

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER SEVERNA PARK CENTER		STREET ADDRESS, CITY, STATE, ZIP 310 GENESIS WAY SEVERNA PARK, MD 21146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<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 medical record review, interviews with facility staff, and review of Maryland Department of Health recommendations, it was determined that the facility failed to ensure that facility staff utilized effective infection control practices to prevent the spread of COVID-19 (Coronavirus 2019). This was evidenced by: 1. The facility staff failing to isolate 6 out of 8 COVID positive residents reviewed (Residents #4, #5, #8, #9, #10, & #11) and 2. Cohort staff for 8 of 8 COVID positive residents reviewed in a timely manner (Residents #4, #5, #8, #9, #10, #11, #13 & #14). These practices increased risk of harm and possible death to all residents, staff, and visitors during a declared health emergency. As a result of these findings, an Immediate Jeopardy (IJ) was declared on 9/3/20 at 1:05 PM. The facility submitted a plan of removal at 6:38 PM and it was accepted by the State Agency at 7:10 PM. After removal of the immediacy the deficiency practice remained for potential for more than minimal harm at a scope and severity of E. The findings include: On 4/5/2020, the Maryland Secretary of Health issued a Directive and Order Regarding Nursing Home Matters Pursuant to Executive Order No. 20-04-05-01 I The order stated: Staff Assignments: Nursing homes shall immediately implement, to the best of their ability, the following personnel practices: - Establish a cohort of staff who are assigned to care for known or suspected COVID-19 residents. - Designate a room, unit, or floor of the nursing home to care for residents with known or suspected COVID-19 On 6/18/20, the Maryland Department of Health issued guidance stating, Facility must continue to dedicate space for cohorting and managing care for residents with COVID-19 separate from the general population. 1.The facility staff failed to isolate COVID positive residents in a timely manner. The facility's Infection Control Preventionist (ICP) provided the surveyor a COVID-19 tracker for all residents on 8/31/20. Review of the facility's COVID-19 tracker revealed on 8/11/20, the facility conducted routine COVID testing. On 8/15/20 the facility received the results of the 8/11/20 COVID testing, five of those residents, all who resided on Unit B, (Residents #5, #8, #10, #13, and #14) had positive COVID results. Review of the facility's Daily Census for residents' room location from 8/15/20 until 8/20/20 revealed: a. Resident #5 remained in his/her room (B3) with Resident #9, who was tested on [DATE] and facility notified COVID negative on 8/15/20, until 8/16/20 when he/she was transferred to a COVID positive sister facility. Resident #9 later tested positive on 8/21/20. b. Resident #8 remained in his/her room (B2A) with Resident #4, who was tested on [DATE] and facility notified COVID negative on 8/15/20, until 8/16/20 when he/she was moved to Room B6B. c. Resident #10 remained in his/her room (B8B) with Resident #11, who was COVID negative, until recovered. Resident #11's 8/11/20 test results were not made available to the facility until 8/16/20. Although Resident #11's results were also positive, the facility was unaware of this and did not take action to protect Resident #11 from possibly acquiring COVID-19 when Resident #10 was known to be COVID positive. d. Resident #13 and #14 were roommates and remained in Room B5 until they were transferred on 8/20/20 to a COVID positive sister facility. On 9/1/20 at 12:10 PM the ICP provided a timeline for August 2020 of the facility's rooms dedicated for COVID positive residents. On August 1st the rooms C9, C10, C11 and C12 were designated COVID positive. Review of the Daily Census sheet for 8/15/20 revealed these rooms were empty. During interview with the DON on 9/1/20 at 1:16 PM, she stated the facility had rooms on C Unit that could be used to place COVID positive residents if the two sister facilities could not accept their residents. The DON was asked at that time why were the COVID positive residents were not placed on the C Unit on 8/15/20, the DON stated those rooms were closed for construction related to mold. During interview with the Administrator and Director of Nursing (DON) on 9/1/20 at 3:29 PM, the Administer and DON stated the facility's plan when residents tested COVID positive was to transfer those residents to two other sister facilities that were COVID positive, only. At that time, the DON stated it was her responsibility to get COVID results and make decisions on residents' disposition when diagnosed COVID positive. The surveyor asked the DON why the 5 positive residents were not moved to the two COVID positive sister facilities on 8/15/20. DON stated she had not made any calls to the two sister facilities on 8/15/20 and was waiting on the COVID results to come back for other residents on Unit B to get the whole picture. The DON was asked why the facility had not used the 3 available private rooms on the Observation unit for exposed residents. The DON stated since those residents had already been exposed, she did not want to put them on the Observation Unit. During interview with the Infection Control Preventionist (ICP) on 9/3/20 at 9:30 AM, she stated no attempts were made to reach out to the local health department on 8/15/20 or 8/16/20 to notify of the COVID positive residents or discuss room placement. The ICP stated she did not contact the local health department of the COVID positive residents until 8/17/20 by email. During interview on 9/2/20 at 9:08 AM with Local Health Department (LDH) Employee #1, she stated during a call with the facility and Maryland Department of Health on 8/19/20, the facility staff advised them the unit they were using for potential COVID positive residents had mold and that is why they were using rooms B5, 6 and 8 for COVID positive residents. LDH Employee #1 stated during the call on 8/19/20 was the first time she was advised the facility had an issue with mold. LDH Employee #1 stated during the 8/19/20 call, the Maryland Department of Health recommended to the facility that the COVID positive residents be separated from other residents by placing them at the end of a hall on the unit with a plastic barrier. 2. The facility staff failed to cohort staff for COVID positive residents in a timely manner. The DON stated on 9/1/20 at 3:29 PM the facility began cohorting staff for COVID positive residents on 8/16/20. Review of Unit A, B and C's staffing sheets for 8/15/20, 8/16/20 and 8/17/20 revealed the facility began to cohort staff for the COVID positive residents on 8/17/20 evening shift, 2 days after the first 5 residents on Unit B were diagnosed COVID positive. During interview with the DON on 9/3/20 at 9:30 AM, she could not state why staff was not cohorted prior to 8/17/20 but stated that staff were educated on precautions to take for COVID positive residents. Interview with Nurse #2 on 9/3/20 at 9:58 AM confirmed he/she was caring for both COVID positive and negative residents on 8/16/20. On 8/18/20 the facility staff conducted routine COVID screening, the results returned on 8/21/20 with 5 other residents on Unit B testing COVID positive (Residents #9, #15, #16, #17 and #18) and 1 resident on Unit A (Resident #19). On 8/25/20 the facility conducted routine COVID screening, the results revealed 2 other residents on Unit B to test COVID positive (Resident #2 and #7). As a result of these findings, a state of Immediate Jeopardy was declared on 9/3/20 at 1:05 PM. An IJ summary tool was provided to the facility at that time. The facility submitted a plan at 6:38 PM and it was accepted by the state agency at 7:10 PM. The provisions of the plan to remove the immediacy had a completion date of 9/5/20 and included the following: For Part 1) 1.The Interdisciplinary Team reviewed the Line Listing and COVID-19 assessments of current residents to determine if any other residents had the potential to be affected. No other residents with discordant COVID status were identified. 2. COVID Positive residents will be isolated from non COVID Positive residents to minimize risk of transmission and exposure to other residents and healthcare workers. 3. The Director of Clinical Operations will educate the Interdisciplinary Team on proper process of cohorting presumptive/positive/naive residents to ensure proper isolation is maintained and to minimize risk of transmission. The Center Nurse Executive clarified with the Department of Health in(NAME)Arundel County Reporting requirements. The usual expectation during an outbreak is that Line Lists are sent daily seven days a week so that new cases can be reported. This was reviewed with the Infection Preventionist and she will follow it up with an email for documentation purposes. 4. Monitoring of cohorting practices including appropriate room</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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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>placement between suspected or diagnosed positive residents and their symptomatic or asymptomatic roommates will be done daily including weekends and holidays and will be coordinated by Infection Preventionist. The Center Nurse Executive will ensure monitoring of the emails weekly for compliance in reporting line listings daily. Information gathered from daily reviews of line listings, bed board, Staffing Sheets, and COVID-19 assessments will be reviewed weekly throughout the outbreak and presented in Quality Assurance Performance Improvement Meetings for review and recommendations of analyzed patterns and trends. For Part 2) 1. The Staffing Sheets from 8/17/20 - present were reviewed. 2. COVID Positive residents will have dedicated staff designated on the Daily Staffing Sheets to minimize risk of transmission and exposure to other residents and healthcare workers. 3. Nurse Practice Educator/Infection Preventionist will re-educate current Nursing Staff on cohorting suspected cases of COVID-19 to reduce transmission risk between suspected or diagnosed positive residents and their symptomatic or asymptomatic roommates as well as dedicated staff with a designation on the daily staffing sheets of who is assigned to care for COVID positive residents. 4. Monitoring of Assignment sheets will be done daily including weekends and holidays to review that there are dedicated staff to care for COVID Positive residents designated on the Staffing Sheets and will be coordinated by the Center Nurse Executive. Information gathered from daily reviews of line listings, bed board, Staffing Sheets, and COVID-19 assessments will be reviewed weekly throughout the outbreak and presented in Quality Assurance Performance Improvement Meetings for review and recommendations of analyzed patterns and trends. The Immediate Jeopardy was removed on 9/8/2020 at 1:30 PM after on-site confirmation of the completion of the facility's plan of removal.</p>		