STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495261	A. BUILDING _____ B. WING _____	06/09/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HERITAGE HALL LEESBURG	122 MORVEN PARK ROAD NW LEESBURG, VA 20176

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 and facility document review it was determined that facility staff failed to implement infection control procedures to prevent the transmission of communicable disease during a COVID 19 outbreak for eight of eleven residents in the survey sample, (Residents #1, #2, #3, #4, #5, #6, #7 and #8). Observation revealed Residents #1, #2 and #3 seated together in the facility common area prior to and during the lunch service not [MEDICATION NAME] social distancing or wearing masks per COVID 19 CDC (Center for Disease Control) guidance. Observation revealed Residents #4, #5, #6, #7 and #8 seated together in the facility common area prior to and during lunch service not [MEDICATION NAME] social distancing or wearing masks. Observation failed to reveal staff attempting to redirect residents to alternate seating to allow for six feet of distance and separation between residents. The findings include: Remote review of the Line List for COVID-19 (1) Outbreaks in Long Term Care Facilities, submitted by the facility for review by fax on [DATE] revealed 58 residents had tested positive for the COVID-19 virus and 10 had expired. The following documented entry for Residents #1, #2, #3, #4, #5, #6, #7 and #8. Remote review of the facility's Dementia (2) Unit test results, revealed a documented listing of residents on the Dementia unit. The listing documented 22 residents with test dates of [DATE], result dates of [DATE], with all results listed, Result- Neg (negative). The list included Residents #1, #2, #3, #4, #5, #6, #7 and #8, as tested for COVID 19 on [DATE] with negative results on [DATE]. On [DATE] at 11:15 a.m., an observation was conducted of the facility's Dementia unit. Two common areas connected by a foyer with an exit door were observed to the right of the entrance to the unit. An approximately 640 square foot room was located to the right of the entrance to the unit, which contained three round tables approximately four feet in diameter to the left wall of the room against the outside window. The room also contained 2 (two) square tables placed side by side measuring approximately four feet by four feet each located near the inside window on the right side of the wall and 1 (one) round table approximately four feet in diameter near the right side of the wall as well. Observation revealed eleven residents sitting in the room, none of the residents were wearing masks. Three residents were observed seated individually at the three round tables beside the outside window on the left side of the room. Three residents were observed seated together at the round table near the inside window on the right side of the room. LPN (licensed practical nurse) #1 identified the three residents observed as Resident #1, #2 and #3. Observation revealed Resident #2 seated with their back to the wall facing the room in between Resident #1 and Resident #3 at the table. Residents #1, #2 and #3 were distanced less than four feet from each other while seated at the table by using the approximately two by four ceiling tiles above the residents as a guide. Residents #1, #2 and #3 were not wearing masks. Five residents were observed to be seated at the two square tables placed together near the inside window. LPN #1 identified the five residents observed as Resident #4, #5, #6, #7 and #8. Resident #4 was observed to be seated at the end of the table closest to the inside window facing the room with Resident #5 to the right and Resident #6 to the left. Resident #7 was seated beside Resident #6 and Resident #8 was seated beside Resident #5 as identified by LPN #1. Observation revealed Residents #4, #5, #6, #7 and #8 were distanced less than 4 feet from each other while seated at the table by using the approximately two by four ceiling tiles above the residents as a guide. Residents #4, #5, #6, #7 and #8 were not wearing masks. Observation failed to reveal staff attempting to redirecting residents to alternate seating to allow for six feet of distance and separation between residents. On [DATE] at 11:35 a.m., an observation of the lunch tray delivery was conducted on the Dementia unit. All the residents remained seated in the common area as described above. The facility staff served the lunch trays to the residents and assisted the residents requiring assistance with eating. At 12:11 p.m., Residents #1, #2 and #3 had left the common area; Residents #4, #5, #6, #7 and #8 remained seated at the tables together in the common area as described above. Remote review of Resident 1's clinical record revealed, Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #1's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of [DATE], coded Resident #1 as being severely impaired of cognition for making daily decisions. Resident #1 was coded as requiring extensive assistance of one staff member for activities of daily living. The comprehensive care plan for Resident #1 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #1) is at risk for alteration in Psychosocial well-being related to restriction on visitation do (sic) to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. Remote review of Resident 2's clinical record revealed, Resident #2 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #2's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of [DATE], coded Resident #2 as moderately impaired of cognition for making daily decisions. Resident #2 was coded as requiring limited assistance of one staff member for activities of daily living. The comprehensive care plan for Resident #2 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #2) is at risk for alteration in Psychosocial well-being related to restriction on visitation due to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. Remote review of Resident 3's clinical record revealed, Resident #3 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #3's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of [DATE], coded Resident #3 as scoring a 6 (six) on the brief interview for mental status (BIMS) of a score of 0 - 15, 6 - being severely impaired of cognition for making daily decisions. Resident #3 was coded as requiring extensive assistance of one staff member for activities of daily living. The comprehensive care plan for Resident #3 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #3) is at risk for alteration in Psychosocial well-being related to restriction on visitation do (sic) to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. Remote review of Resident 4's clinical record revealed, Resident #4 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #4's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of [DATE], coded Resident #4 as severely impaired of cognition for making daily decisions. Resident #4 was coded as requiring limited assistance of one staff member for activities of daily living. The comprehensive care plan for Resident #4 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #4) is at risk for alteration in Psychosocial well-being related to restriction on visitation due to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. Remote review of Resident 5's clinical record revealed, Resident #5 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #5's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of [DATE], coded Resident #5 as severely impaired of cognition for making daily

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495261	A. BUILDING _____ B. WING _____	**06/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HERITAGE HALL LEESBURG	**122 MORVEN PARK ROAD NW LEESBURG, VA 20176**

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	(continued... from page 1) decisions. Resident #5 was coded as requiring extensive assistance of two or more staff members for activities of daily living. The comprehensive care plan for Resident #5 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #5) is at risk for alteration in Psychosocial well-being related to restriction on visitation due to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. Remote review of Resident 6's clinical record revealed, Resident #6 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #6's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of [DATE], coded Resident #6 as scoring an 11 on the brief interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions. Resident #6 was coded as requiring extensive assistance of one staff member for activities of daily living. The comprehensive care plan for Resident #6 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #6) is at risk for alteration in Psychosocial well-being related to restriction on visitation do (sic) to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. Remote review of Resident 7's clinical record revealed, Resident #7 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #7's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of [DATE], coded Resident #7 as severely impaired of cognition for making daily decisions. Resident #7 was coded as requiring extensive assistance of one staff member for activities of daily living. The comprehensive care plan for Resident #7 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #7) is at risk for alteration in Psychosocial well-being related to restriction on visitation do (sic) to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. Remote review of Resident 8's clinical record revealed, Resident #8 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #8's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of [DATE], coded Resident #8 as severely impaired of cognition for making daily decisions. Resident #8 was coded as requiring extensive assistance of one staff member for activities of daily living. The comprehensive care plan for Resident #8 dated [DATE] documented in part, Date Initiated [DATE]. Focus- (Name of Resident #8) is at risk for alteration in Psychosocial well-being related to restriction on visitation do (sic) to COVID-19. Under Interventions, it documented Encourage alternative communication with visitors. Monitor for psychosocial changes. Observe and report any changes in mental status caused by situational stressor. Provide opportunities for expression of feelings related to situational stressor. On [DATE] at 12:19 p.m., an interview was conducted with LPN #1 regarding dining on the Dementia unit. LPN #1 stated that it was a challenge with the dementia residents to keep them distanced on the unit. LPN #1 stated that the residents did not have assigned seating and sat wherever they liked during meals. LPN #1 stated that they tried to distance the residents six feet apart but it was hard to do because the residents moved themselves and they chose to come to the common areas. LPN #1 stated that if a resident moved close to another resident, and was not distancing adequately from the other residents, they (staff) explain to them (resident) to keep their space, but it was hard because they did not understand. LPN #1 stated that on the unit they tried to keep the same routine for the residents and that they had implemented additional monitoring of residents and enhanced cleaning of the unit during the COVID 19 pandemic. LPN #1 stated that the staff made sure that they had their masks on at all times and that they monitored the residents each morning. LPN #1 stated that all residents had tested negative (for COVID 19), a while ago and that gave them (staff), more peace of mind. On [DATE] at 1:40 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. When asked about the communal dining on the Dementia unit, ASM #2 stated that all communal dining was ceased a while ago except for on the Dementia unit. ASM #2 stated that the common area on the unit did not really allow for social distancing and that they had been unable to prevent the residents from being in one another's space. ASM #2 stated that it would be gravely difficult to separate residents 6 (six) feet during meals. ASM #2 stated that the staff had been trying to maintain the same routine for the residents on the Dementia unit and kept things as steady they could. ASM #2 stated that they had increased cleaning the area several times a day with a hydrogen peroxide based product and that all staff were wearing N95 masks on the unit as well as enhanced hand-washing procedures. ASM #2 stated that all of the residents on the Dementia unit had tested negative for COVID and all of the staff that worked on the unit had tested negative as well. ASM #2 stated that she was aware that anyone's test results could change in a day. Review of the facility policy, COVID-19-Pathogens-Cleaning and Disinfecting Policy and Procedures, Date Effective [DATE] documented in part, There is much to learn about the novel coronavirus that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about [MEDICAL CONDITION], spread from person-to-person happens most frequently among close contacts (within about 6 (six) feet) . Review of a document provided by the facility titled, Considerations for Memory Care Units in Long-term Care Facilities/CDC (Centers for Disease Control), [DATE] 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 . Review of CMS (Centers for Medicare and Medicaid Services) memo QSO-,[DATE]-NH dated [DATE] documented in part, . Residents are not forced to eat in their rooms. Residents may still eat in dining rooms; however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart. We note that social distancing should be practiced at all times (not just while dining). We further note that eating in dining areas with appropriate social distancing only applies to residents without signs or symptoms of a respiratory infection, and without a confirmed [DIAGNOSES REDACTED]. On [DATE] at approximately 1:40 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional director of clinical services were made aware of the findings. No further information was provided prior to exit. References: 1. COVID-19- is caused by a coronavirus called [DIAGNOSES REDACTED]-CoV-2. Coronaviruses are a large family of viruses that are common in people and may different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and [DIAGNOSES REDACTED]-CoV, and now with [MEDICAL CONDITION] that causes COVID-19. [DIAGNOSES REDACTED]-CoV-2 virus is a betacoronavirus, like MERS-CoV and [DIAGNOSES REDACTED]-CoV. All three of [MEDICAL CONDITION] have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads 2. Dementia- A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: https://medlineplus.gov/ency/article/ 9.htm. 3. Diabetes mellitus -A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/ 4.htm. 4. [MEDICAL CONDITION] - condition that makes your bones weak and more likely to break. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/[MEDICAL CONDITION].html. 5. [MEDICAL CONDITION] occurs when a person loses contact with reality. The person may have false beliefs about what is taking place, or who one is (delusions), see or hear things that are not there (hallucinations). This information was obtained from the website: https://medlineplus.gov/ency/article/ 3.htm. 6. Cognitive communication deficit-Cognitive deficits are changes in thinking, like difficulty solving problems. This category also includes dementia and memory problems, as well as many kinds of communication challenges. This information was obtained from the website: https://www.stroke.org/en/about-stroke/effects-of-stroke/cognitive-and-communication-effects-of-stroke 7. Dysphagia A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html.