STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495280	A. BUILDING _____ B. WING _____	**06/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTMINSTER AT LAKE RIDGE	**12185 CLIPPER DRIVE LAKE RIDGE, VA 22192**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 1 (COVID unit) of 3 areas within the facility. The findings included: The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19. A staff member was observed entering the COVID unit wearing a surgical mask. On 06/18/2020 at 1:00 PM, an interview with the administrator was conducted by Surveyor A. When asked about the policy and expectation for personal protective equipment for staff to wear while on the south wing (designated the facility's COVID positive unit), the administrator stated staff should wear gown, gloves, N95 mask, faceshield, and shoe covers. On 06/18/2020 at approximately 1:55 PM, Surveyor A and the Assistant Director of Nursing stood outside a set of closed doors on the south wing. The Assistant Director of Nursing (ADON) stated that this was their COVID unit. Signs on the door read Authorized personnel only. Surveyor A and the ADON were wearing personal protective equipment per facility policy and walked the length of the hall which led to a common area room. There was an exit door to the outside on the left side of the room. Surveyor A and the ADON observed a staff member (Employee F) enter the COVID unit common area from the side door and the only personal protective equipment she was wearing was a surgical mask. The ADON approached the staff member (Employee F) and the staff member (Employee F) went back outside. Surveyor A and the ADON met with staff member (Employee F) outside the door and the ADON stated to Employee F that staff need to have their N95 on at all times in the COVID unit. On 06/18/2020 at approximately 1:56 PM, an interview with Employee F was conducted by Surveyor A. Employee F stated she had worked in the Rehab Unit for 3 months. When asked about her workflow process, Employee F stated that she first works in the clean unit and when it's time to work on the COVID unit, she leaves the facility from the main entrance and enters the COVID unit through this side entrance. Employee F stated her N95 is stored in a bag on a table by the door. Employee F stated when she enters the COVID unit, she replaces her surgical mask with the N95 then washes her hands then dons the rest of her PPE. On 6/18/2020 at 3:35 PM, a telephone conference was held by Surveyor B and Surveyor A with the Facility Administrator (Employee A) who stated the facility policy was for N95 masks to be worn on the COVID unit. The Administrator stated the physical therapists were expected to provide and wear their own N95 masks. On 06/18/2020 at 3:38 PM, an interview with rehab director (Employee G) was conducted by Surveyor A and Surveyor B. When asked about the expectation of staff workflow process, rehab director stated that after staff completes assignments on clean unit, the staff should leave the facility through the main entrance and enter the COVID unit from the side door, and then don their PPE. When asked about the distance between the door and the location of their PPE, the rehab director stated about 3 feet. When asked about the distance between that table and the nearest resident room, the rehab director stated approximately 20 to 30 feet. On 06/18/2020 at 3:55 PM, a telephone conference was held by Surveyor B and Surveyor A with the ADON. The ADON confirmed the observations made during the tour with Surveyor A and stated that staff members needed to be compliant with existing facility policy on the use of face masks. The ADON stated she was going to make sure fit testing would be done on all staff members. Facility documents with regard to infection control and the use of face masks were requested and received. On 6/18/2020, review of the facility policy entitled [MEDICAL CONDITION] (COVID-19) Guideline: This guideline is written to provide infection prevention and control measures for residents and staff members during the outbreak of COVID-19. with a revision date of 4/2/2020 read, CDC (Center for Disease Control), CMS (Center for Medicare and Medicaid Services) and specific state guidelines will be followed. regarding the need for employees to wear protective equipment. The facility Administrator and ADON were made aware of the findings during the end of day meeting held on 6/18/2020. The ADON stated she was a new employee of less than one week and was going to conduct inservices with the staff to ensure they understand about COVID-19 and the need to follow the policy to have on the N95 when on the COVID unit. The Administrator stated there was no shortage of PPE at the time of the survey. On 6/22/2020 at 11:34 AM, an interview was conducted with the ADON who stated she had conducted inservices with the staff about the need to wear N95 masks on the COVID Unit.The ADON stated before staff enter the COVID unit, they need to don everything including the N95. Copies of the inservices sign in sheets were provided and reviewed. On 6/22/2020 at 2 PM, an interview was conducted with the Administrator who stated the Therapy Department was following standards about optimizing staff. There were not enough therapists and cases to have only one therapist assigned to the COVID Unit. The Administrator stated the therapy staff were assigned to care for the residents on the clean unit first. Then, toward the end of the workday they would go to the COVID Unit through a separate entrance. The Administrator stated the staff should wear the N95 mask when they enter the COVID unit and after finishing the work there, they would go home after leaving the COVID unit. On 6/22/2020 during the end of day debriefing, the Administrator was again advised of the findings. The Administrator stated the situation was already handled with the Therapy staff. All staff should have on the N95 mask when they enter the COVID unit. No further information was provided.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE