

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WAYNESBORO HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>104 J V MANGUBAT DRIVE, PO BOX 510 WAYNESBORO, TN 38485</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on review of the Center for Disease Control (CDC) and Prevention guidelines, facility policy review, social media review, observation, and interview, the facility failed to prevent the risk of transmission of COVID-19 for 2 sampled residents (Resident #1 and #2) of the 11 residents attending a wedding ceremony, which had the potential to result in transmission of [MEDICAL CONDITION] to these 11 residents. The findings include: Review of the CDC guidelines dated 3/2020, showed that the COVID-19 virus is thought to be spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet). The CDC guidelines recommended social distancing, also called physical distancing, which means keeping space between yourself and other people outside your home, to practice social or physical distancing: Stay at least 6 feet from other people, and do not gather in groups. Those at high-risk for severe illness from COVID-19 are: people [AGE] years and older and people who live in a nursing home or long-term care facility. Review of the facility's policy titled, Infection Control Covid-19, dated 3/11/2020, showed that facility prevention efforts included: staff, residents, and visitors should maintain social distances of 6 feet or greater. Review of social media photo postings dated 3/27/2020, showed 11 residents were not distanced at least 6 feet apart when they attended a wedding ceremony held at the facility. Review of the medical record, showed Resident #1 had [DIAGNOSES REDACTED]. Observation in the hallway on 4/2/2020 at 10:45 AM, showed Resident #1 was alert with confusion. She was dependent on staff to provide mobility by wheelchair, transfers, and other activities of daily living. Review of the medical record, showed Resident #2 had [DIAGNOSES REDACTED]. Observation in the hallway on 4/2/2020 at 1:40 PM, showed Resident #2 was alert with confusion. She was dependent on staff for activities of daily living including transfers and mobility in wheelchair. During an interview conducted on 4/2/2020 at 11:55 AM, the Director of Nursing (DON) confirmed that Resident #1 and Resident #2 attended a wedding ceremony with 9 other residents and staff on 3/27/2020, and social distancing was not practiced. The DON revealed the facility's main entrance doors were left open and staff went in and out of the main entrance to setup decorations for the ceremony. The residents were lined up at the main entrance hallway. During an interview conducted on 4/2/2020 at 3:27 PM, the Assistant Director of Nursing (ADON) confirmed that the facility did not follow social distancing during a wedding ceremony on 3/27/2020 and the main entrance doors were left open. During an interview conducted on 4/2/2020 at 3:45 PM, the Regional Quality Specialist confirmed that the facility staff did not follow the CDC guidelines for social distancing.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		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.