

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER MANASSAS HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 8575 RIXLEW LANE MANASSAS, VA 20109	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, clinical record review, staff interview and facility document review, it was determined that facility staff failed to implement infections control procedures to prevent the transmission of communicable disease during a COVID 19 outbreak six of 14 residents in the survey sample, (Residents #1, #2, #3, #4, #5, and #6). Residents #1 and #2 were observed seated at a square table across from each other, Residents #3 and #4 were observed seated at a square table next to each other, and Residents #5 and #6 were observed seated at a square table across from each other. Observation revealed none of the residents wearing masks and none of the residents were socially distancing per CDC (Center of Disease Control) recommendations for COVID 19. The findings include: On 06/17/2020 at approximately 11:05 a.m., an observation on the memory care unit, Evergreen Unit, revealed 14 residents seated around the day room, six residents were observed seated at tables, with two residents at each table. Further observations revealed Residents #1 and #2 were observed seated at a square table across from each other, Residents #3 and #4 were observed seated at a square table next to each other, and Residents #5 and #6 were observed seated at a square table across from each other and did not appear to be six feet apart. Observation revealed none of the residents with masks on. Remote review of Resident #1's clinical record revealed Resident # 1 was admitted to the facility with [DIAGNOSES REDACTED]. (1), high blood pressure, and depression. The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 6/4/2020 coded the resident as scoring a 3 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance on one or more staff members for all of her activities of daily living. Resident #1's comprehensive care plan dated, 3/15/2020, documented in part, Focus: (Resident #1) is at risk for psychosocial well-being concern r/t (related to) medical and visitation restrictions secondary to COVID 19/Coronavirus. The Interventions documented in part, As weather allows encourage residents to spend time outside under supervision/safe circumstance and maintain diligent infection control hygiene (hand washing and safe spacing. Assure resident and family facility is taking all necessary precautions to keep them safe. Educate resident, family, staff and visitors of COVID - 19 signs and symptoms and precautions. Remote review of Resident #2's clinical record revealed Resident #2 was admitted to the facility on with [DIAGNOSES REDACTED]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/16/2020 coded the resident as scoring a 6 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being totally dependent upon on or more staff members for all of their activities of daily living. Resident #2's comprehensive care plan dated, 3/15/2020, documented in part, Focus: (Resident #2) is at risk for psychosocial well-being concern r/t (related to) medical and visitation restrictions secondary to COVID 19/Coronavirus. The Interventions documented in part, Assure resident and family facility is taking all necessary precautions to keep them safe. Educate resident, family, staff and visitors of COVID - 19 signs and symptoms and precautions. Remote review of Resident #3's clinical record revealed Resident #3 was admitted to the facility with [DIAGNOSES REDACTED]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/5/2020 coded the resident as scoring a 3 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for all of her activities of daily living except eating in which she required supervision after set up assistance was provided. Resident #3's comprehensive care plan dated 3/15/2020 documented in part, Focus: (Resident #3) is at risk for psychosocial well-being concern r/t (related to) medical and visitation restrictions secondary to COVID 19/Coronavirus. The Interventions documented in part, Assure resident and family facility is taking all necessary precautions to keep them safe. Educate resident, family, staff and visitors of COVID - 19 signs and symptoms and precautions. Remote review of Resident #4's clinical record revealed Resident #4 was admitted to the facility with [DIAGNOSES REDACTED]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/18/2020 coded the resident as scoring a 0 on the BIMS (brief interview for mental status) score indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being totally dependent on one or more staff members for all of her activities of daily living. Resident #4's comprehensive care plan dated 3/15/2020 documented in part, Focus: (Resident #4) is at risk for psychosocial well-being concern r/t (related to) medical and visitation restrictions secondary to COVID 19/Coronavirus. The Interventions documented in part, Assure resident and family facility is taking all necessary precautions to keep them safe. Educate resident, family, staff and visitors of COVID - 19 signs and symptoms and precautions. Remote review of Resident #5's clinical record revealed Resident #5 was admitted to the facility with [DIAGNOSES REDACTED]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/9/2020 coded the resident as rarely understanding others and rarely being understood. The resident was coded as having both short and long-term memory problems. Resident #5 was coded as requiring extensive assistance of one or more staff members for all of her activities of daily living. Resident #5's comprehensive care plan dated 3/15/2020 documented in part, Focus: (Resident #5) is at risk for psychosocial well-being concern r/t (related to) medical and visitation restrictions secondary to COVID 19/Coronavirus. The Interventions documented in part, Assure resident and family facility is taking all necessary precautions to keep them safe. Educate resident, family, staff and visitors of COVID - 19 signs and symptoms and precautions. Remote review of Resident #6's clinical record revealed Resident # 6 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #6's comprehensive care plan dated, 3/15/2020, documented in part, Focus: (Resident #6) is at risk for psychosocial well-being concern r/t (related to) medical and visitation restrictions secondary to COVID 19/Coronavirus. The Interventions documented in part, As weather allows encourage residents to spend time outside under supervision/safe circumstance and maintain diligent infection control hygiene (hand washing and safe spacing. Assure resident and family facility is taking all necessary precautions to keep them safe. Educate resident, family, staff and visitors of COVID - 19 signs and symptoms and precautions. On 06/17/2020 at approximately 11:03 a.m., an interview was conducted with LPN (licensed practical nurse) # 1 regarding the seating, the size of the tables and social distancing of the residents in the day room. When asked about the distance that should be between residents, LPN # 1 stated six feet apart. LPN # 1 was asked to measure the size of the tables Residents # 1, #2, #3, #4, #5 and # 6 were seated. After obtaining a standard measuring tape from the maintenance department, LPN # 1 measured, the three tables the residents were seated. LPN # 1 placed the end of the tape measure at one end of the table, stretched it across the table to the opposite end and stated that the measurement was 42 inches. The tape measure was then stretched across the table in the opposite direction and it measured 42 inches. The tables measured 42 inches square (242 inches wide and 42 inches long). LPN # 1 was then asked to measure the distance between Residents # 1 and # 2. LPN # 1 measured the distance between the residents face to face and stated 66 inches (five foot-five inches), between Residents # 3 and # 4, LPN # 1 stated the distance measured was 45 inches, (three foot-nine inches), and between Resident # 5 and # 6, LPN stated the distance measured was 56 inches</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) (four foot-eight inches). When asked about the residents being six apart LPN # 1 stated, It would be possible that the residents seated at the tables could be spaced out a little further. Review of the facility policy COVID-19-Pathogens-Cleaning and Disinfecting Policy and Procedures, Date Effective April 1, 2020 documented in part, There is much to learn about the novel coronavirus that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about [MEDICAL CONDITION], spread from person-to-person happens most frequently among close contacts (within about 6 (six) feet) . Review of the CDC (Centers for Disease Control and Prevention) guidance Infection Prevention and Control (IPC) Guidance for Memory Care Units dated May 12, 2020 documented in part, Considerations for Memory Care Units in Long-term Care Facilities. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated). Cloth face coverings should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. On 06/17/2020 at approximately 11:53 a.m., ASM (administrative staff member) #1, the administrator, was made aware of the findings. No further information was provided prior to exit. References: (1) [MEDICAL CONDITION] is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks. This information was obtained from the following website: https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 72. (3) [MEDICAL CONDITION] general term for chronic, nonreversible lung disease that is usually a combination of [MEDICAL CONDITION] and chronic [MEDICAL CONDITION]. Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (4) Dementia is a loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the following website: https://medlineplus.gov/ency/article/9.htm. (5) [MEDICAL CONDITION] - happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/[MEDICAL CONDITION].html. (7) Stroke is when blood flow to a part of the brain stops. A stroke is sometimes called a 'brain attack.' If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing [MEDICATION NAME] damage. This information was obtained from the following website: https://medlineplus.gov/ency/article/6.htm. (8) GERD- [MEDICAL CONDITION] reflux disease - backflow of the contents of the stomach into the esophagus, usually caused by malfunction of the sphincter muscle between the two organs; symptoms include burning pain in the esophagus, commonly known as heartburn. Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 243.</p>		