

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER FRANCIS MARION MANOR HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354	
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 observations, staff interviews and facility document review, and during the course of a COVID-19 focused survey, it was determined the facility staff failed to consistently implement infection control plans/practices designed to attempt to prevent the development and/or transmission of COVID-19. The findings included: The facility staff failed to provide specific PPE (personal protective equipment) signage posted outside of (2) resident's rooms (Resident #1 and Resident #2). On 6/22/2020 at 4:15 pm, the surveyor and administrator conducted a walking tour of the nursing facility. During this tour, the surveyor noted over the door PPE for Resident #1 and #2's rooms. There was no signage to inform the staff of the appropriate PPE to be used while caring for the residents in these rooms. The surveyor asked the administrator if appropriate signage should be on the resident's door alerting the staff the type of isolation the resident was on and what type of PPE was required to be used by the staff caring for the residents. The administrator stated, Yes there should be a sign on both of these rooms. The administrator informed the DON (director of nursing) of the above documented findings. On 7/1/2020, the surveyor reviewed the facility's policy titled Infection Control which read in part .Signage shall be posted at the first point of encounter with instruction to Residents and Team Members to take appropriate control measures . No further information was provided to the surveyor prior to the exit conference on 7/1/2020.		

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.