

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 515133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER ANSTED CENTER		STREET ADDRESS, CITY, STATE, ZIP PO BOX 400 ANSTED, WV 25812	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>. Based on observation, staff interview, and review of Centers for Disease Control and Prevention (CDC) COVID-19 guidelines, the facility failed to properly prevent and/or contain the spread of infection by wearing appropriate person protective equipment (PPE) in a contact precaution room. The employee did not don gloves prior to entering the room. This had the potential to affect a limited number of residents on Unit II. Resident identifier: #1. Facility census: 56.</p> <p>Findings included: a) Resident #1 Observation during the initial tour on 06/08/20 at 1:30 PM, revealed a sign on Resident #1's room, which indicated contact and airborne precautions and for those entering to wear an N95 respirator, gown, face shield and gloves. This signage also directed those entering and exiting to keep room door closed. A box of gloves were available for use inside the door of the resident's room. The Administrator on 06/09/20 at 10:35 AM, revealed Resident #1 had an outside appointment on June 3, 2020 for a surgical consult for a [MEDICAL CONDITION]. Once the resident returned she was placed on contact precautions for a COVID-19 quarantine for 14 days. CDC guidelines require gloves to be donned before entry into a room with contact and airborne precautions for COVID-19. With the box of gloves located inside the resident's room, staff would not easily be able to comply with this infection control guideline. Observation during this initial tour, Nurse Aide (NA) #1 was outside Resident #1's room. NA #1 had on an N95 mask, googles, and gown. She then entered Resident #1's room and left the door wide open. This allowed anyone walking by a visual view of the resident, and it was in contradiction to the signage to keep the door closed. After entering the room, NA #1 applied alcohol-based sanitizer to her ungloved hands. She then walked over the the farthest side of the resident's bed and touched her call light and rearranged the bed linens with ungloved hands. NA #1 was interviewed during the observation about not donning gloves prior to entering the resident's room. NA #1 stated she, Usually do not come in here. She then walked to the other side of the bed and picked up the resident's television remote control with ungloved hands. This surveyor pointed out again, the NA did not have on gloves. NA #1 said, Oh and then donned a pair of gloves. In an interview on 06/08/20 at 1:50 PM, the Director of Nursing (DoN) was informed of the above observation of NA #1 and the gloves being inappropriately located inside the resident's room. The DoN revealed the NA had training on how to properly apply PPE. The DoN said she would talk to her. The Administrator on 06/08/20 at 1:55 PM, said the NA was probably nervous and forgot to apply her gloves. .</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.