STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495345	A. BUILDING _____ B. WING _____	**06/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LANCASHIRE CONVALESCENT AND REHABILITATION CENTER	**287 SCHOOL STREET KILMARNOCK, VA 22482**

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	**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 and facility documentation review, the facility failed for 1 resident (Resident #1) of 1 sampled residents to implement infection control precautions. The findings include: The facility staff failed to wear a face mask while being within a 4 foot distance of Resident #1. Resident #1 was a [AGE] year old who was diagnosed with [REDACTED]. The Minimum Data Set, which was a Quarterly assessment dated [DATE] was reviewed. Resident #1 was coded as having a Brief Interview of Mental Status Score of 15. In addition, she was coded as requiring set-up help only for ambulation. Resident #1 used a rolling walker for ambulation. On 6/9/20 at approximately 11:15 A.M. a tour was conducted of the facility laundry room. The Administrator (Employee A) was present. The staff (Employee F) was working in the laundry room without her surgical mask covering her mouth and nose. She had the mask pulled down on her neck. Resident #1 was also in the laundry room. Resident #1 did not have her mask on properly. She held the mask to her face with one hand while pushing her rolling walker with the other hand. She stood approximately 4 ft from Employee F. Resident #1 stated that she had gotten confused and that she didn't intend to come into the laundry room. Employee F was asked why she wasn't wearing her mask. She stated, I took it down so I can breathe, cause it's hot in here. The Administrator was asked about the facility's expectations. He stated that all staff should be wearing masks at all times while in the building. On 6/10/20, a review of facility documentation was conducted, revealing an Infection Control policy dated 4/7/20. An excerpt read, All healthcare personnel must use a facemask while in the facility. Facility training documentation was reviewed. Employee F attended the Personal Protective Equipment & COVID-19 inservice training on 3/19/20. No further information was received.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE