

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER ARCOLA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 901 ARCOLA AVENUE SILVER SPRING, MD 20902	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on surveyor review of the administrative records and interview with the facility staff, it was determined that the facility failed to consistently inform residents, their representatives and the families of those residing in the facility of a single confirmed infection of COVID-19 by 5:00 PM the next calendar day following the occurrence. This finding was identified during the focused infection control survey. The findings include: On 07-20-2020 at 4:45 PM surveyor interview with the facility's Administrator revealed that letters are sent to families and/or resident representatives on a weekly basis to provide updated information. In addition, there are designated staff members who make face to face contact with residents and make phone contacts with resident's representatives on the status of the COVID outbreak in the facility. However, further interview revealed there was no consistent system in place to contact residents, their representative and/or families by 5:00 PM the next calendar day following the occurrence of a single confirmed infection of COVID-19. On 07-20-2020 and 07-21-2020 surveyor review of administrative records revealed documentation that weekly letters were mailed to resident's families/responsible parties regarding status of COVID-19 cases within the facility since 04-03-2020. Further review of the facility's infection control line list revealed new positive COVID-19 residents and/or staff cases on 05-20-2020, 05-26-2020, and 06-01-2020. However, there was no documented evidence that residents and representatives/families had been notified of new positive resident and/or staff cases by 5:00 PM on 05-21-2020, 05-27-2020, and 06-02-2020 of a new COVID-19 cases as required. On 07-20-2020 at 5:45 PM surveyor interview with the facility's administrator revealed no additional information.</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.