

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 FLANK ROAD PETERSBURG, VA 23805	
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 observation, staff interview, and facility documentation the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 2 (kitchen, nursing unit 1) of 4 areas observed within the facility. The findings included: The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19. On 6/23/2020 at approximately 11:30 AM, Surveyor A, (accompanied by the Director of Nursing (DON, Employee B) and the Infection Preventionist (Employee C)), while on tour of the facility, observed Employee D in the kitchen washing dishes with a face mask pulled down, the face mask was resting on the chin with both mouth and nose exposed. The DON and Infection Preventionist stated to Surveyor A that it was facility policy for all staff members to wear a face mask at all times. Both the DON and the Infection Preventionist stated to Surveyor A that it was their expectation for employees to comply with wearing a face mask while in the building, however the mouth and nose of Employee D remained exposed during the observation. Surveyor A, accompanied by the DON and the Infection Preventionist, observed Employee E exiting a resident's room, with a face mask positioned under the nose, leaving the nose exposed. On 6/23/2020 at approximately 2:00 PM, a telephone conference was held by Surveyor B with the Facility Administrator (Employee A), the DON and the Infection Preventionist. The DON confirmed the observations made during the tour with Surveyor A that some staff members were not compliant with the use of face masks. The Facility Administrator stated, I expect all staff members to wear a face mask, covering both mouth and nose, at all times while at work. Facility documents with regard to infection control and the use of face masks were requested and received. On 6/23/2020, review of the facility's document, policy #IC 1051-01, subject 2019 Novel Coronavirus (2019-nCoV) Management, effective 1/28/2020, stated: Policy: It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. The purpose of this policy is to prevent the spread/outbreak of the 2019-nCoV (Covid-19) disease in the facility and to comply with current CDC recommendations for reporting, and Procedure: 1. The IP (Infection Preventionist) will remain aware of current CDC guidelines and of any occurrence of 2019-nCoV (Covid-19) in their area. Review of CDC guidance read, healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. CDC recommendations/guidelines accessed online 6/23/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html The facility Administrator, the DON, and the Infection Preventionist were made aware of the findings during the end of day meeting held on 6/23/2020. No further information was provided.</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.