

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 515177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER RAVENSWOOD VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 200 RITCHIE AVENUE RAVENSWOOD, WV 26164	
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 and staff interview, the facility failed to ensure staff provided hand hygiene to a dependent resident prior to the noon meal during a COVID - 19 focused survey. This was a random opportunity for discover. Resident identifier: #25. In addition, the facility failed to follow their surveillance plan for identifying/screening residents with possible signs and symptoms of COVID - 19. This was true for one(1) of three (3) residents reviewed for infection surveillance. Resident identifier: #47. Facility census: 50. Findings included: a) Resident #25 At approximately 12:10 PM on 06/15/20, several staff members were observed passing trays to residents on the front of 100 hallway. Employee #8, the social worker (SW), delivered a tray to Resident #25 in room [ROOM NUMBER]. SW #8 did not offer hand hygiene to the resident. When asked if R #20 was offered hand hygiene prior to the meal, SW #8 said she didn't know because hand sanitizing was provided by the nursing assistants prior to meal service. A group of nursing assistants in the 100 hallway were asked if they provided any hand hygiene to R #25 prior to meal delivery. Nursing assistant (NA) #55 immediately spoke up and said the resident's hands were cleaned with a sanitizing wipe, individually wrapped in a package, and send by dietary. When the surveyor noted the resident's tray did not have a packet of hand sanitizer, NA #55 said sometimes the wipes are on the meal cart. The surveyor observed the meal cart and did not find any packets of sanitizing wipes. At the time of the observation of the meal cart at 12:15 PM on 06/15/20, the dietary manager was present on the 100 hallway with NA #55. The DM confirmed, the kitchen did not send out the individualized packaged hand sanitizer wipes. The DM said at one time the kitchen did send the hand sanitizing wipes when [MEDICAL CONDITION] first started but they ran out of them a long time ago and haven't been able to get anymore. At 12:45 PM on 06/15/20, the administrator said staff know to clean residents hands before meal service. She confirmed the facility no longer uses the packets of sanitizing wipes. She said staff can use hand sanitizer, a wash cloth, or wipes from a container. If residents are able, they can wash their own hands with soap and water. The administrator said she did not know why a nursing assistant would have given the above information. Review of the facility's policy and procedure, IC405 COVID-19, revised on 06/03/20, found section 4: .Employees will perform hand hygiene per CDC (Centers for Disease Prevention and Control) guidelines and assist patients to complete hand hygiene as needed . b) Resident #47 Review of the facility's policy, IC405 COVID - 19, section 9, found the following direction: .Complete the COVID 19 Screen UDA (User Defined Assessment) to monitor patients each shift for fever and signs/symptoms of COVID - 19 The COVID - 19 screening tool requires licensed nursing staff to complete the following questions: Record the most recent temperature. Is a fever of 100.0 or greater present? (document yes/no) Record the most recent pulse. Is [MEDICAL CONDITION](more than 100 beats per minute) present? (document yes/no) Record the most recent O2 SATS and the method, such as room air, oxygen etc. Has the O2 SAT (oxygen saturation) decreased by 3 points or greater since last taken? Most recent respiration. Are new onset indicators present (check all that apply) sore throat chest congestion cough or increase in shortness of breath or worsening confusion other symptoms malaise and/or muscle pain nausea vomiting diarrhea Chills and/or shaking chills headache new loss of taste or smell fever, [MEDICAL CONDITION] O2 SAT drop as indicated above none present Under the category entitled, Action: The following are new onset indicators of suspected COVID-19 (if none listed below no indicators were identified.) Indicators present? (document yes/no) Review of Resident #47's COVID - 19 screening tools found the following: On 06/05/20 the resident's O2 SAT was 96.0% at 3:48 PM. The next time the residents O2 SAT was obtained and recorded was at 10:22 AM on 06/06/20. The nurse recorded the O2 SAT as 93 %. A drop from 96.0% to 93% is a decrease in 3 points. The nurse answered, No, to the question, Has the O2 sat decreased by 3 points or greater since last taken? The nurse also documented, No to any new onset indicator present, which included coding fever, [MEDICAL CONDITION] O2 SAT drop as indicated above. At 9:55 AM on 06/16/20, the Director of Nursing (DON) confirmed, The nurse should have obtained the O2 saturation again. She should have written something. This would have been a change in condition. I will educate and in-service her. A drop in oxygen saturation can be an indicator of COVID - 19. The DON was unable to provide any evidence the decrease in oxygen saturation was addressed by anyone at the facility. The DON confirmed the COVID - 19 screening tool is used by the facility two (2) times a day to screen and monitor residents for any indicators of possible COVID - 19. .</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.