

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP 290 COMMONS PARKWAY DALEVILLE, VA 24083	
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>Based on observations and staff interview and during 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 for three observations. The findings included: 1. The facility staff failed to have a disinfectant wipes located at the isolation cart outside of Resident #1's room. On 7/7/2020 at 1:55 pm, the surveyor was touring the facility making observations. The surveyor was accompanied with the DON (director of nursing) and the ADM (administrator). While conducting these observations, Resident #1 had an isolation cart outside the room in which the staff was able to obtain new PPE (personal protective equipment) before entering the resident's room. On top of the isolation cart was a face shield. The surveyor asked the DON if the face shield was clean or dirty. The DON stated, I don't know for sure. We clean those with the purple top container of wipes. The surveyor asked where the staff would get the disinfectant wipes to clean the face shield and the DON stated, If they aren't here then they would have to go to the nurses' station and get the wipes and then come back down the hallway to clean the face shield. At 2:05 pm, the DON returned to the surveyor and stated, I have put the disinfectant wipes on top of the isolation cart. This will help the staff so they do not have to go to the nurses' station every time the face shield needs to be cleaned. No further information was provided to the surveyor prior to the exit conference on 7/16/2020. 2. The facility staff failed to handle a resident personal clothing as if they were potentially contaminated in the laundry area at washing machine #1 of the nursing facility. On 7/7/2020 at 2:05 pm, the surveyor observed a bag of clothing lying in front of washing machine #1. The DON and ADM was present when this observation was made. The surveyor asked laundry staff member (LSM) #1 where the bag of clothing came from, was it to be placed in front of the washing machine and was this the correct procedure in handling linen in this manner. LSM #1 picked up the bag of clothing with her bare hands and proceeded to take them to the trash can near the sink to discard. LSM #1 stated, I don't know who put this bag of clothes right there or who they belong to. The door is always locked but the nurses' do have keys at each station if they need to get into this area. The surveyor notified the LSM #1 that she picked up the bag of unknown clothing with her bare hands. The surveyor asked if she was supposed to be wearing any PPE when doing this. LSM #1 stated, I should have my gloves on. The surveyor observed LSM #1 putting her right dirty hand on her hip. The surveyor asked if she needed to wash her hands and she stated, I will. The administrator stated to the surveyor that education would be done to prevent this from happening again. The surveyor requested the facility's policy on the proper technique of handling potentially contaminated linen with the COVID-19 virus. At 3 pm, the contract member for housekeeping came into the dining room and stated the following to the surveyor: We don't know who put the laundry that you saw on the floor in front of the washing machine. There are keys to the laundry area at each nurses' station if the staff would need something when we are not here. On 7/7/2020 at 6:54 pm, the surveyor received a memo titled, Handling, Transport and Storage of Linen . from the contract group for laundry services. This memo was dated for May 6, 2020. It read in part .Staff should handle all used laundry as potentially contaminated and use standard precautions (i.e. gloves) .Laundry workers must wear the proper personal protective equipment when handling soiled linen . No further information was provided to the surveyor prior to the exit conference on 7/16/2020. 3. The facility staff failed to have a process in place that would ensure the same gown was being used by the same staff member during their break and lunch times. On 7/7/2020 at 2:10 pm, the surveyor observed five hangers on the wall prior to entering the COVID unit which had the following staff PPE (personal protective equipment) hang on them (Going from left to right). 1st hook - yellow gown, face shield, N95 green mask, hair cover 2nd hook - yellow gown and face shield 3rd hook - face shield 4th hook - face shield 5th hook - yellow gown, N95 mask, hair cover The surveyor was accompanied by the administrator (ADM) and (director of nursing) when the above observations were made. The surveyor asked the DON what the purpose of these hooks on the wall were. The DON stated, The staff places their gowns, and face masks here when they go off the floor for breaks or lunch. Only one staff member is allowed to go at a time. The surveyor asked if there was a way for the staff to know exactly which gown and face mask was theirs when they left them on the hooks. The DON stated, There aren't any labels. They would just know which hook they leave their gown on when they go to lunch or on breaks. While the surveyor was speaking to the DON regarding this issue, two staff members were observed to be coming back to the area where the hooks were located and began to put on a yellow gown and began applying face mask. The surveyor asked both staff members in what capacity did they work in the facility. Both staff members stated they were CNA's (certified nursing assistant) and they had been on break and was coming back into the unit to work. The surveyor asked if they knew which yellow gown and face mask was theirs to put back on. CNA #1 stated, I know which hook I put my stuff on when I left it. The surveyor asked if these items or hooks were not labeled how could they make sure they were wearing the same gown as they were before they left on break. CNA #1 stated, I just know which hook I put mine on and I go to that hook and get it. The DON stated, We will go and label the hooks in a way that the staff will know exactly which gown or face shield is theirs and not using someone else's by mistake. According to the CDC (Centers for Disease Control and Prevention) website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html) . Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP (health care provider) when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort) . No further information was provided to the surveyor prior to the exit conference on 7/16/2020.</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.