

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALTHEA WOODLAND NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1000 DALEVIEW DRIVE SILVER SPRING, MD 20901</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, review of facility documentation, and staff interviews, it was determined that the facility failed to implement an infection control program with Standard and transmission-based precautions; failed to have an Infection Preventionist. This has the potential to effect all 36 residents (R1 through R36). The findings include: During the entrance tour on 4/28/20 at 8:00 AM, Employee (E1) identified that R1, R2, R3, and R4 were identified as testing positive for COVID-19. R1 and R2 shared a room, and R3 and R4 had private rooms. The hallway designated as an area for Covid-19 was rooms 1 through 10. At 9:00 AM, E3 was observed coming out of the elevator wearing a disposable yellow gown, which was inside out & had a large hole on the left side of it in the lower abdominal area. She stated that in March, 2020, the facility started having the employees wear gowns and face shields. She did not have a face shield in use but was wearing a mask. During the entrance conference on 4/28/20 at 9:20 AM, the Administrator identified himself as the person to discuss Infection Control person, he identified the Director of Nursing as the Infection Preventionist; however, he was doing the best he could because his Director of Nursing and Unit Manager were missing in action. He was asked if he was certified in infection control? He responded, he wasn't, that the local health department was aware and advised him to do his best to take care of the residents. On 4/28/20, observations outside of R1, R2, R3, and R4's rooms from 8:00 AM to 10:10 AM, revealed no signage of the type of Isolation precaution for each individual resident, or the PPE (Protective Personal Equipment) to be used to enter these identified rooms, or any PPE were not located outside of the residents' rooms. Once the surveyor questioned the above, E1 instructed E2 to prepare plastic 3 drawer container outside of the positive COVID-19 residents rooms with PPE, individual blood pressure cuff, and stethoscope to be stored in the drawers. R4's container arrived at 11:00 AM. When E2 was asked where the inventory of PPE was kept at the facility, he responded in the office, downstairs, and opened a new pack of folded yellow one time use gowns. On 4/28/20 at 11:41 AM, E2 was observed outside near and behind the dumpster on his cell phone wearing an isolation gown which he wore during observations inside the facility. Review of the undated facility's COVID-19 Infection Control policy read, The facility will implement appropriate infection control precautions as needed in the event of a positive case of COVID-19. Review of the facility's Isolation- Categories of Transmission-Based Precautions policy, revision date October 2018 reads, When a resident is placed on transmission -based precautions, appropriate notification . the signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room . Review of the CDC (Centers for Disease Control) for long term care facilities and Isolation Precaution Guidelines read, Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route. Appendix A, Table 4 identified Personal protective equipment (PPE) as Mask, eye protection (goggles), face shield were to be used during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation. During aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols wear a fit-tested N95 or higher respirator in addition to gloves, gown and face/eye protection Fact sheets, pamphlets, and other printed material may include information on the rationale for the additional precautions, risks to household members, room assignment for Transmission-Based Precautions purposes, explanation about the use of personal protective equipment by HCW (Health Care Worker)s, and directions for use of such equipment .		
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.