

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WOODHAVEN HALL AT WILLIAMSBURG LANDING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185</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> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, staff interview, and facility documentation review, the facility staff failed to adhere and maintain infection control practices in one out of 5 units. The findings include: A facility staff member was observed donning and doffing personal protective equipment (PPE) incorrectly. On 08/25/2020 at approximately 11:05 AM, the DON and this surveyor observed CNA B don and doff PPE. CNA B was already wearing a kn95 and faceshield. CNA B donned a gown then gloves. There was approximately 1 inch of exposed skin around each of CNA B's wrists. When asked if she felt safe and protected with her PPE on, CNA B stated yes. When asked about her wrists being exposed, CNA B stated and demonstrated she would pull the gown cuffs down over the gloves to cover the exposed skin. When asked if she always did it this way, CNA B stated Yes. CNA B was then asked to demonstrate doffing of PPE. CNA B then reached behind her neck and untied the gown with her gloved hands, removed the gown, rolled it up and placed it in the trash. CNA B then removed her gloves and placed them in the trash. When asked if she always took gown and gloves off in this sequence, CNA B stated, Yes. When asked about potential contamination by untying gown with gloved hands, CNA A stated, I see what you're saying. On 08/25/2020 at approximately 2:00 PM, an interview via telephone with Licensed Practical Nurse A (LPN A), the unit manager of the transitional unit, was conducted. When asked about donning doffing sequence, LPN A stated that the gown goes on first, then the kn95, the faceshield, and then gloves. When asked about the gown cuffs, LPN A stated the gloves go over the cuff so there is no gap. When asked why, LPN A stated that anything could get in there, infectious material, if not properly sealed. When asked about doffing sequence, stated first take off the gloves, if hands get contaminated, wash hands, then remove the faceshield, then the gown, put it in a small bundle to discard it then wash hands again. The facility staff provided a copy of their in-service sheets and donning and doffing poster. An in-service signature sheet dated 4/7/20 under the header, Subject Matter Covered documented, Donning and Doffing PPE on (transitional unit name). The form contained CNA B's signature. The facility staff also provided a copy of the document (CDC publication) entitled, Sequence for Putting On PPE contained 4 steps. Step 4 documented, 4. Gloves - extend to cover wrist of isolation gown. A document (CDC publication) entitled, How to safely remove PPE contained 5 steps. An excerpt of Step 1 documented, 1. Gloves - outside of gloves are contaminated! If your hands get contaminated during glove removal, immediately wash your hands or use alcohol-based hand sanitizer. On 08/25/2020 by the end of survey, the administrator and DON were notified of findings and they offered no further information.		
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.