

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER THE LAURELS OF BON AIR		STREET ADDRESS, CITY, STATE, ZIP 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	
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, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infection control practices for one of seven residents, Resident # 1. The facility staff failed to use the appropriate PPE (personal protective equipment) when entering Resident # 1's room who was under droplet precautions. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. [MEDICAL CONDITION], affecting blood vessels outside the heart) (2) and high blood pressure. The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 5/5/2020, failed to code the section for cognition. The resident was coded as sometimes understanding and sometimes being understood by others. Resident #1 was coded as requiring extensive assistance of one staff member for all of her activities of daily living. In Section O - Special Treatments, Procedures and Programs, the resident was coded as receiving hospice care. On 07/29/2020 at 10:29 a.m., an observation of Resident # 1 from the hallway, in the presence of ASM (administrative staff member) # 1, administrator and RN (registered nurse) # 1, revealed Resident #1 lying in bed in their room. Observation revealed CNA (certified nursing assistant) # 1 entering Resident #1's room without wearing a gown or gloves. Further observation of CNA # 1 revealed they went to Resident # 1's bed and rearranged the sheet and blanket on the bed and then exited the room put on a gown and gloves from the isolation cart outside of Resident # 1's room and then reentered the room and closed the door. Observation of the outside of Resident # 1's door revealed a red sign that documented, STOP SEE NURSE FOR INSTRUCTIONS. When asked about the sign on the door ASM # 1 stated, (Resident # 1) had an increased temperature and is on droplet precautions. When asked what PPE is required when entering Individual # 1's room, RN # 1 stated, Need mask, gown and gloves and should put the PPE on before entering the room. Review of the physician orders [REDACTED]. The nurse's note dated 7/28/2020 at 11:53 a.m., documented in part, (Name of Responsible Party) returned call and gave verbal consent to swab guest for COVID. The comprehensive care plan dated, 4/29/2020, failed to evidence documentation of the resident being on isolation precautions. On 07/29/2020 at approximately 11:03 a.m., an interview was conducted with CNA # 1. When asked if Resident # 1 was on any type of precautions, CNA # 1 stated yes, droplet precautions. When asked what PPE should be worn when entering Resident # 1's room, CNA # 1 stated gloves, gown and mask. CNA #1 was informed of the above observation of entering Resident # 1's room and CNA # 1 was asked if they used the appropriate PPE. CNA # 1 stated no. When asked why it was important to use the proper PPE, CNA # 1 stated, So we don't get contaminated and to make sure everyone is safe and for safety reasons. The facility's policy CORONAVIRUS (COVID 19) Revised 5/29/2020 documented in part, Personal Protective Equipment. Use Contact and Droplet Precautions, including: gown, gloves, masks and protective eyewear. Follow the CDC (Center for Disease Control) guidelines on PPE that should be used and what measures to be taken if there is a shortage on PPE supplies. Wear gloves (clean non-sterile gloves are adequate) when entering the room and during all care. Remove gloves before leaving the guest's/resident's room and perform hand hygiene. After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces. Wear a gown when entering the room and during all care. Remove the gown before leaving the guest's/resident's room. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other guest/resident and environments. Wear mask and eye protection when entering the room and at all-time during guest/resident care. On 07/29/2020 at approximately 11:30 a.m., ASM (administrative staff member) # 1, administrator and ASM # 2, assistant director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 437. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 447.</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.