

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER DULLES HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 2978 CENTREVILLE ROAD HERNDON, VA 20171	
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>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 2 of 4 areas of the facility. The findings included: The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19. On 6/16/2020 at approximately 12 noon, Surveyor B observed Employee A and Employee B in the kitchen with their face masks removed from their face and resting below their chin. When Surveyor B questioned this, Employee A and Employee B stated they knew that they were required to wear their masks covering their nose and mouth. The Dietician (Employee C) was present. She stated, This young lady (name redacted) and the other young lady doing the dishes, both of them had masks off their faces under their chins. On 6/16/2020 at approximately 12:45 PM Surveyor B observed LPN A sitting at the nurse's station with her mask pulled below her chin. She was asked if she knew the purpose of the mask. She stated, yes and that it was for her personal protection. On 6/16/20 at 12:50 P.M., an interview was conducted with the Administrator (Administration A). She was asked about the facility's policy on wearing facemasks. The Administrator stated, Every staff member is supposed to wear a mask at all times in the building to protect themselves and protect the residents. On 6/16/20 a review was conducted of facility documentation, revealing a facemask policy dated 4/2/2020. An excerpt read, .ensure all staff are using appropriate PPE (Personal Protective Equipment) when they are interacting with .residents. On 6/17/20 the facility conducted an in-service training that was attended by LPN A, Employee A, and Employee B. AN excerpt read, Mask must be worn appropriately to cover your nose and mouth at all times. To protect our residents and each other. Per the CDC's guidance stated healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. CDC recommendations/guidelines accessed online 6/9/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html CMS's COVID-19 Long-Term Care Facility Guidance dated April 2, 2020, read: For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. accessed online 6/9/2020 at https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf The facility Administrator was made aware of the findings during the end of day meeting held on 6/17/2020. No further information was provided.</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.