

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 49E004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER BEDFORD CO NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1229 COUNTY FARM ROAD BEDFORD, VA 24523	
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	Provide and implement an infection prevention and control program. Based on observations, staff interview, and facility policy review, the facility failed ensure proper handwashing procedures were followed. A Licensed Practical Nurse (LPN) on Unit 1 was observed leaving a resident room and changing gloves without washing or sanitizing her hands. The findings were: On 8/25/2020 at approximately 11:10 a.m., a staff member, identified as LPN # 1 was observed leaving a resident room after administering medications. LPN # 1 removed the gloves she wore while administering medications and put on a clean pair of gloves without washing her hands or using hand sanitizer. When interviewed, LPN # 1 said the surveyors made her nervous and that she should have washed her hands. Also present during the observation were RN # 1 (Registered Nurse), the Infection Control Nurse, and RN # 2, the Quality Assurance/Staff Development Coordinator. Both RN's made the same observation, and both stated LPN # 1 should have washed her hands before donning a new pair of gloves. Review of the facility's policy on handwashing, requested by the surveyor, noted the following: Personnel will wash their hands to prevent the spread of infection and disease to other personnel, residents, and visitors. Appropriate fifteen to twenty second hand washing or use of hand sanitizer will be performed: After glove changes. During the Exit Conference at 11:35 a.m., the Administrator and the Director of Nursing were told about the observation. When asked their expectation regarding gloves changes, both said the LPN should have washed her hands before donning a new pair of gloves.		

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.