

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROSE HILL HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>110 CHALMERS COURT BERRYVILLE, VA 22611</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infection control practices to prevent the spread of infection and communicable disease for one of one residents in the survey sample, Resident #1. On 06/18/2020 at approximately 11:00 a.m., two CNA's (certified nursing assistants), CNA #1 and CNA #2, were observed pushing Resident # 1 in their shower chair down the hallway on the (name) Unit to the shower room. Observation of Resident # 1 revealed they were wearing a gown, completely covered for privacy but not wearing a mask. The findings include: On 06/18/2020 at approximately 11:00 a.m., two CNA's (certified nursing assistants), CNA #1 and CNA #2, were observed pushing Resident # 1 in their shower chair down the hallway on the North Unit to the shower room. Observation of Resident # 1 revealed they were wearing a gown, completely covered for privacy but not wearing a mask. Resident # 1 was admitted to the facility with [DIAGNOSES REDACTED]. Resident # 1's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 05/05/2020, coded Resident # 1 as scoring a three on the staff assessment for mental status (BIMS) of a score of 0 - 15, three- being severely impaired of cognition intact for making daily decisions. Resident # 1 was coded as being totally dependent of one staff member for bathing. There was no documentation noted in the clinical record indicating Resident #1 could not tolerate wearing a facemask. On 06/18/2020 at approximately 11:15 a.m., an interview was conducted with LPN (licensed practical nurse) # 1 regarding residents wearing a mask when out of their rooms. LPN # 1 stated that all residents need to wear a mask when outside of the room so that if they do have [MEDICAL CONDITION] (COVID 19) they are not spreading it. LPN # 1 further stated they needed to wear a mask for infection control. On 06/18/2020 at approximately 11:33 a.m., an interview was conducted with CNA # 1 regarding residents wearing a mask when out of their rooms. CNA # 1 stated, Our residents are supposed to wear a mask when they are in the hallway. When asked why it was important for the residents to wear a mask when they are in the hallway, CNA # 1 stated, Due to the infection control CDC guidelines that we are to follow pertaining to the COVID-19 virus. On 06/18/2020 at approximately 11:50 a.m., an interview was conducted with CNA # 2 regarding Resident # 1 wearing a mask when they were out of their room. When asked if Resident # 1 was wearing a mask when CAN #2 took the resident to the shower room, CNA # 2 stated, It was my mistake that I had forgotten to put a mask on (Name Resident # 1.) When asked why residents need to be wearing a facemask when they are in a hallway, CNA # 2 stated that it was for infection control. On 06/18/2020 at 11:52 a.m., an interview was conducted with CNA # 1. When asked if they assisted CNA # 2 with taking Resident # 1 from their room to the shower room, CAN #1 stated yes. When asked if Resident # 1 was wearing a mask, CNA # 1 stated, No I don't believe she did put a mask on her (Resident # 1). The CMS (Centers for Medicare and Medicaid Services) COVID-19 Long-Term Care Facility Guidance. April 2, 2020 documented in part, 4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their rooms. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. The CDC (Centers for Disease Control and Prevention) guidance Preparing for COVID-19 in Nursing Homes dated May 19, 2020 documented in part, Core Practices. Implement Source Control Measures. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. On 06/18/2020 at approximately 12:30 p.m., ASM (administrative staff member) # 1, administrator, was made aware of the above findings. No further information was provided 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.