

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495426</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MULBERRY CREEK NURSING AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>300 BLUE RIDGE STREET MARTINSVILLE, VA 24112</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and facility document review, the facility staff failed to maintain an infection control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infection on four of five units and in the smoking area. The findings included: The facility staff failed to ensure the facility staff disposed of PPE (personal protective equipment), linen, and trash in the proper receptacle(s) and failed to ensure all the staff on the COVID19 positive unit had been fit tested for an N95 respirator prior to working with positive COVID19 residents. Two surveyors entered the facility on 08/20/2020 at 8:00 a.m., the DON (director of nursing), arrived at the facility at 8:37 a.m. and accompanied the surveyors on tour. The surveyors and the DON toured one north with no problems identified. At 9:05 a.m., the surveyors and the DON arrived on the second floor and began tour on two north. At the end the hallway to the left of the nurse's station, the surveyors observed a glove that had been closed up in the windowsill keeping the window from shutting completely. The facility staff were able to remove the glove and ensure the window would close. The surveyors proceeded to two south, outside of the double doors that lead to the observation unit, the surveyors observed a clear bag of linen lying in the floor on top of this bag was a cloth chux (bed pad). A CNA (certified nursing assistant) picked up these items and disposed of them in the soiled linen room. The DON verbalized to the surveyors that these items should not have been left in the floor. Upon leaving this unit, the surveyors proceeded to the third floor. At approximately 9:34 a.m., when approaching the nurses station the surveyors observed a gown lying on the floor. There were two staff persons present. Housekeeper #1 verbalized to the surveyors that they gotten hot in the gown so they had changed gowns and dropped the gown to the floor while changing. After leaving the third floor, the surveyors toured the smoking area. Prior to going outside the surveyors observed a green polka dotted mask on the floor inside the building. After exiting the building, the surveyors observed several clear plastic wrappers on the ground and an empty cigarette pack lying in a windowsill. The DON identified the people in the smoking area as staff. The surveyors then proceeded down a corridor to exit the building and enter the COVID19 unit. Prior to exiting the building, the surveyors observed a bag of bibs on the floor of the hallway leading to the laundry room. Housekeeper #1 stated they did not know who had left this bag on the floor. At approximately 9:58 a.m., the surveyors entered unit one south (positive COVID19 unit). This unit had two COVID19 positive hallways that were separate from each other (side one and side two). Upon approaching side two, the surveyors observed two cloth shoe covers and a hair cover lying outside the entrance on the cement pad. The DON stated these items should not have been discarded on the ground. Upon entering side two LPN (licensed practical nurse) #2 met the surveyors. LPN #2 was observed to have a N95 respirator (mask) and face shield in place. LPN #2's face shield was observed to be fogged up. The surveyors asked LPN #2 if they had been fit tested and began to explain the procedure. LPN #2 stated she had not been fit tested. CNA #2 was interviewed and stated she had not been fit tested. Side two had eight positive COVID19 residents. At 10:20 a.m., the surveyors exited the COVID19 unit and spoke with the DON regarding fit testing of these employees. The DON acknowledged to the survey team that these staff had not been fit tested and that the ADON (assistant director of nursing) had been trained to fit test the staff. The surveyors requested from the facility documentation as to who worked the COVID19 positive unit and when the staff had been fit tested. On 08/21/2020, the facility provided the surveyor with a list of eighteen employees. Of these eighteen employees, seven had not been fit tested until 08/20/2020. This list identified LPN #2 and CNA #2 as being two of the seven employees that were fit tested on [DATE]. Further review of this list indicated that of the five employees providing direct patient care to the residents on 08/20/2020, when the surveyors entered the building, only one (LPN #1) had been fit tested prior to working with COVID19 positive residents. The facility also provided the surveyors with a copy of a line list/infection control tracking report that indicated six COVID19 positive residents had been admitted from a sister facility the first two weeks of August 2020. On 08/21/2020 at approximately 1:05 p.m., the surveyors had a phone conference with the administrator, the IP (infection preventionist), DON, and the AIT (administrator in training). During this phone conference, the IP verbalized to the survey team that they would have expected the staff to discard any items in the designated areas at the end of the day. The IP stated that they had opened side two on the COVID19 positive wing on Wednesday 08/19/2020 that everything had happened quickly and their priority was to move the residents to protect others. The IP stated that they were in the process of fit testing the employees yesterday when the survey team showed up and that they had not had the opportunity to get those employees fit tested. The IP added that things transpired very quickly, they dealt with a very difficult situation quickly, and even though those two employees had not been fit tested, they had N95 masks on and they both passed their fit test with the masks that they were wearing with no adjustments required. The surveyors requested the facility policy in regards to COVID19. VDH (Virginia Department of Health) COVID-19 Interim Guidance for Long-Term Care Facilities-Updated June 19, 2020. If COVID-19 is identified in the facility or sustained transmission is occurring in the community, restrict all residents to their rooms (to the extent possible) except for medically necessary purposes. HCP (Health Care Professionals) should wear all recommended PPE for care of all residents in the affected unit or facility-wide depending on the availability of PPE and the prevalence of COVID-19 in the facility specifically and in the local community in general. Staff must don gloves, fit-tested respirator or facemask, eye protection, and gown for care of all residents on the affected unit (or facility-wide depending on the situation). Source: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>. A commonly used respirator in healthcare settings is a filtering facepiece respirator (commonly referred to as an N95). FFRs are disposable half facepiece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called fit testing and is usually done in a workplace where respirators are used. Source: <a href="https://www.cdc.gov/coronavirus/2019">https://www.cdc.gov/coronavirus/2019</a> On 08/21/2020, the facility provided the survey team with a copy of the policies/procedures on isolation. The last page of this policy included the statement that residents who are COVID19 positive will be placed in isolation with gown, eye protection, N95 mask, head cover and foot cover required prior to entering the room. On 08/24/2020 at approximately 10:17 a.m., the surveyor interviewed the DON and ADON (assistant director of nursing) via phone. The DON verbalized to the surveyor that on 08/29/2020 side one of the COVID19 unit had an increase in residents, they needed a CNA to work the unit, and CNA #3 agreed to work the unit (CNA #3 had not been fit tested). The DON also verbalized to the surveyor that the RN (registered nurse) that worked this unit also worked at a local hospital and had been fit tested at the hospital. The facility was unable to share a copy of the RN's (RN #1) fit test with the surveyor at the time of the survey. They did share with the surveyor a copy of RN #1's OSHA medical questionnaire. Under the heading of personal information for the question, Have you worn a respirator in the past? (Circle One). Both yes and no had been circled. For the follow up question, If yes what type(s) there was no answer (left blank). When asked how many employees they had that worked at other facilities the DON stated two maybe three and they all worked in the nursing department. The ADON stated she was the designated person at the facility for fit testing and had received training on 07/28/2020. When asked about RN #1's form the ADON stated, I think that was supposed to be a yes. The surveyor attempted to</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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>call the contact number on this form for RN #1 but did not receive an answer (voicemail). On 08/24/2020, the DON provided the survey team with a copy of their Respiratory Protection Program dated July 2020. This document read in part, .Before any employee is required to use a respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size respirator that will be used .Employees volunteering to don a respirator may ask to be fit tested .No employee will be permitted to work with a respirator until he or she has received training in and can demonstrate knowledge of the respiratory protection program . An end of the day phone conference was conducted on 08/24/2020 at approximately 3:30 p.m., with the administrator, DON, ADON, and AIT. All of the above issues were shared with the administrative team at this time.</p>		