

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER BROOKSIDE REHAB & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and facility document review, it was determined the facility staff failed to implement the infection control program to prevent the spread of communicable disease during a COVID 19 outbreak on one of two units, the North unit. The facility staff failed to follow transmission based protocol for doffing of PPE (personal protective equipment) on the North unit, which includes COVID (coronavirus (1)) positive residents, PUI (people under investigation) and general resident population. On 9/8/20 at 2:53 PM, OSM (other staff member) # 5, housekeeper and OSM #6, housekeeper were observed on the North Unit pushing the housekeeping cart from the COVID positive area, through an unzipped plastic wall and entering a general resident area without doffing their PPE (2), which consisted of gown, face mask and face shield. The findings include: The facility staff failed to follow transmission based protocol for doffing of PPE on the North unit, which includes COVID (coronavirus (1)) positive residents, PUI (people under investigation) and general resident population. During the Focused Infection Control Survey observation of the North unit on 9/8/20 at 2:53 PM, OSM (other staff member) # 5, housekeeper and OSM #6, housekeeper were observed pushing the housekeeping cart through the COVID positive area through unzipped wall and entering a general resident area without doffing their PPE (personal protective equipment). Their PPE consisted of gown, face mask and face shield. An interview was conducted on 9/8/20 at 2:55 PM with LPN (licensed practical nurse) #3, the charge nurse. LPN #3 stated, They do not speak English. When asked the purpose of the zip wall between the resident areas, LPN #3 stated, It is to keep the COVID positive residents separated from those under investigation and the general population. On 9/8/20 at 2:58 PM, an observation revealed OSM #5, housekeeper and OSM #6, housekeeper leaving the North unit with the PPE (gowns, face mask and face shield) in place. On 9/8/20 at 3:00 PM, OSM #5 came back onto North unit. RN (registered nurse) #2, the wound care nurse, was observed stopping OSM #5. RN #2 stated to OSM #5, You cannot leave this unit with that on (pointing to gown, face shield and face mask). Further observation revealed OSM #5 removing and discarding the gown, face shield and face mask in a trash receptacle. OSM #5 then donned a new mask. An interview was conducted on 9/8/20 at 3:05 PM with RN #2, the wound care nurse. When asked why OSM #5 had not removed her PPE prior to leaving the COVID positive area or the North unit, RN #2 stated, I do not believe they understand they are to remove it at the different points. An interview was conducted on 9/9/20 at 9:00 AM with OSM #4, the housekeeping director. When asked how OSM #5 and OSM #6 were provided education on PPE and transmission based precautions, OSM #4 stated, We have an interpreter on site to assist them with the Spanish translation. Relias is on line training that is in English and Spanish. The infection prevention nurse provides education. When asked the expectations of donning and doffing PPE between COVID positive residents/units and the general population/non COVID units, OSM #4 stated, On the North unit, anytime you leave one section like the COVID positive to go to another area staff should take off PPE and put on new PPE. When OSM #5 and OSM #6 came in this morning, they were re-in-serviced on donning and doffing PPE and what is required to go through the different sections on the unit. An interview was conducted on 9/9/20 at 9:40 AM with OSM #4 with an interpreter, CNA (certified nursing assistant) #3. When asked what education had you received prior to this morning on how and when to put on and take off PPE, OSM #4 stated through interpreter, I was not trained till this morning. When asked what is understood now of how and when to put on and take off PPE, OSM #4 stated through interpreter, When I come out of COVID positive area, out of the north wing or out of the building, I take off my gown and put on new if I'm in the building. An interview was conducted on 9/9/20 at 9:50 AM with OSM #5 with an interpreter, CNA (certified nursing assistant) #3. OSM #5 was asked what education she had received prior to this morning on how and when to put on and take off PPE. OSM #5 stated through the interpreter, No, I was not trained. OSM #5 was asked what she understood now regarding how and when to put on and take off PPE. OSM #5 stated through the interpreter, When I come out of resident rooms, I would change my gown. An interview was conducted on 9/9/20 at 10:00 AM with RN #1, the assistant director of nursing and infection preventionist. When asked how education was provided to staff on transmission based precautions and donning/doffing PPE, RN #1 stated, We have in-services, signs around building. I include all departments in the education. We do return demonstration of donning and doffing. I have reminders posted on the wall in both languages, English and Spanish. When asked how staff were educated on the three zones (COVID positive, PUI (people under investigation) and observation) for residents and what PPE to don / doff, RN #1 stated, There are signs posted at each zone with what to do. When asked what language these signs are posted in, RN #1 stated, They are posted in English. A review of the CDC handout Infection Prevention and Control Doffing PPE in English and Spanish, revised September 2019, documents in part, Except for respirator, remove PPE at doorway or in anteroom. A review of education records for OSM #4 and OSM #5 documented additional in-services dated 7/16/20 on COVID-19 detail / deep cleaning of residents' rooms and Mopping procedures and floor signs. A review of the facility's policy COVID-19-Infection Prevention and Control Measures dated April 2020, documented in part, While in the building, personnel are required to strictly adhere to established infection prevention and control policies including appropriate use of PPE and transmission based precautions. A review of the facility's policy Staff Development Program dated March 2019, documents in part, Training methods and teaching materials are appropriate to the level of education and expected roles of those attending. Required training topics include: the infection prevention and control program standards, policies and procedures. ASM (administrative staff member) #1, the administrator was informed of the findings on 9/9/20 at 11:41 AM. No further information was provided prior to exit. References: (1) Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named [DIAGNOSES REDACTED]CoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by [DIAGNOSES REDACTED]-CoV-2 has been named COVID-19. This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments (2) PPE: Personal protective equipment is special equipment you wear to create a barrier between you and germs. This barrier reduces the chance of touching, being exposed to, and spreading germs. This information was obtained from the website:https://medlineplus.gov/ency/patientinstructions/7.htm</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.