

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49E004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OR SUPPLIER BEDFORD CO NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p>	F 880		9/18/20

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

TITLE

(X6) DATE

Electronically Signed

09/09/2020

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 §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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880			

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F 880	<p>Continued From page 2</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 observations, staff interview, and facility policy review, the facility failed ensure proper handwashing procedures were followed. A Licensed Practical Nurse (LPN) on Unit 1 was observed leaving a resident room and changing gloves without washing or sanitizing her hands.</p> <p>The findings were:</p> <p>On 8/25/2020 at approximately 11:10 a.m., a staff member, identified as LPN # 1 was observed leaving a resident room after administering medications. LPN # 1 removed the gloves she wore while administering medications and put on a clean pair of gloves without washing her hands or using hand sanitizer. When interviewed, LPN # 1 said the surveyors made her nervous and that she should have washed her hands.</p> <p>Also present during the observation were RN # 1 (Registered Nurse), the Infection Control Nurse, and RN # 2, the Quality Assurance/Staff Development Coordinator. Both RN's made the same observation, and both stated LPN # 1 should have washed her hands before donning a</p>	F 880	<p>F880 -</p> <p>1) LPN #1 was educated on Infection Control practices related to hand washing including washing hands between donning and doffing of gloves on 9/1/2020 by DON.</p> <p>2) All residents on the unit have the potential to be affected by staff failure to follow infection control policy related to hand washing between donning/doffing of gloves.</p> <p>3) All nursing staff have been in-serviced on hand washing policy by QA Education nurse and or designee. QA Nurse and or designee will audit 3 nursing staff 5xs week x 4 weeks to ensure hand washing between donning/doffing gloves; if variances are observed during the audits, the staff person will be re-educated.</p> <p>4) QA/Education Nurse will present results to QA committee for</p>		

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

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F 880	Continued From page 3 new pair of gloves. Review of the facility's policy on handwashing, requested by the surveyor, noted the following: "Personnel will wash their hands to prevent the spread of infection and disease to other personnel, residents, and visitors. Appropriate fifteen to twenty second hand washing or use of hand sanitizer will be performed: After glove changes." During the Exit Conference at 11:35 a.m., the Administrator and the Director of Nursing were told about the observation. When asked their expectation regarding gloves changes, both said the LPN should have washed her hands before donning a new pair of gloves.	F 880	review/recommendations.		