STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495362	A. BUILDING _____ B. WING _____	08/07/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ASHLAND NURSING AND REHABILITATION	906 THOMPSON STREET ASHLAND, VA 23005

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 -** Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, clinical record review, facility document review, and in the course of a complaint investigation, it was determined that the facility failed to implement infection control procedures to prevent the spread of a communicable disease for ten of 21 residents in the survey sample, Residents #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20. On 8/5/2020, these ten residents were observed sitting closer than six feet apart without masks on. The findings include: Resident #11 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. and water by the kidneys) (2). The most recent MDS (minimum data set) assessment, a quarterly assessment, with and ARD (assessment reference date) of 6/24/2020 coded the resident as scoring a 3 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being independent in some activities of daily living but also requiring extensive assistance with other activities of daily living. A review of Resident #11's undated care plan revealed, in part, the following: (Resident #11) is at risk for infection d/t (due to) possible exposure to COVID-19 (3). (Resident #11) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #12 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS, a quarterly assessment, with an ARD of 7/16/2020, coded the resident as scoring a 3 on the BIMS score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring supervision to being dependent for his activities of daily living. A review of Resident #12's undated care plan revealed, in part, the following: (Resident #12) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #12) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #13 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The most recent MDS assessment, a quarterly assessment, with an ARD of 7/15/2020, coded the resident as having both short and long-term memory difficulties and being severely impaired to make daily cognitive decisions. The resident was coded as requiring limited to extensive assistance for all of her activities of daily living. A review of Resident #13's undated care plan revealed, in part, the following: (Resident #13) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #13) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #14 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The most recent MDS, a quarterly assessment, with an ARD of 4/28/2020, coded the resident with both short and long-term memory difficulties and was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being independent upon the staff for all of her activities of daily living. A review of Resident #14's undated care plan revealed, in part, the following: (Resident #14) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #14) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #15 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS, an annual assessment, with an ARD of 6/22/2020, coded the resident as scoring a 0 on the BIMS score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring limited to extensive assistance for most of her activities of daily living. A review of Resident #15's undated care plan revealed, in part, the following: (Resident #15) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #15) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #16 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS, a quarterly assessment, with an ARD of 6/1/2020 coded the resident as scoring a 1 on the BIMS score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being independent for bed mobility, transfers and walking in the hallway but required extensive assistance for the rest of her activities of daily living. A review of Resident #16's undated care plan revealed, in part, the following: (Resident #16) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #16) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #17 was admitted to the facility on [DATE] with a readmission on 2/10/2020 with [DIAGNOSES REDACTED]. The most recent MDS assessment, a significant change assessment, with an ARD of 6/16/2020, coded the resident with both short and long-term memory difficulties indicating the resident was severely impaired to make daily cognitive decisions. The resident was dependent upon the staff for all of her activities of daily living. A review of Resident #17's undated care plan revealed, in part, the following: (Resident #17) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #17) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #18 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS assessment, an annual assessment, with an ARD of 5/27/2020, coded the resident as scoring a 1 on the BIMS score, indicating the resident as severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being dependent upon the staff for her activities of daily living except eating in which she required supervision after set up assistance was provided. A review of Resident #18's undated care plan revealed, in part, the following: (Resident #18) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #18) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #19 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS assessment, a quarterly assessment, with an ARD of 7/21/2020, coded the resident as scoring a 04 on the BIMS score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring limited to extensive assistance for her activities of daily living except eating in which she required supervision after set up assistance was provided. A review of Resident #19's undated care plan revealed, in part, the following: (Resident #19) is at risk for infection d/t (due to) possible exposure to COVID-19 (2). (Resident #19) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. Resident #20 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS assessment,

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) a quarterly assessment, with an ARD of 7/21/2020, coded the resident as having both short and long-term memory difficulties and being severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being dependent upon the staff for all of her activities of daily living. A review of Resident #20's undated care plan revealed, in part, the following: (Resident #20) is at risk for infection d/t (due to) possible exposure to COVID-19. (Resident #10) is able to remove mask, and requires cueing/staff assistance at times to keep mask on as appropriate .Follow facility protocol/CDC (Centers for Disease Control) guidelines for COVID-19 screening/precautions .Provide staff assistance/cueing to Resident to don mask as appropriate. On 8/5/2020 at 9:50 a.m., ASM (administrative staff member) #1, the administrator, was interviewed. When asked which phase of reopening the facility has reached, ASM #1 stated, We are at Phase One. On 8/5/2020 at 10:24 a.m., during the initial tour of the facility, ten residents were observed seated in pairs at five tables in the dining room of the dementia unit. The residents sat at tables as follows: Resident #11 and #12; Resident #13 and #14; Resident #15 and #16; Resident #17 and #18; Resident #19 and #20. None of the pairs of residents was more than four feet apart as they sat across or next to each other. None of the ten residents was wearing a mask; no masks were visible on or near any of the residents. OSM (other staff member) #3, the director of activities, made two trips into and out of the dining room between 10:27 a.m. and 10:40 a.m. At no time did she encourage residents to sit more than six feet apart or to put on a mask. At 10:40 a.m., OSM #3 was interviewed. When asked what precautions are required for residents to be out of their rooms, she stated residents should be socially distant, and to keep masks on. When asked if the residents in the dementia unit dining room were socially distant or wearing masks, OSM #3 stated, They don't keep their masks on. I know they are not six feet apart. She stated the tables are not six feet across, and that, given the space in the room, this is the best we can do. She reiterated that none of the residents was wearing a mask. She stated she did not see any masks available in the room for residents to wear. On 8/5/2020 at 1:19 p.m., ASM #2, the director of nursing, was interviewed. When asked what precautions residents should take when they are out of their rooms, ASM #2 stated, They should be wearing masks. We cannot make them. We educate and redirect. She added that residents should be six feet apart, but that the residents are getting stir crazy. She stated if residents are not [MEDICATION NAME] social distancing or wearing masks, they should be redirected or reeducated. When asked what should be done to protect residents from contracting a contagious disease if the residents are not able to understand instructions or education, she stated the residents should be continuously encouraged to do so. On 8/6/2020 at 4:15 p.m., ASM #1 and ASM #2 were informed of these concerns. On 8/7/2020 at 11:20 a.m., ASM #2 stated she wanted to speak to the surveyors' concerns regarding the gathering of residents in the dementia unit dining room. She stated the facility does have a secure unit, which houses residents who are diagnosed with [REDACTED]. ASM #2 stated, It is difficult for us to keep them in masks, and to keep them socially distant. She stated residents who go in the dining room have been tested for COVID-19, and had tested negative during the previous week. She stated these residents are creatures of habit, and are accustomed to be going into the dining room each day. ASM #2 stated, We do our best to keep them safe. When asked what the requirements are for a facility in Phase One of the reopening plan for residents who are outside their rooms, she stated residents should have their noses and mouths covered, and that social distancing should be done according to the CDC guidelines. ASM #2 added, It can be quite challenging. We are doing our due diligence. ASM #1 added, We are trying our best. A review of the facility policy, COVID-19 Pandemic Plan, revealed, in part: Eliminate communal dining and group activities. Additional Strategies Depending on the Facility's Reopening Status: These strategies will depend on the stages described in the CMS (Centers for Medicare/Medicaid Services) Reopening Guidance, or the direction of state and local officials. Implement Social Distancing Measures: Implement aggressive social distancing measures (remaining at least 6 feet apart from others); Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene .Considerations when restrictions are being relaxed include: Allowing communal dining and group activities for residents without COVID-19, including those who have recovered, while maintaining social distancing, source control measures, and limiting the numbers of residents who participate. This information is taken from the CDC website https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. Considerations for Memory Care Units in Long-term Care Facilities/CDC (Centers for Disease Control), May 12, 2020 revealed in part the following, Infection Prevention and Control (IPC) Guidance for Memory Care Units .In addition to the current IPC guidance for long-term care facilities, nursing homes and assisted living facilities providing memory care should consider the following: Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated). Cloth face coverings should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance . Limit the number of residents or space residents at least 6 (six) feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel . This information is taken from the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html No further information was provided prior to exit. REFERENCES: (1) Barron's Dictionary of Medical Terms, 5th edition, Rothenberg and Chapman, page 26. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. (3) Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named [DIAGNOSES REDACTED]CoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by [DIAGNOSES REDACTED]-CoV-2 has been named COVID-19. This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments (4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (5) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 33. (6) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 522. (7) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 44. (8) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 72. (9) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.