

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER LAKE TAYLOR HOSP		STREET ADDRESS, CITY, STATE, ZIP 1309 KEMPSVILLE RD NORFOLK, VA 23502	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews and facility documentation, the facility staff failed to ensure social distancing and/or facial coverings for the residents were in use when out of their rooms on two of four units to prevent potential transmission of infection. The findings include: On 6/16/20 at 6:35 p.m., fourteen residents were observed positioned in the Dayroom on the Dogwood unit, either at tables, geri-loungers or in wheelchairs. None of the residents were observed to be socially distanced at six feet apart, nor were they wearing facial coverings. Some of the residents at the rectangle tables could reach out to touch one another. Three residents were ambulating in wheelchairs on the unit passing and stopping in proximity of the residents in the Dayroom without masks. During the aforementioned observation, Unit Manager, Registered Nurse (RN) #1 stated ten residents leave the unit at designated times for activities and for any other reason wear masks, but not on the unit because the staff ensure social distance between each resident. All nursing staff were observed wearing masks. On 6/16/20 at 6:55 p.m., twelve residents were observed positioned in the Dayroom on the Camellia unit, either at tables or in wheelchairs. None of the residents were observed to be socially distanced at six feet apart, nor were they wearing facial coverings. Some of the residents at the rectangle tables could reach out to touch one another. Two residents were ambulating in wheelchairs on the unit passing and stopping in proximity of the residents in the Dayroom without mask. During the aforementioned observation, Unit Manager, RN #2 stated the residents were positioned in the dayroom to maintain social distancing between each other at six feet. He stated, There is not much we can do with the residents that move about in their wheelchairs on the unit with regard to social distancing, but no resident leaves the unit without a face mask. All nursing staff were observed wearing masks. On 6/18/20 at 2:10 p.m., a phone interview was conducted with the Infection Control Preventionist, RN #3. When the aforementioned observations were shared with her, she stated she expected the nursing staff to position residents on the individual unit's dayrooms to maintain social distancing, but had not considered the residents that move about the unit whether they should wear face masks since social distancing with those residents were more challenging. On 6/18/20 at 2:38 p.m., a debriefing was conducted via phone with the Administrator, Director of Nursing, Infection Control Preventionist and the Minimum Data Set (MDS) Coordinator. The aforementioned observations of residents on the Dogwood and Camellia were discussed with the administrative group. No further information was provided prior to survey exit. The facility's COVID-19 Task Force Time Line of actions meeting dated 4/15/20 indicated that the Dayroom was being used on all Long Term Units and face masks given to patients to wear when off unit to rehab, doing laundry in rehab, or leaving unit to be in front lobby or walking front hallway . Practice social distancing 6 feet if patient isn't wearing mask. The facility's policy and procedure titled in Section D-page 43, Prevention and Control of Corona-virus, COVID-19 Residents indicated transmission of COVID-19 can be person-to person between people who are in close contact with one another (within about 6 feet) through respiratory droplets when a person speaks, coughs or sneezes. Droplets can land in mouths, noses, or eyes of people who are nearby or possibly inhaled into the lungs of those in close proximity. Another source of control included placing a mask on the patient.</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.