

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WONDER CITY REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>905 COUSINS AVENUE HOPEWELL, VA 23860</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></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 1 of 4 areas of the facility. The findings included: The facility staff failed to completely and properly wear personal protective equipment (PPE) to prevent the spread of COVID-19. A) Facility staff did not wear gloves, or tie closed a cloth isolation gown while inside the COVID unit. B) Facility staff failed to remove an isolation gown, and perform hand hygiene prior to exiting the COVID unit. On 8/19/20 at approximately 11:55 A.M., a tour was conducted of the COVID-19 Unit (rooms 101-110), which had a sign on the outside of the door identifying the unit as having Droplet Precautions in place. The sign read: Stop Droplet Precautions Requirements for entering this room: N95 face mask, face shield, gown, strict hand washing, gloves. The Centers for Disease Control provided guidance for Contact, and Droplet precautions. An excerpt read, Droplet Precautions prevents transmission of diseases spread by large respiratory droplets through coughing, sneezing or talking. Contact Precautions-Gown and gloves at entry point, before contact with a patient or patient's environment. Hand hygiene follows PPE (personal protective equipment) removal. <a href="https://www.cdc.gov/infectioncontrol/pdf/strive/PPE102-508.pdf">https://www.cdc.gov/infectioncontrol/pdf/strive/PPE102-508.pdf</a> On 8/19/2020 at approximately 12 Noon, Surveyor A observed Employee D (Housekeeping Supervisor) in room [ROOM NUMBER] gathering a resident's belongings to give their family. Employee D did not have on gloves. In addition, her cloth isolation gown was untied at the waist. The gown was observed to fall away from her body, touching the floor, the bed, and the numerous items she brought out of the room. She made three trips in and out of the room, handing the items to the Maintenance Director (Employee E). When Surveyor A questioned this, Employee D stated, They did train me to wear my gloves and tie my gown, but I was in a hurry because the family is waiting. She was observed to exit the COVID unit wearing the cloth isolation gown. She left the unit without removing the gown or washing her hands. The Assistant Director of Nursing (ADON) (Employee C) was present. When the ADON was advised by Surveyor A that Employee D was exiting the unit with her isolation gown on, Employee C went to the door and stopped Employee D. Employee D then removed the isolation gown, while outside of the unit, returned into the unit to discard the gown, and then exited the unit again. At no point was Employee D observed to perform handwashing or to use hand sanitizer. When Employee C was asked about her expectations regarding the use of PPE, she stated, They usually take the gown off in the room. The ADON was asked if she had any concerns about Employee D not wearing gloves. She stated, Yes, the same as you, she didn't wash her hands after touching everything, and in that role she comes in contact with many things our residents come in contact with and can contaminate them. The ADON was asked if she had any concerns about Employee D's gown not being tied. She stated, I saw it on the bed, on the floor, on the items she brought out of the room to give the family LPN A was asked what the importance of tying the isolation gown was, LPN A stated to keep it secure and tight to the clothes. On 8/19/20 a review was conducted of facility documentation, revealing the Infection Control/Droplet Precautions policy dated July, 2020. An excerpt read, Droplet precautions will be implemented for residents with suspected or confirmed [MEDICAL CONDITION] and First Responders informed prior to entering room. Gloves will be worn for any contact with potentially infectious material. On 8/19/20, Employee D received one on one Education on Packing Residents Belongings. The form was signed by Employee D. An excerpt read, Resident's belongings that change locations must be handled as infectious waste. We must assume that all items held within a room have been contaminated (especially in isolation rooms). For droplet precautions: A gown, gloves, and N95 mask must be worn for transportation of belongings. Gowns must be secured/tied to prevent environmental contamination. Guidance was provided by The Centers for Disease Control. An excerpt read, PPE must be donned correctly before entering the patient area .unit if cohorting . Put on isolation gown. Tie all of the ties on the gown. Put on gloves. Gloves should cover the cuff of the gown. PPE must be removed prior to exiting the unit. <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf?fbclid=IwAR3iqJc593mHLhvOtcOj4KVeU9_N1DqlDi9DuZY_MEJVLvIG6KmxT5k7KI">https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf?fbclid=IwAR3iqJc593mHLhvOtcOj4KVeU9_N1DqlDi9DuZY_MEJVLvIG6KmxT5k7KI</a> The facility Administrator and DON were made aware of the findings during the end of day meeting held on 8/19/2020. 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.