

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER CADIA REHABILITATION PIKE CREEK		STREET ADDRESS, CITY, STATE, ZIP 3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808	
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 - Some	Provide and implement an infection prevention and control program. Based on observations, review of CDC (Centers for Disease Control) COVID-19 guidelines and facility policies, and staff interview, it was determined that the facility failed to follow COVID-19 precautions for hand washing and personal protective equipment (PPE) for 2 of 16 Residents (R1 and R2). The findings include: During a medication observation with the Risk Manager on 4/8/20 at 10:35 AM, Employee (E) #1, who was wearing a facial mask, was preparing R1's medications. E1 entered R1's room, but when she was administering R1's medications, she pulled down her mask and spoke to the resident. She pulled her mask over her mouth and nose after administering the medication. In addition, E1 when finished, entered R1's bathroom and proceeded to wash her hands for a period of 10 seconds; not the CDC guidelines of 20 second or more. The Risk Manager confirmed the above at the time of the observation and E1 stated that she did take the mask down to speak to the resident when questioned why she had her mask down off her face. During another observation at 10:57 AM, with the Risk Manager, R2's call light was activated outside their room. E2 knocked on R2's closed door to see if he could assist the resident. He opened the door and asked if he could enter. The resident is considered a presumptive COVID-19 case due to symptoms of elevated fever and a chest x-ray report dated 4/7/20 which noted increased congestion changes. When E2 entered the room, he was wearing a facial mask but no other PPE per the CDC guidelines for a presumptive COVID-19 case (a gown, gloves, or goggles) when he entered R2's room. This observation was confirmed by the Risk Manager. Review of the facility's Infectious Control Hand Hygiene Policy revised 3/16/20, read, When washing hands: .Wet hands and apply manufacturer's recommended amount of soap to hands. Lather well (soap reduces surface tension enabling the removal of bacteria) . Wash hands thoroughly, using rigorous scrubbing action for at least 20 seconds. Review of the CMS (Centers for Medicare and Medicaid Services)/CDC guidelines to Long Term Care facilities reads, For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.		
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.