

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 515165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER WEBSTER NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 411 ERBACON ROAD COWEN, WV 26206	
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 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on observation, medical record review, and interview, the facility failed to deliver respiratory care services consistent with professional standards of practice. A physician's orders [REDACTED]. This practice affected one (1) of three (3) Resident's reviewed for respiratory care during the Long-Term Care Survey Process (LTCSP). Resident Identifier: #36, Facility Census: 59 Findings included: A review of the facility's policy titled Respiratory Care with the effective date 11/18/19 with revision date 02/17/20 revealed the following: Resident in need of respiratory care and services will receive such care and services in accordance with professional standards of practice, physician or non-practitioner orders, the resident's care plan, and the resident preferences. Provide medications and/or oxygen as ordered by the prescriber. a) Resident #36 An observation of resident # 36 on 03/11/20 at 9:10 AM, revealed the Resident was sitting up in a chair receiving oxygen at one and a half (1.5) liters via nasal cannula (an oxygen delivery device) from an oxygen concentrator. A review of the Resident's physician order [REDACTED]. A second observation of Resident #36, on 03/11/20 at 10:49 AM, revealed the Resident was receiving oxygen at one and a half (1.5) liters via nasal cannula from an oxygen concentrator. An interview with the Director of Nursing (DON) #45 on 03/11/20 at 10:53 PM, verified the Resident was receiving oxygen at one and a half (1.5) Liter Per Minute (LPM). The DON confirmed that Resident #36 was ordered oxygen at two (2) Liters via nasal cannula at bedtime only. The DON verified the oxygen level was wrong. The DON #45 changed Resident #36's oxygen to two (2) LPM on the concentrator.		
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 observation and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Proper hand hygiene was not performed during pressure ulcer care for one (1) of one (1) residents with pressure ulcer care observed. Resident identifier: #33. Facility census: 59. Findings included: a) Resident #33 On 03/11/20 at 2:31 PM, observation of Resident #33's sacral pressure ulcer care by Licensed Practical Nurse (LPN) #67 was observed. Clinical Care Specialist (CCS) #44 was also present, assisting with positioning the resident. LPN #44 donned gloves and removed the dressing covering Resident #33's sacral pressure ulcer. She changed her gloves after removing the dressing but did not perform hand hygiene. LPN #44 then cleaned the pressure ulcer wound using gauze. She again changed her gloves but did not perform hand hygiene. LPN #44 then used her gloved hands to place collagen powder into the sacral pressure ulcer. She placed the new dressing on the wound. LPN #44 then removed her gloves and performed hand hygiene by washing her hands using the sink in the resident's room. Following the procedure, CCS #44 was informed LPN #67 did not perform appropriate hand hygiene during Resident #33's pressure ulcer dressing change. She stated she would perform education regarding indications for hand hygiene. .		

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.