

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE		STREET ADDRESS, CITY, STATE, ZIP 132 LANCASTER DRIVE IRVINGTON, VA 22480	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and facility documentation the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 2 of 5 areas of the facility. The findings included: The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19. On 6/9/2020 at approximately 11:55 AM Surveyor C observed Employee F and Employee G in the laundry room folding clean laundry with their face masks removed from their face and resting below their chin. When Surveyor C questioned this, Employee F and Employee G stated they had removed the masks because they were hot. On 6/9/2020 at approximately 12:05 PM Surveyor C observed CNA B in the doorway of a Resident room, assisting a Resident in a wheelchair. CNA B lowered her mask to talk to a co-worker and the Resident. CNA B then attempted to put the mask back on, but failed to cover the nose. CNA B only covered their mouth. Surveyor C asked CNA B about removing her mask and CNA B stated, she removed the mask because they couldn't hear her when she spoke. Surveyor C asked CNA B if she had received training on the COVID-19 virus and proper use of PPE? CNA B responded yes she had. CNA B then pulled the mask up and adjusted it over her nose and mouth. The observations on 6/9/2020 by Surveyor C were made in the presence of the facility Director of Nursing (DON). Surveyor C asked the DON what is your process with staff and masks? The DON stated, staff always wear masks while in the building. On 6/9/2020 at 3:19 PM a telephone conference was held by Surveyor B with the facility Administrator and DON. The DON and Administrator indicated that the facility supply of personal protective equipment (PPE), including masks was adequate. When asked about their expectation on use of masks they stated, healthcare workers put them on upon entry and wear throughout their shift, if it becomes soiled or dirty they are able to change it, otherwise they wear it the duration of their shift and then dispose it at the end of their shift. When the Administrator and DON were asked about the importance of wearing a mask, the DON stated, to continue to keep us at zero cases and minimize source control for COVID. The facility management was asked if they expect staff to wear masks in a manner that would cover their mouth and nose and both responded, yes. Review of the facility document titled employee COVID-19 Daily Screening it stated, you must wear a mask on entry. The facility DON was asked what this meant and she stated, the staff put it on when they come in and wear it all day. On 6/9/2020 a review of the facility policy titled Emergent Infectious Diseases (EID) Employee Prevention and Protection Plan with a revision date of 4/5/2020 read, Follow CDC (Center for Disease Control) guidelines regarding the need for employees to wear protective equipment. Per the CDC's guidance stated healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. CDC recommendations/guidelines accessed online 6/9/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html CMS's COVID-19 Long-Term Care Facility Guidance dated April 2, 2020, read: For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. accessed online 6/9/2020 at https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/9/2020. No further information was provided.</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.