

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OF SUPPLIER THE MOORINGS AT LEWES		STREET ADDRESS, CITY, STATE, ZIP 17028 CADBURY CIRCLE LEWES, DE 19958	
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, interview and review of other facility documentation it was determined that the facility failed to maintain an infection control program to help prevent the transmission of COVID-19 by contaminating PPE while donning (putting on) and doffing (taking off) PPE and not storing (saving for re-use to conserve) gowns in a manner that prevented contamination of the environment. Findings include: 5/18/2020 (last reviewed) - CDC guidance for strategies to optimize PPE included. Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP (health care provider) when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). Review of facility map and COVID-19 surveillance data revealed three residents with symptomatic COVID were housed at the far end of the short hallway with a temporary wall separating them from the symptomatic residents. 10/28/2020 (1210 PM - 1240 PM) - During random observation on the COVID area with symptomatic residents, the following techniques of donning and doffing PPE were observed: - E3 (CNA) removed the face shield E3 was wearing and set it on the arm of an upholstered chair in the hallway using bare hands. Without performing hand hygiene, E3 then removed a gown that was hanging on a hook on room [ROOM NUMBER]'s door by the neck ties that were secured with a knot. The gown was not positioned in a way to keep the outside of the gown from contaminating the door where it was stored. E3 then draped the 'dirty' gown across the back of the same upholstered chair with contaminated bare hands and contaminating another part of the chair. - Without performing hand hygiene, E3 untied the ties at the waist and removed the 'clean' gown by pulling it over her head as the neck ties on this gown were also secured with a knot. E3 hung the 'clean' gown on the same hook where the 'dirty' gown was stored, thus contaminating the 'clean' gown. - Without performing hand hygiene, E3 pick up and put on the face shield before entering room [ROOM NUMBER]. - After exiting the room [ROOM NUMBER], E3 removed the face shield and set it on the upholstered chair in the hallway. E3 then untied the waist ties and removed the 'dirty' gown up over her head with bare hands. Without performing hand hygiene, E3 removed the 'clean' gown from the door hook with her right hand while hanging the 'dirty' gown with her left hand onto the same hook. The gowns touched each other in passing. - Two bottles of alcohol hand sanitizer sat on a table near the exit door of the temporary wall. E3 left the area through the temporary plastic wall and performed hand hygiene using the dispenser in the hallway outside the assisted dining room. - E3 returned within a few minutes and removed the 'dirty' gown from the same door and placed the gown on the same chair, removed the face shield and set on the table next to the chair in the hallway. Without performing hand hygiene, E3 removed the 'clean' gown with contaminated hands from the door hook and pulled it on over her head, tied the waist ties and replaced the face mask prior to entering room [ROOM NUMBER]. - Upon exiting the room, E3 removed the face shield and set on the table and lifted the gown up over her head, nearly pulling off the hair covering in the process. Without hand hygiene E3 removed the 'clean' gown from the door hook with one hand and hung the 'dirty' one it its place. Using the same contaminated hands, E3 adjusted the hair covering and put on the face shield. Again hand hygiene was not conducted until after leaving the area even though two pump bottles of alcohol gel were on a table to the right of the exit door in the temporary wall. - E4 (LPN) exited room [ROOM NUMBER], removed and placed the face shield on a table, then pulled the 'dirty' gown up over her head exposing another gown being worn. After determining the surveyor was present, E4 stated that she did not take off the clean gown and wore it underneath. 10/28/2020 (2:40 PM) - During an interview, E5 (Housekeeper) E5 explained that she started cleaning on the negative side and ended up behind the wall (where symptomatic COVID residents reside). When asked about the cleaning schedule for the temporary wall, E5 did not believe there was a schedule since the wall was put up recently, but she would spray it at the end of the shift. 10/28/2020 (2:50 PM) - During an interview with E2 (DON) the surveyor described the aforementioned observations. There was discussion about hand hygiene and the possibility of using separate hooks for clean and dirty gowns. Findings were reviewed with E1 (ED and E2 (DON) 10/28/2020 during the exit conference beginning at approximately 3:20 PM.</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.