

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BLUE RIDGE THERAPY CONNECTION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>105 LANDMARK DRIVE STUART, VA 24171</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> - Some	<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 observations, clinical record review, staff interview, facility documentation review, and in the course of a COVID-19 focused survey, it was determined the facility staff failed to consistently implement infection control plans/practices designed to attempt to prevent the development and/or transmission of COVID-19 in the facility as evidenced by failing to implement face coverings and social distancing guidelines. The findings included: On 6/16/20 at 10:10 am, the surveyor toured the facility's secured dementia unit. The surveyor observed four residents sitting side by side in chairs along a wall directly across from the nurse's station, and five residents sitting side by side in chairs along another wall directly across from the nurse's station. The surveyor observed that none of the nine residents that were sitting along the walls across from the nurse's station were wearing face coverings, and none of the residents were seated at least six feet apart. The surveyor observed that no staff member attempted to offer face coverings to the residents nor did any staff member attempt to implement interventions to maintain social distance at that time. On 6/16/20 at 10:15 am, the surveyor interviewed CNA#1 (certified nursing assistant). The surveyor asked CNA#1 if the residents wore facemasks. CNA#1 stated, They have the option to wear them. We try to put them on the resident's but they take them off. The surveyor asked CNA#1 how they maintain social distancing guidelines. CNA#1 stated, A lot of residents stay in their room. We try to keep them apart, but it's hard on the Alzheimer's unit. The surveyor asked CNA#1 to observe the nine residents sitting side by side across from the nurse's station. CNA#1 agreed that the nine residents were not distanced at least 6 feet apart. On 6/17/20 at 2:30 PM, the surveyor reviewed the clinical records for three of the nine residents that had been observed on 6/16/20 at 10:10 am, sitting across from the nurse's station side by side without face coverings. Resident # 2 had [DIAGNOSES REDACTED]. The most recent MDS (minimum data set) assessment for Resident # 2 was a quarterly assessment with an ARD (assessment reference date) of 4/8/20. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 2 had a BIMS (brief interview for mental status) score of 3 out of 15, which indicated that Resident # 2's cognitive status was severely impaired. The most recent plan of care for Resident # 2 was reviewed and revised on 3/17/20. The facility staff documented a focus area for Resident # 2 as, Resident # 2 is at risk for exposure to and or transmission of COVID-19. Interventions included but were not limited to, Provide face mask if resident must leave the room for medically necessary transfer out of the facility. The surveyor reviewed the entire plan of care for Resident # 2 and did not observe documentation that Resident # 2 refused to wear facemask, and the surveyor did not observe documentation of interventions utilized for Resident # 2 to promote social distancing. The surveyor reviewed the nurse's notes for Resident # 2 and did not observe documentation that facility staff had attempted to provide face coverings to Resident # 2 and there was no documentation of Resident # 2 refusing to wear face coverings. The surveyor also did not locate documentation in the nurse's notes of attempted social distancing interventions utilized for Resident # 2 and documentation of compliance or noncompliance of social distancing interventions. Resident # 3 had [DIAGNOSES REDACTED]. The most recent MDS assessment for Resident # 3 was a quarterly assessment with an ARD of 4/29/20. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 3 had a BIMS score of 4 out of 15, which indicated that Resident # 3's cognitive status was severely impaired. The most recent plan of care for Resident # 3 was reviewed and revised on 3/17/20. The facility staff documented a focus area for Resident # 3 as, Resident is at risk for exposure to and or transmission of COVID-19. Interventions included but were not limited to, Educate resident on social distancing with no handshakes, hugging, communal dining, and group activities. The surveyor reviewed the entire plan of care for Resident # 3 and did not observe documentation that Resident # 3 refused to wear facemask, and the surveyor did not observe documentation of interventions utilized for Resident # 3 to promote social distancing. The surveyor reviewed the nurse's notes for Resident # 3 and did not observe documentation that facility staff had attempted to provide face coverings to Resident # 3 and there was no documentation of Resident # 3 refusing to wear face coverings. The surveyor also did not locate documentation in the nurse's notes of attempted social distancing interventions utilized for Resident # 3 and documentation of compliance or noncompliance of social distancing interventions. Resident # 4 had [DIAGNOSES REDACTED]. The most recent MDS assessment for Resident # 4 was a quarterly assessment with an ARD of 5/11/20. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 4 had a BIMS score of 3 out of 15, which indicated that Resident # 4's cognitive status was severely impaired. The most recent plan of care for Resident # 4 was reviewed and revised on 3/17/20. The facility staff documented a focus area for Resident # 4 as, Resident # 4 is at risk for exposure to and or transmission of COVID-19. Interventions included but were not limited to, Provide face mask if resident must leave the room for medically necessary transfer out of the facility. The surveyor reviewed the entire plan of care for Resident # 4 and did not observe documentation that Resident # 4 refused to wear facemask, and the surveyor did not observe documentation of interventions utilized for Resident # 4 to promote social distancing. The surveyor reviewed the nurse's notes for Resident # 4 and did not observe documentation that facility staff had attempted to provide face coverings to Resident # 4 and there was no documentation of Resident # 4 refusing to wear face coverings. The surveyor also did not locate documentation in the nurse's notes of attempted social distancing interventions utilized for Resident # 4 and documentation of compliance or noncompliance of social distancing interventions. The facility provided documentation of a Family Update that was dated 5/13/20. The documentation included but was not limited to, .We are asking any resident who is out of room to have a mask on, we have cloth masks that have been donated that residents are wearing. . On 6/17/20 at 3:28 PM, the surveyor informed the administrator, director of nursing, and the infection control nurse of the findings as stated above. The director of nursing requested time to review the clinical records to attempt to locate documentation of interventions and compliance or noncompliance related to face coverings and social distancing. On 6/17/20 at 4:32 PM, the director of nursing informed the survey team that he/she did not locate any additional documentation in the clinical records for Resident # 2, Resident # 3 and Resident # 4 related to face coverings and social distancing. No further information regarding this issue was presented to the survey team prior to the exit conference on 6/17/20.</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.