

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE HALL DILLWYN		STREET ADDRESS, CITY, STATE, ZIP 119 BRICKYARD DRIVE DILLWYN, VA 23936	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to implement infection control procedures to prevent the spread of communicable disease during a COVID 19 pandemic for one of one resident in the survey sample, Resident #1. ASM (administrative staff member) #2 (the director of nursing) failed to follow contact precautions while in Resident #1's contact isolation room. The findings include: Resident #1 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident #1's [DIAGNOSES REDACTED]. Resident #1's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/18/20, coded the resident's cognition as moderately impaired. Review of Resident #1's clinical record revealed a physician's orders [REDACTED]. The baseline care plan Resident #1's readmission with an admission date of [DATE] documented, Contact isolation for 14 days COVID 19 precautions for new admit. 6-22 thru 7-5-20. On 6/24/20 at 9:25 a.m., ASM #2 was observed wearing only a mask, (no gloves and no gown) while in Resident #1's room. Resident #1 was lying in bed. Observation revealed ASM #2 repositioning the resident's legs. ASM #2 then washed her hands and exited the room. A sign posted outside of Resident #1's door documented, Stop. See nurse for instructions. On 6/24/20 at 9:35 a.m., an interview was conducted with ASM #2. ASM #2 stated Resident #1 was on contact isolation as a precaution because she was readmitted from the hospital. ASM #2 was asked what PPE (Personal Protective Equipment) should be worn while in Resident #1's room. ASM #2 stated a mask and gloves and a gown if in contact with body fluids. ASM #2 was made aware of the above observation. ASM #2 stated she did not have to wear any PPE (besides a mask) while in Resident #1's room because she did not come in contact with fluids and she only touched the resident's legs. On 6/24/20 at 9:53 a.m., an interview was conducted with LPN (licensed practical nurse) #1 (the infection control nurse). LPN #1 was asked what PPE should be worn while in a contact isolation room. LPN #1 stated a mask, gloves, and then also an isolation gown if there is a risk for bodily fluids or spills. On 6/24/20 at 10:08 a.m., ASM #2 stated she reviewed the facility policy regarding contact precautions and stated she did not wear the correct PPE while in Resident #1's room. On 6/24/20 at 10:10 a.m., ASM #1 (the administrator) and ASM #2 were made aware of the above concern. The facility policy titled, Isolation- Categories of Transmission-Based Precautions documented, Contact Precautions .4. Gloves and Handwashing. a. In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non-sterile) when entering the room .c. Remove gloves before leaving the room and perform hand hygiene .5. Gown. a. Wear a disposable gown upon entering the Contact Precautions room or cubicle . The CDC (Centers for Disease Control) documented, Contact Precautions: Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens . This information was obtained from the website: https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html No further information was presented prior to exit.</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.