

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREENBRIER REGIONAL MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323</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, it was determined that facility staff failed to follow infection control practices and perform hand hygiene prior to leaving a COVID-19 positive resident room. The findings included: On 6/23/20 at 3:15 p.m., an observation was conducted of the COVID-19 unit (Unit 100). On 6/23/20 at 4:00 p.m., LPN (Licensed Practical Nurse) #1 went up to the surveyor and stated, I have 4 sets of gloves on so when I go in to the patients I can go remove one set of gloves and then to the next resident. LPN #1 stated, Is that ok to do that? The surveyor did not provide guidance. On 6/23/20 at 4:10 p.m., an observation was made of LPN #1. LPN #1 entered Room (number). The nurse went to the resident by the window (B-bed) and provided care, removed her gloves (2 pairs) and washed her hands with soap and water. LPN #1 then donned (2) two pair of gloves (one pair on top of the other) and went to the other resident (A-bed). The nurse asked the resident in A-bed questions and then left the room without removing her gloves and performing hand hygiene. The nurse was then observed walking down the hall. LPN #1 then stopped in front of the medication cart, she removed 1 of 2 pairs of gloves and opened the bottom drawer of the medication cart and removed germicidal wipes from the container and cleaned a thermometer and stethoscope. On 6/23/20 at approximately 4:15 PM an interview was conducted with LPN #1. The above observations with LPN #1 was discussed. When asked if she should have removed her gloves and washed her hands after providing care and before leaving a resident's room, LPN #1 stated, Yes, I should have removed my gloves and washed my hands before I left the residents room. On 6/23/20 at approximately 4:40 p.m., ASM (administrative staff member) #1, the Administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. Facility policy titled, Handwashing Policy, documents in part, the following: .7. Use alcohol based hand rub containing at least 62 percent alcohol; or alternatively soap and water for the following situations .before and after entering isolation precaution settings. On 6/24/20 at 12:29 p.m. a telephone exit conference was conducted with Administrator. No further information was presented by the facility staff.		

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.