PRINTED: 01/20/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION		TE SURVEY MPLETED
		495257	B. WING		11	/23/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 000			
F 000	Preparedness COV conducted onsite of 11/24/2020. The factor compliance with 42 Requirement for Louis INITIAL COMMEN		F 000			
	was conducted one remotely 11/24/202 compliance with F-	COVID-19 Focused Survey site on 11/23/2020 and 20. Corrections are required for 880 of 42 CFR Part 483 Care requirement(s).				
F 880 SS=D	bed facility was 98. three residents we COVID-19 virus wi hospitalized and th survey sample con (Residents #1, #2, Infection Preventio		F 880			12/18/20
	infection prevention designed to provide comfortable environ	stablish and maintain an n and control program e a safe, sanitary and nment and to help prevent the ransmission of communicable				
ABORATORY	program. The facility must es and control program a minimum, the following the second control program and control program are minimum.	n prevention and control stablish an infection prevention m (IPCP) that must include, at owing elements:	IATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

12/04/2020

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495257	B. WING		11	/23/2020	
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F 880	reporting, investiga and communicable staff, volunteers, vis providing services of arrangement based conducted according accepted national signs of the but are not limited to (i) A system of survice possible communications before the persons in the facili (ii) When and to whose when the followed to provide the follow	stem for preventing, identifying, ting, and controlling infections diseases for all residents, sitors, and other individuals under a contractual dupon the facility assessmenting to §483.70(e) and following standards; en standards, policies, and program, which must include, oc: eillance designed to identify sable diseases or ey can spread to other ity; nom possible incidents of ease or infections should be exansmission-based precautions event spread of infections; isolation should be used for a but not limited to: uration of the isolation, e infectious agent or organism that the isolation should be the ssible for the resident under the oces under which the facility by es with a communicable skin lesions from direct ints or their food, if direct	F 8	80			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495257	B. WING _		11/2	23/2020	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 880	§483.80(a)(4) A sidentified under the corrective actions §483.80(e) Linear Personnel must be transport linears infection. §483.80(f) Annual The facility will confect and update This REQUIREM by: Based on observed an identified CON vital signs (blood temperature and seven residents in as being on drop Resident #4, Resident #4, Resident #5 and The findings included of CN CNA #2 was observed to the conducted to the con	system for recording incidents the facility's IPCP and the staken by the facility. s. nandle, store, process, and so as to prevent the spread of all review. Induct an annual review of its their program, as necessary. IENT is not met as evidenced wation, staff interview and facility it was determined that The to follow infection control ent the spread of infection during I/ID 19 outbreak, while obtaining pressure, pulse, and oxygen saturation) for three of n the survey sample, identified let and contact precautions, sident #5 and Resident #6. Was observed using a mobile going room to room without ing it between uses for Resident and Resident #6.	F 88	The Laurels of Willow Creek wishave this submitted plan of correstand as its allegation of compliadate of alleged compliance is De 18, 2020. Preparation and/or execution of of correction does not constitute admission to, nor agreement with the existence of or the scope and of any of the cited deficiencies, conclusions set forth in the state deficiencies. This plan is prepare executed to ensure continuing owith regulatory requirements. 1. Resident #5 no longer reside facility. Vital sign equipment use residents #4 and #6 have been owith an EPA approved disinfecta vital sign equipment has been cl with an EPA approved disinfecta 2. All residents have the potent affected by this alleged deficient 3. All nursing and therapy staff	ection ance. Our ecember this plan h, either d severity or ment of ed and/or ompliance es in the d with cleaned nt, and all eaned nt. iial to be practice.		

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	PROVIDER OR SUPPLIER	REEK		1	TREET ADDRESS, CITY, STATE, ZIP CODE 1611 ROBIOUS ROAD IIDLOTHIAN, VA 23113		
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F 880	CNA #2 proceeded gloves and was obssign monitor into Reclosed the door. Cl Resident #4's room gown or gloves and #5's doorway. A sig "Droplet & Contact observed on the do CNA #2 proceeded gloves and was obsvital sign monitor in 10:39 a.m., and the resident's room. Cl Resident #5's room 10:42 a.m., and the doorway. A sign do Contact Precautions on the doorway to F proceeded to don a and was observed to sign monitor into Rea.m., and then close observed exiting the at 10:49 a.m., and then close observed exiting the at 10:49 a.m., and then close observed to do the at 10:49 a.m., and then close observed exiting the at 10:49 a.m., and then close observed to do the revealed two reusal The adult sized bloor rolled into itself and cables of the machi pressure cuff was obasket that was attamonitor stand. Also were 8 (eight) isopr pads saturated with	to don an isolation gown and served taking a mobile vital esident #4's room and then NA #2 was observed exiting at 10:38 a.m., without the then proceed to Resident go documenting in part, PrecautionsSTOP" was orway to Resident #5's room. to don an isolation gown and served taking the same mobile to Resident #5's room at n closed the door to the NA #2 was observed exiting without the gown or gloves at n proceed to Resident #6's cumenting in part, "Droplet & sSTOP" was observed Resident #6's room. CNA #2 isolation gown and gloves aking the same mobile vital esident #6's room at 10:45 and the door. CNA #2 was are room without gown or gloves then proceeded to place the onitor in the hallway outside of	F8	880	educated on properly disinfecting shvital sign equipment in between reside. DON or designee will randomly vital sign equipment disinfection betweek for 1 week, then 3 times a week 2 weeks and then weekly for 2 week ensure approved disinfectant is utilized Variances will be corrected at the time observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored through routine observations and will reported to the facility QA committed for 3 months. 5. Corrective action will be completed 12/18/2020	dents. audit ween es a ek for cs to zed. ne of /e ed II be ttee	

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F 880	There was also a spulse oximeter (ed to monitor oxygen were no EPA approproducts observed monitor. Review of Resider Resident #4 was a diagnoses that indibrillation (3) and recent MDS (minimal the time of the surassessment dated Resident #4 as be person, place and The comprehensive dated 11/17/2020 Resident #4] is proprecaution related exposure. Date In The Physician's or documented in pall solation (Transmi (related to) COVID Review of Resident #5 was a diagnoses that incosteomyelitis (6) a Resident #5's mosset), an admission (assessment referenced Resident #5 interview for mentice in the resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pall solation (assessment referenced Resident #5 interview for mentice in the pal	touch free thermometer and a quipment that fits on the finger level) in the basket. There oved COVID-19 disinfecting on the mobile vital sign at 4's clinical record revealed, admitted to the facility with lude, but are not limited to atrial asthma (4). Resident #4's most mum data set) was not due at vey. The nursing admission 11/14/2020 documented ing alert and oriented to	F 88				

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F 880	The comprehensive dated 10/29/2020 of Resident #5] is preprecaution related COVID-19. Date In The Physician's ord documented in part Isolation (Transmis COVID-19; Order Devices of Resident #6 was addiagnoses that inclience phalopathy (8) #6's most recent Madmission assessing reference date) of as scoring a 9 on the status (BIMS) of a smoderately impaired the comprehensive dated 10/25/2020 of Resident #6] preseprecaution related to COVID-19- new addioversity and the comprehensive dated the covident for the comprehensive dated 10/25/2020 of Resident #6] preseprecaution related to COVID-19- new addioversity and the covident for the comprehensive dated the covident for the comprehensive dated 10/25/2020 of Resident #6] preseprecaution related to COVID-19- new addioversity and the covident for the c	e care plan for Resident #5 documented in part, "[Name of sently on contact droplet to possible exposure to nitiated: 10/29/2020" ders for Resident #5 t, "Contact and Droplet sion Based Precautions) r/t Date: 10/28/2020." t 6's clinical record revealed, dmitted to the facility with ude, but are not limited to and dementia (9). Resident DS (minimum data set), an nent with an ARD (assessment 10/30/2020, coded Resident #6 ne brief interview for mental score of 0 - 15, 9 - being d for making daily decisions. The care plan for Resident #6 commented in part, "[Name of ntly on contact droplet to possible exposure to mission. Date Initiated: The for Resident #6 contact and Droplet sion Based Precautions) r/t	F 8	80			

AND DIAN OF CODDECTION I DENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 880	saturation and res CNA #2 stated that protocol for monitor worked through ar personal practice. process for disinfer monitor observed to Resident #5's ro CNA #2 stated that pads to disinfect the uses. CNA #2 stated that pads to disinfect the uses. CNA #2 stated that pads to disinfect the uses. CNA #2 stated that proper pads when the room and after the they left the room. surface dry for temproceeded to show pads located in the sign monitor and sapproximately three cleaned the equip was labeled, "Alco [Name of manufactors and processed that shared cleaned between wipes. CNA #1 st wiped down with the dry. On 11/23/20 at ap interview was compractical nurse) #1 blood pressure cuand pulse oximetes.	pirations every four hours. It they were not sure of the bring vital signs because they a agency but that was their. When asked about the exting the mobile vital sign taken from Resident #4's room from and to Resident #6's room, at they used the alcohol prephe shared equipment between ted that they cleaned the essure cuff, and the pulse oximeter with the alcohol ney went into the residents' bey took the vital signs before CNA #2 stated that they let the a seconds prior to use. CNA #2 we this surveyor the alcohol prephe wire basket on the mobile vital stated that they used the of the pads each time they ment. The alcohol prephad whol 70% prephad medium	F 880				

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F 880	they were wiped do left to dry. LPN #1 disinfectant spray the spray items down on 11/23/20 at appinterview was cond staff member) #1, the stated that all share including mobile vitoximeters should be guest. ASM #1 stated wipes, Micro-kill (broor spray) and Supedisinfectant). ASM pads were typically remove bleach resinal alcohol prepipads with medical equipment. On 11/23/20 at appingered and stating, "Here are all contained procedures and contained procedures and commented in particular and parti	www with the bleach wipes and stated that they also had Lysol hat was used after the bleach in and leave to dry. roximately 12:07 p.m., an ucted with ASM (administrative he administrator. ASM #1 and sign monitors and pulse in established between each and name of disinfectant wipe in the that they have bleach and name of disinfectant wipe in the that they have bleach and name of the stated that alcohol preponot used except in cases to due. ASM #1 stated that vere not typically used for but they would confirm. Toximately 12:10 p.m., a sto ASM #1 for the facility policy on of shared medical Dep.m., ASM #1 provided an and the is the policy you asked for." It is the policy you asked for	F 8	80		

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F 880	Revised 11/17/202 Appropriate measure prevention and correct (COVID 19)Mod from contact with cobjects, It may be a COVID-19 by touch has the virus on it a mouth, nose, or posthought to be the interest of the policy further of the policy f	O" documented in part, "Policy, ares will be utilized for the atrol of the Coronavirus e of TransmissionSpread contaminated surfaces or cossible that a person can get and a surface or object that and then touching their own assibly their eyes, but this is not main way the virus spreads" documented, "Contact e disposable or dedicated ment if available. If common or multiple patients is and disinfect equipment ther patient" O a.m., a request was made to of the manufacturer's e (IFU) for cleaning of the onitor. An IFU was not kit. Is product description for [Name oply alcohol prep pads, sterile, ocumented in part, "Ideal for residue from skin, Topical reduce bacteria on the skin ods ideal for use prior to oduct is intended for use on the oduct is intended for use on the lathcare Personnel virus Disease 2019 emic, Updated Nov. 4, 2020"	F 88			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 3	FIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		495257	B. WING			/23/2020
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 880	when caring for pat confirmed SARS-C - All non-dedicated, equipment used for cleaned and disinfer manufacturer's inst - Ensure that envirodisinfection procedured and correctly Routine cleaning a (e.g., using cleaner surfaces prior to aphospital-grade disinsurfaces or objects as indicated on the appropriate for SAF settings, including the which aerosol generating performed Refer to List N on EPA-registered disingunder EPA's emerging for use against SAF Review of the EPA Alcohol 70% prepring manufacturer (12) Disinfectant. (12) On 11/24/20 at appoint the administrator with findings. No further informat References: 1. Droplet precauti	ients with suspected or oV-2 infection. In non-disposable medical patient care should be octed according to ructions and facility policies. In mental cleaning and oures are followed consistently and disinfection procedures are and water to pre-clean plying an EPA-registered, offectant to frequently touched for appropriate contact times product's label) are RS-CoV-2 in healthcare hose patient-care areas in trating procedures are the EPA website for infectants that have qualified ing viral pathogens program RS-CoV-2." (11) List N failed to evidence and medium [Name of pad as a COVID-19 roximately 9:30 a.m., ASM #1, as made aware of the	F8	80		

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F 880	with mucus and oth and sinuses, throat person talks, sneed contain germs can centimeters). Illnes precautions include (whooping cough), illnesses, such as tinfections. Anyone should wear a surge was obtained from https://medlineplus.00446.htm 2. Contact Precaution that are spread by help keep staff and germs after touching person has touched contact precautions and norovirus. The infection in the intercoom who may tour room should wear a information was obhttps://medlineplus.00446.htm 3. Atrial fibrillation A problem with the heartbeat. This infetthe website: https://www.nlm.nihon.html. 4. Asthma	ner secretions from the nose to airways, and lungs. When a zes, or coughs, droplets that travel about 3 feet (90 sees that require droplet influenza (flu), pertussis mumps, and respiratory those caused by coronavirus who goes into the room gical mask. This information the website: .gov/ency/patientinstructions/0 tions s may be needed for germs touching. Contact precautions in visitors from spreading the large a person or an object the large a person or an object the large as cause serious stines. Anyone entering the large the person or objects in the large and gloves. This tained from the website: .gov/ency/patientinstructions/0 speed or rhythm of the large of the larg	F 8	80		
		ses the airways of the lungs to tleads to wheezing, shortness				

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F 880	of breath, chest tiglinformation was obhttps://medlineplus 5. COVID-19 COVID-19 is cause SARS-CoV-2. Cordifferent species of cattle, cats, and baccoronaviruses can between people. The and SARS-CoV, are causes COVID-19. betacoronavirus, like SARS-CoV. All threorigins in bats. The are similar to the osuggesting a likely this virus from an an exact source of this information was obhttps://www.cdc.goml#How-COVID-19. 6. Osteomyelitis Osteomyelitis osteomyelitis is the inflammation in a bacterial infection. of the arms and leg bone. This information website: https://kidshealth.oml 7. End-stage kidner The last stage of cwhen your kidneys	htness, and coughing. This tained from the website: .gov/ency/article/000141.htm. ed by a coronavirus called onaviruses are a large family of mmon in people and may animals, including camels, ts. Rarely, animal infect people and then spread his occurred with MERS-CoV and now with the virus that The SARS-CoV-2 virus is a ke MERS-CoV and ee of these viruses have their esequences from U.S. patients are that China initially posted, single, recent emergence of animal reservoir. However, the services is unknown. This etained from the website: ex/coronavirus/2019-ncov/faq.ht of-Spreads e medical term for sone. It's usually caused by a lt often affects the long bones gs, but can happen in any tion was obtained from the erg/en/parents/osteomyelitis.ht	F 88			

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F 880	from the website: https://medlineplus. 8. Encephalopathy A term for any diffus alters brain function was obtained from http://www.ninds.nil y/encephalopathy.h 9. Dementia A loss of brain funct diseases. It affects judgment, and beha obtained from the w https://medlineplus. 10. This information website: https://www.medline 735Z?skuIndex=S5 Count= 11. This information website: https://www.cdc.gov nfection-control-reco _refVal=https%3A% navirus%2F2019-no ontrol-recommenda 12. This information website:	gov/ency/article/000500.htm. se disease of the brain that or structure. This information the website: n.gov/disorders/encephalopath tm. tion that occurs with certain memory, thinking, language, avior. This information was rebsite: gov/ency/article/000739.htm. In was obtained from the e.com/sku/item/MDPMDS090 &question=&flowType=&index of the com/sku/item/mommender of the e.com/sku/item/mommender of the e.com/sku/item/sku/item/sku/item/sku/item/sku/item/sku/item/sku/item/	F 88	30			