

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER BLAND COUNTY NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 12185 GRAPEFIELD ROAD BASTIAN, VA 24314	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and facility staff interviews, the facility staff failed to follow infection control guidelines in regards to a contract staff member being observed to be sitting on the side of a resident's bed while performing a doppler study on his lower extremity. (Resident in room [ROOM NUMBER]). The findings included: The facility staff failed to follow infection control guidelines in regards to a contract staff member being observed sitting on the side of a resident's bed while performing a doppler study on the resident's lower extremity. This staff member did not have gown on during this observation, only a face mask and gloves were being used as personal protective equipment (PPE). The resident involved was in room [ROOM NUMBER] at the bed beside of the window. The surveyor made this observation on 6/22/2020 at 11:25 am while making rounds with the director of nursing (DON) on the 300 hallway. The surveyor asked the DON was the person observed sitting on the side of the resident's bed was a family member. The DON stated, No, that person is from _____ (name of imaging company). The surveyor asked the DON what PPE should be worn while performing a doppler study on this resident. The DON stated, They should have a gown on and not be sitting on the resident's bed. The surveyor notified the administrator of the above documented findings. The administrator stated, That person should not had been sitting on the resident's bed and should of had a gown on with the other PPE that was being used by the staff member of the contracted mobile imaging company. No further information was provided to the surveyor prior to the exit conference on 6/29/2020.</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.