand.</p> <p>On 11/24/20, at 11:51 a.m., LPN #2 walked over to the dining room to observe residents. She stood adjacent to the table where Residents #1 (COVID-19 positive) and #4 (COVID -19 negative) were seated at the same table not socially distanced from each other. Resident #4 did not have a mask on and Resident #1's mask was positioned below her nose. LPN #2 did not attempt to redirect either resident to apply masks or socially distance 6 feet from each other.</p> <p>At 11:54 a.m., observation revealed CNA #2 cleaning up water that Resident #1 had spilled. CNA #2 touched the rim of Resident #1's water cup with her gloved hands. She replaced the water cup where Resident #1 was sitting at the table. CNA #2 then without removing gloves or washing her hands, continued to serve lunch plates and beverages to other residents. Neither CNA #2 nor CNA #1 changed gloves or washed hands between residents as they served lunch plates.</p> <p>On 11/24/2020 at 11:57 a.m., Resident #4, without a mask, was still sitting at the table with Resident #1. Both residents were seated in chairs that were not socially distanced from each other. Resident #1's mask was below her nose. Resident #4 wiped her nose, and continued talking with Resident #1. LPN #2, who was observing both residents, did not intervene or redirect the residents.</p> <p>On 11/24/20, at 12:20 p.m., LPN #3, who was the charge nurse on Wing 2, was interviewed. LPN</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>#3 was asked about the PPE staff should wear when caring for residents who have tested positive for COVID-19. LPN #3 stated staff should wear full PPE, which included gown, gloves, mask, and, if possible, a face shield. When asked if staff should remove PPE after caring for a resident who is positive for COVID-19, LPN #3 stated, "You definitely should change gloves and wash your hands. Change gowns if you have enough." She stated that if PPE is not plentiful, each resident should have one gown hung on a hook in his/her room, and that this gown should be worn by all staff, but only when caring for that particular resident.</p> <p>On 11/24/2020 at 12:36 p.m., CNA #3, who was working on Wing 2, was interviewed. When asked what PPE should be worn when caring for a resident who is positive for COVID-19, she stated the staff member should wear gown, gloves, goggles, and mask. CNA #3 stated the staff member should take off the gloves and gown when they leave the room, and wash hands. When asked if the same gown should be used when caring for more than one resident, CNA #3 stated, "Only if both of those residents are COVID-19 positive or COVID-19 negative." She stated if the staff member is going between hot zones (all residents are COVID-19) positive and warm zones (residents who have been exposed to COVID-19 or whose virus status is unknown), the staff member has to change gowns between every resident.</p> <p>On 11/24/2020 at 12:45 p.m., a meeting was conducted with ASM #1 (the administrator) and ASM #2, (the director of nursing). ASM #2 was asked to clarify what isolation precautions the residents in Wing 4 were currently on. ASM #2</p>	F 880			

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F 880	Continued From page 15 stated they were on droplet and contact precautions. She reiterated that Resident #1 tested positive on the evening of 11/23/2020 at the ER (emergency room). ASM #2 stated, "She (Resident #1) came back here and we are still getting our ducks in a row down there (Wing 4 dementia unit). Some residents are running fevers." She stated that it is impossible to get the residents with dementia to wear masks or to stay in their rooms. ASM #2 stated, "It is constant redirection and supervision." When asked what PPE should be worn by staff if they are caring for a resident who is COVID-19 positive. She stated the staff member should wear gown, gloves, face shield and a mask. When asked if staff members should change PPE when leaving a COVID-19 positive resident to care for a resident who is COVID-19 negative, or whose virus status is unknown. ASM #2 stated the gowns should ideally be used only once. She stated the facility is doing "pretty well" with PPE supplies, and that the facility has been able to stockpile supplies over the last months when there has been no COVID-19 in the building. She added that residents in the hot zone on Wing 2 have a hook in their rooms, and that staff alternate wearing the one gown that is designated for those residents, changing gowns and gloves, and washing hands between residents. A review of the facility policy, "Clinical Guidelines: Policy for Transmission [Based Precautions with Infection," revealed, in part: "Transmission-based precautions will be implemented for any resident with an infection. The use of transmission-based precautions is a two-step process. Standard precautions are used for all residents; transmission-based precautions are added based on the route of transmission of the disease. Staff	F 880			

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F 880	<p>Continued From page 16</p> <p>will refer to the "CDC (Centers for Disease Control) Guidelines for Isolation Precautions: Prevention (sic) Transmission of Infectious Agents in Healthcare Settings" to determine if transmission based precautions are required and the type and duration of the precautions...Per CDC guidelines, in the event of an undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne precautions...For recommended Transmission-based precautions for resident with suspected or confirmed COVID-19, refer to [name of facility] COVID-19 Policy and the CDC site: https://www.cdc.gov/coronavirus/2019-ncov/infection-control-recommendations.html." (See references 9 and 10).</p> <p>A review of the facility policy, "Infectious Disease (COVID-19) Preparedness and Response Plan" revealed no information specific to staff and resident PPE usage and social distancing to prevent the spread of COVID-19.</p> <p>A review of the facility policy, "COVID-19 (Coronavirus) Updated 7/17/2020," revealed, in part: "Resident (sic) that are readmitted/ admitted from a hospital stay will have a 14 day Quarantine to Wing 2 in the facility with isolation precautions provided. Resident (sic) that are admitted with previous positive Covid 19 diagnosis will need 2 negative test results before readmi/ admit to facility. Resident that is returning from ED (emergency department) will return to Wing 2 isolation area for 3 days "</p> <p>A review of the facility policy, "Pandemic Policy: Managing Food Delivery," revealed, in part:</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>"Additional precautions are needed to prevent transmission of infections in healthcare settings. Staff interactions with resident needs clear guidelines to keep this vulnerable population safe as well as preventing staff from contracting and spreading the virus...Residents will receive hot meals in a timely manner. Staff will minimize transmission of infections during the dining service and delivery/pick up of meal trays."</p> <p>The CMS [Centers for Medicare and Medicaid Services] QSO-20-14-NH DATE: March 13, 2020 documents, in part, "Guidance-Facility staff should regularly monitor the CDC website for information and resources ..."</p> <p>The CMS [Centers for Medicare and Medicaid Services] QSO-20-20-All March 23, 2020 documents, in part "On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act "</p> <p>https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page</p> <p>The CMS [Centers for Medicare and Medicaid Services] QSO 20-39-NH [Nursing Home] Date: September 17, 2020, documents in part: "Background: Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.(1) The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have</p>	F 880			

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F 880	Continued From page 18 required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes. Additional Strategies Depending on the Facility's Reopening Status These strategies will depend on the stages described in the CMS Reopening Guidance ... Guidance ... Core Principles of COVID-19 Infection Prevention o Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms o Hand hygiene (use of alcohol-based hand rub is preferred) o Face covering or mask (covering mouth and nose) o Social distancing at least six feet between persons o Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene) o Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit o Appropriate staff use of Personal Protective Equipment (PPE) o Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care) o Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH) These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes, and should be adhered to at all times.	F 880			

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F 880	Continued From page 19 Communal Activities and Dining: While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering." 1 Information on outbreaks and deaths in nursing homes may be found at https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg . The CDC [Center for Disease control] Preparing for COVID-19 in Nursing Homes Updated Nov. 20, 2020, documents in part: "Additional Strategies Depending on the Facility's Reopening Status. These strategies will depend on the stages described in the CMS Reopening Guidance. "Source Control: Use of a cloth face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Implement Universal Source Control Measures. If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to	F 880			

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F 880	Continued From page 20 have any co-infections (e.g., Clostridioides difficile)... Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of SARS-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. While awaiting results of testing, HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Cloth face coverings are not considered PPE and should only be worn by HCP [Healthcare Personnel] for source control, not when PPE is indicated. Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them)... Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PPE is indicated... Because of the higher risk of unrecognized infection among	F 880			

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F 880	<p>Continued From page 21</p> <p>residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community. The health department can assist with decisions about testing of asymptomatic residents."</p> <p>Implement Social Distancing Measures: Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. Considerations when restrictions are being relaxed include: Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate." This information is taken from the website referenced in the facility policy https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.</p> <p>On 11/24/2020 at 1:45 p.m., after the onsite visit was completed, the long term care supervisor was notified of the surveyor's observations. A conference call was conducted with the supervisor, and one other long term care supervisor. On 11/24/2020 at 2:41 p.m., it was determined that the facility's failure to implement infection control practices to prevent the spread of a communicable disease (COVID-19) resulted in a situation of IJ (immediate jeopardy). Two</p>	F 880			

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F 880	Continued From page 22 unsuccessful attempts were made by phone to contact and collaborate with the local health department. On 11/24/2020 at 3:14 p.m., the administrator was informed of the concern for IJ Provider/Supplier IJ Abatement plan "1. On 11/23/20 Resident #1 went to acute care hospital for elevated temp at approximately 1730. Resident returned to facility at approximately 0130 on 11/24/20 and was assigned to Wing 2 room 222 the hospital reported she was COVID 19 positive. She remained there until 0900 am on 11/24/20 when DON and infection control nurse, following CDC guidelines as we understood them, moved her back to the Dementia unit on Wing 4 and decided to reevaluate following morning meeting. Approximately 1000 State Surveyor entered the building. In the afternoon of 11/24/20 we tested Wing 4. In addition, these residents tested positive on this round of testing POC [plan of correction] Resident #1 POC Resident #2 POC Resident #3 POC Resident #4 Survey Sample Resident #9 POC Resident #6 POC Resident #7 POC Resident #8 Wing 2 was divided into a warm zone and hot zone. Warm zone is rooms 201-209 and 216-223. The hot zone is room 210-215. All Wing 4 was designated a hot zone. Negative residents were move to Wing 2 warm zone as they had suspected COVID exposure. POC Resident #9	F 880			

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F 880	Continued From page 23 Survey Sample Resident #2 Survey Sample Resident #3 Survey Sample Resident #4 POC Resident #10 POC Resident #11 POC Resident #12 POC Resident #13 POC Resident #14 POC Resident #15 On 11/25/20 POC Resident #16 returned from hospital and was readmitted into Wing 4 after testing COVID positive. Also on 11/25/20, POC Resident #17 and POC Resident #18 were transferred from wing 2 to their room on Wing 4, also testing COVID positive on 11/23/20. POC Resident #17 and POC Resident #18 had been housed on Wing 2 initially after testing COVID positive On 11/26/20 these Wing 4 residents remain on Wing 2 (warm zone). POC Resident #9 Survey Sample Resident #2 Survey Sample Resident #3 Survey Sample Resident #4 POC Resident #12 POC Resident #15 POC Resident #10 POC Resident #13 POC Resident #14 On 11/29/20 resulted (Tested on 11/25/20). POC Resident #13 moved back to Wing 4 after testing COVID positive POC Resident #9 also tested positive and moved back to Wing 4. In addition, 3 residents from wing 1 tested positive, POC Resident #19 moved to Wing 2,	F 880			

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F 880	<p>Continued From page 24</p> <p>POC Resident #20 moved to Wing 2, and POC Resident #21 moved to Wing 2.</p> <p>POC Resident #22 from Wing 3, moved to Wing 2.</p> <p>In conclusion, Positive cases on Wing 2 hot zone:</p> <p>Survey Sample Resident #8</p> <p>POC Resident #20</p> <p>POC Resident #21</p> <p>POC Resident #22</p> <p>POC Resident #19</p> <p>POC Resident #23</p> <p>Wing 4 Positive (hot zone)</p> <p>POC Resident #1</p> <p>POC Resident #2</p> <p>POC Resident #3</p> <p>POC Resident #4</p> <p>POC Resident #8</p> <p>POC Resident #9</p> <p>POC Resident #17</p> <p>POC Resident #16</p> <p>POC Resident #13</p> <p>POC Resident #24</p> <p>Survey Sample Resident #1</p> <p>POC Resident #6</p> <p>Survey Sample Resident #9</p> <p>POC Resident #25</p> <p>POC Resident #7</p> <p>Every effort is made to assign the same staff to the warm and hot zones on Wing 2 and 4. On Wing 2 staff use one gown per resident per shift and it is left on a hook in the resident's room until the end of the shift. It is then properly disposed of. Staff wear N95 respirators in both the warm and hot areas. On Wing 4 staff wear one gown per shift as all residents on that wing are positive.</p>	F 880			

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F 880	Continued From page 25 They also wear N95 respirators. Once staff enters Wing 2 or 4, through a separate entrance, they do not enter any other areas of the facility. They leave through the separate entrance as well. 2. Current facility residents have the potential to be affected by the deficient practice. Residents on Wing 4 were tested on 11/24/2020. All other residents were tested on 11/25/2020. All residents will continue to be tested on a weekly basis until at least 14 days after there have been no new positive cases reported for residents or staff. Staff will be tested two times weekly as long as the positivity rate in the City of Winchester remains above 10%. Thereafter staff testing will be done on the basis CMS and the CDC recommends. Currently Rooms 210-215 on Wing 2 have been designated as a facility "hot" zone. Rooms 201-209 and 216-223 are designated as a "warm" zone. The areas are separated by heavy plastic curtaining. All rooms on Wing 4 are currently designated as a "hot" zone. The configuration may/can change if/as the facility's need changes. New admissions are currently not being accepted. Within 24 hours of their return, readmissions must have a negative COVID test result from the hospital. They are placed in the "warm" zone for a period of 14 days to monitor for signs/symptoms of COVID-19. Due to hospital space needs, readmission of our residents who may have tested positive at the hospital are reviewed individually before they are allowed to return and are placed in the "hot" area for the remainder of their quarantine period. The Quality Assurance Nurse/designee will audit placement of COVID positive residents to assure they are appropriately placed in "hot" areas. For at least a period of three months the Quality	F 880			

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F 880	Continued From page 26 Assurance Nurse/designee will monitor that any new resident testing positive is assigned to the correct designated area to meet infection control policies and procedures. The ADON/designee will monitor through observation at least 2 times weekly that staff is using good infection control technique and proper PPE. Reeducation and disciplinary action will be completed as needed. 3. Staff will be reeducated on proper PPE use and facility policies and procedures regarding infection control particularly as it relates to the COVID pandemic. This will include encouraging residents to wear masks and social distancing when possible. Staff will also be reeducated on proper placement of residents in hot, warm, and cold areas as defined by their COVID testing status. 4. The DON/designee will analyze/review information for patterns/trends and report findings during weekly Risk Management meetings. Corrective action will occur as needed. Results will also be reported to the Quality Assurance committee on a quarterly basis for a minimum of six months to evaluate the effectiveness of the plan and will adjust the plan as the committee may recommend. 5. Completion Date: December 1, 2020 This plan of correction was submitted and accepted on 11/30/2020 at 6:09 p.m. On 12/1/2020, the facility presented credible evidence that the plan of correction had been implemented. The survey team remotely reviewed the credible evidence. The survey team verified alleged staff education by phone.	F 880			

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F 880	Continued From page 27 On 12/2/2020 at 8 45 a.m., entrance and an onsite visit to the facility with observations related to the facility's plan of correction was conducted. During these observations, no concerns were identified. The long term care supervisor was contacted and notified of the onsite findings. Based upon the verification and onsite observation findings, it was determined the IJ was abated. On 12/2/2020 at 12:00 p.m., the team leader spoke with the administrator and informed her that the Immediate Jeopardy was abated. No further information was provided prior to exit. References: (1) "Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named SARSCoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by SARS-CoV-2 has been named COVID-19." This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments (2) "Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks. It is the most common cause of dementia in older adults." This information is taken from the website https://www.nia.nih.gov/health/alzheimers/basics . (3) "A common skin infection caused by bacteria.	F 880			

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F 880	Continued From page 28 It affects the middle layer of the skin (dermis) and the tissues below. Sometimes, muscle can be affected." This information was obtained from the website: https://medlineplus.gov/ency/article/000855.htm . (4) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm . (5) "A swallowing disorder. This information was obtained from the website https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html . (6) COPD is "a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis." Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (7) "Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment...Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental	F 880			

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F 880	<p>Continued From page 29</p> <p>contamination." This information is taken from the website https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html.</p> <p>(8) "Use personal protective equipment (PPE) appropriately. Don mask upon entry into the patient room or patient space. Limit transport and movement of patients outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette." This information is taken from the website https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html</p> <p>(9) "III.B. Transmission-Based Precautions There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Precautions, and Airborne Precautions. Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. For some diseases that have multiple routes of Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) Last update: July 2019 Page 72 of 206 transmission (e.g., SARS), more than one Transmission-Based Precautions category may be used. When used either singly or in combination, they are always used in addition to Standard Precautions. See Appendix A for recommended precautions for specific infections. When Transmission-Based Precautions are indicated, efforts must be made to counteract possible adverse effects on patients</p>	F 880			

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F 880	Continued From page 30 (i.e., anxiety, depression and other mood disturbances920-922, perceptions of stigma923, reduced contact with clinical staff924-926, and increases in preventable adverse events565 in order to improve acceptance by the patients and adherence by HCWs. III.B.1. Contact precautions. Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment as described in I.B.3.a. The specific agents and circumstance for which Contact Precautions are indicated are found in Appendix A. The application of Contact Precautions for patients infected or colonized with MDROs is described in the 2006 HICPAC/CDC MDRO guideline927. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. A single-patient room is preferred for patients who require Contact Precautions. When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). In multi-patient rooms, ≥3 feet spatial separation between beds is advised to reduce the opportunities for inadvertent sharing of items between the infected/colonized patient and other patients. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in	F 880			

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F 880	Continued From page 31 the patient's environment. Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g., VRE, C. difficile, noroviruses and other intestinal tract pathogens; RSV)54, 72, 73, 78, 274, 275, 740. III.B.2. Droplet precautions. Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions as described in I.B.3.b. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling and ventilation are not required to prevent droplet transmission. Infectious agents for which Droplet Precautions are indicated are found in Appendix A and include B. pertussis, influenza virus, adenovirus, rhinovirus, N. meningitides, and group A streptococcus (for the first 24 hours of antimicrobial therapy). A single patient room is preferred for patients who require Droplet Precautions. When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). Spatial separation of =3 feet and drawing the curtain between patient beds is especially important for patients in multi-bed rooms with infections transmitted by the droplet route. Healthcare personnel wear a mask (a respirator is not necessary) for close contact with infectious patient; the mask is generally donned upon room entry. Patients on Droplet Precautions who must	F 880			

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F 880	Continued From page 32 be transported outside of the room should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette." This information is taken from the document referenced in the facility policy, Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. (10) "If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile)... Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of SARS-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. While awaiting results of testing, HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Cloth face coverings are not considered PPE and should only be worn by HCP for source control, not when PPE is indicated. Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them)... Residents with known or suspected COVID-19 should be cared for using all	F 880			

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NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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F 880	Continued From page 33 recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PPE is indicated...Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community. The health department can assist with decisions about testing of asymptomatic residents." This information is taken from the website referenced in the facility policy https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html .	F 880			