

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COLONNADES HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>100 COLONNADES HILL DRIVE CHARLOTTESVILLE, VA 22901</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interview, and facility document review, the facility staff failed to ensure proper PPE (personal protective equipment) was worn while cleaning a resident room. Housekeeping staff were observed without a gown in a resident room identified as being on contact/droplet isolation. Findings include: On 8/11/20 at approximately 10:55 a.m. during an observation tour of the facility, OS (other staff) # 1 was observed entering a resident room with a contact precautions sign, and began mopping the floor. OS # 1 was wearing gloves and a mask. OS # 1 came out of the room and into the hallway to her cart. OS # 1 was interviewed about the use of PPE when cleaning rooms. OS # 1 stated I wear a mask and gloves; if the sign on the door says I should wear a gown, I do. I go by the sign on the door. It was also observed that not all signs included instruction other than see nurse and several signs had handwritten verbiage added to the original sign. On 8/11/20 at 11:00 a.m. the DON (director of nursing) was advised of the above observation. The DON was made aware of the inconsistency of the signs as well. The DON stated There doesn't need to be a sign; staff are to wear gloves, gown, mask, and face shield in all resident rooms. The DON stated she could get the housekeeping supervisor for further clarification of education provided to staff regarding PPE. A few minutes later, the supervisor, identified as OS # 2, came to the DON's office. She was also advised of the above observation. OS # 2 stated OS # 1 was new to the unit, and was given PPE with instructions to wear a gown, mask, gloves and face shield. The DON stated I have seen (name of OS # 1) wear a gown before; not sure what happened today. I will go and speak with her immediately. The DON further stated As of right now I will go and make sure all the signs say the same thing. The facility policy Infection Prevention and Control Program for Skilled Communities under VI. A. Contact Precautions included PPE- use gloves and gowns when in contact with the resident or the resident's environment. The administrator and DON were made aware of the above findings during a meeting with facility staff 8/11/20 at 11:30 a.m. No further information was provided prior to the exit conference.		

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.