

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT WAVERLY		STREET ADDRESS, CITY, STATE, ZIP 456 E MAIN ST WAVERLY, VA 23890	
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. Based on observation, interview and facility record review the facility staff failed to develop and maintain an infection control program for 3 Residents (#s 1, 2, and 3) on one of two units. The findings included: For the 3 Residents on the hot unit (COVID Positive) facility staff failed to wear PPE while in the hall. On 8/12/20 at 1:30 PM - Staff Development Coordinator escorted Surveyor B to the COVID Unit. The door was locked and the alarm sounded. LPN A who was on duty came to open the door. When LPN A opened the door she was dressed only in her scrubs, no PPE (no mask, gloves, gown, face shield, shoe or hair covering). The COVID unit has a total of 6 Rooms, two on the left side of the hallway were occupied by and 1 on the right side of the hall was occupied by COVID Positive Residents. Two rooms were used for staff and supplies as clean rooms. When LPN A came back from the clean room she was washing her hands and still with not wearing PPE or a mask. On 8/12/20 at approximately 1:32 PM an Interview was conducted with LPN A. She was asked what her role was and she stated LPN. She was then asked why she came to the door without wearing PPE, on this unit dedicated to COVID Positive Residents, and she said Oh I was just going to go to the bathroom and I heard the alarm ring so I ran to the door and anyway I was 6 ft. away from the patient's right? She was asked why she still was not wearing PPE, and she stated Well I'm in the clean room. I'm in the employee clean room am I not? Surveyor B then asked the Staff Development Coordinator escort, What is the Policy for wearing a mask in the facility? The Staff Development Coordinator answered You must have a mask on at all times in the facility. Excerpts from the Emergency Plan for Pandemic Policy-Page 8 Face Mask: For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). The Administrator was made aware of the issues with Infection control and had no further information.		
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.