

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER FUTURE CARE CHARLES VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 2327 N. CHARLES ST BALTIMORE, MD 21218	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview with the facility administrator it was determined the facility failed to follow Center for Disease Control (CDC) guidelines for proper use of disposable Personal Protective Equipment (PPE) by failing to discard isolation gowns after each use. This was evident on the COVID observation unit and had the potential to affect 14 of 14 residents residing on the 3rd floor observation unit out of 81 residents in the facility. The findings include: The CDC guidelines allowing extended use of gowns which was not accepted practice but rather was an allowable exception providers might need to utilize if providers experienced a sudden surge and were unable to obtain gowns through any other means. The guidance was published on 3/17/20 and provided that surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility. While there are no widely accepted measurements or triggers to distinguish surge capacity from daily patient care capacity, surge capacity is a useful framework to approach a decreased supply of isolation gowns during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve isolation gown supplies along the continuum of care. The third highest level of surge capacity threatening to outstrip available resources and supplies shortage was defined as crisis capacity. The CDC indicated these described strategies for gowns are not commensurate with standard U.S. standards of care . but may be considered during periods of known isolation gown shortages. An interview was conducted with the facility Administrator #1 on 8/6/20 at 12:15 PM. Administrator #1 was asked to explain the protocol or procedure for isolation gown usage. Administrator #1 indicated that disposable gowns were utilized on the 3rd floor observation unit. Each staff has a gown which is donned upon entering a resident's room, the staff member will hang their gown on a hook in that resident's room prior to exiting the room and will put the same gown back on each time they enter that resident's room. She indicated that the staff do not share gowns with each other nor wear the same gown in more than 1 resident room. The gowns are disposed of if they become soiled or torn and at the end of the shift. Administrator #1 was asked how staff know which gown is theirs within each resident room and she indicated they have their hooks. She was asked if the facility had a shortage of PPE or if they were at crisis capacity. She indicated that there was plenty of PPE in the facility and they were not at crisis capacity. Administrator #1 indicated the facility was following CDC guidance however, she was unable to provide the surveyors with guidance from the CDC that allowed for gown reuse when the facility was not experiencing a shortage. Re-donning isolation gowns places the staff at greater risk of exposure and transfer of potentially harmful organisms to residents and others. Per the CDC, reusing isolation gowns should only be considered as an exception during crisis capacity and as per the CDC's guidelines.</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.