

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>085020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PINNACLE REHABILITATION &amp; HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3034 SOUTH DUPONT BLVD SMYRNA, DE 19977</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, clinical record review, review of the CDC (Centers for Disease Control) COVID-19 guidelines, and the facility policy and procedure, it was determined that the facility failed to follow COVID-19 precautions to isolate and implement transmission based precautions for two (R1 and R2) out of three sampled residents, R1 had symptoms of COVID-19 and shared the same room with E2 who did not have symptoms of COVID-19. Findings include: 4/2/2020 - The Centers for Medicare &amp; Medicaid Services (CMS) and the CDC issued COVID-19 Long-Term Care Facility Guidance that included: Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status. When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients. The facility's Policy and Procedure, with an effective date of 3/6/2020 and with the most recent revision date of 4/16/20, documented the following: .III Residents Residents with symptoms such as coughing, sneezing, difficulty breathing, fever or respiratory illness will be placed on droplet precautions. Residents with above symptomatology will be tested for COVID-19 per the CDC and the Delaware Department of Health Guidelines. Residents, who are presumptive COVID-19 positive or those exhibiting the above mentioned symptoms will be transferred to the facility's designated/identified COVID 19 area contingent on the availability of a room . 1. Review of R1's clinical records and the facility's Line Listing revealed the following: 3/9/2020 - R1 was admitted to the facility from the hospital following treatment for [REDACTED]. 4/1/2020 - A Nurse Practitioner (NP) Progress Note by E5 (NP) documented that R1's cough was better and that R1 was treated in the hospital for aspiration pneumonia. 4/6/2020 - A NP Progress Note by E5 (NP) documented that R1's cough was better and there were no new concerns. 4/8/2020 11:24 PM - A Nursing Progress Note by E9 (LPN) documented that R1 had a runny nose, cough, low grade temperature of 99.3 F (normal adult temperature 97.0- 99.0 F, although often lower in older adults) and that R1's attending physician was to assess R1. R1's oxygen saturation on room air was 93% (normal range 95- 100%). 4/8/2020 - The facility's Long Term Care Respiratory Reference Line Listing documented that R1's symptom onset date was 4/8/2020, which included fever and a cough. 4/9/2020 00:13 AM - The vital sign log documented a temperature of 99.8 F. There was lack of evidence that the facility identified that the elevated temperature of 99.8 F was consistent with the symptomatology of COVID-19. In addition, there was lack of evidence that the facility implemented isolation and droplet precautions for R1. R1 and R2 remained in the same room, although R2 was not exhibiting symptoms of COVID-19. 4/9/2020 - The NP Progress Note by E5 (NP) documented an elevated temperature of 99.3 F and 99.8 F yesterday and cough gone per pt. (patient). 4/10/2020 10:43 PM - A Nursing Progress Note by E7 (LPN) documented that R1 complained of being sick to the stomach after dinner and an order was obtained for a chest x-ray. 4/11/2020 1:09 AM - A Nursing Progress Note by E10 (LPN) documented a new [DIAGNOSES REDACTED]. R1 started on oral antibiotics two 2 days ago and continued with a cough. 4/16/2020 - A NP Progress Note by E5 documented, coughing a lot yesterday, and ordered stat (urgent or rush) labs which showed abnormal results and an elevated temperature of 99.9 F, ordered intravenous fluids. R2 was reassessed two hours afterwards and R1 was tachypneic. A COVID-19 swab was done and sent to the Department of Health. R2 was sent via 911 to the hospital due to respiratory distress. 4/16/2020 - The facility's LTC Respiratory Reference Line Listing was updated to include that a specimen for COVID-19 was completed on 4/16/20; 8 days after the onset of symptoms. 4/18/2020 - The hospital's Discharge Summary documented the primary discharge [DIAGNOSES REDACTED]. 4/21/2020 3:45 PM - An interview with E2 (DON) and E4 (ICP2) confirmed that the facility did not implement droplet precautions and isolate R1 as R1 was being treated for [REDACTED]. 4/22/2020 1:30 PM - An interview with E5 (NP) revealed that after the elevated temperature of 99.8, R1's subsequent temperature was 99.3, thus, a chest x-ray was ordered which confirmed pneumonia. E5 stated that R1 was being treated for [REDACTED]. E5 verbalized that she tested R1 for COVID-19 on 4/16/2020, before R1 was transported to the hospital due to his worsening condition. E5 stated that the test confirmed R1 was COVID-19 positive. 2. Review of R2's clinical records and the facility's Line Listing revealed the following: 2/11/2019 - R2 was admitted to facility with [DIAGNOSES REDACTED]. 4/10/2020 6:18 PM - A Nursing Progress Note by E7 (LPN) documented that R2 was experiencing shortness of breath (SOB) with wheezing and required supplemental oxygen which was placed by the previous shift due to a oxygen saturation of 86% (normal range 95- 100%). After the administration of oxygen, the saturation level increased to 93%. 4/10/2020 - A NP Progress Note by E5 (NP) documented that R2 was short of breath this morning, required supplemental oxygen at 2 liters per nasal cannula and R2 experienced minimal improvement. R2 started coughing 2 days ago with sputum. Breathing treatments and a chest x-ray were ordered. 4/10/2020 - The facility's LTC Respiratory Reference Line Listing documented that R2's symptoms of SOB and coughing began on 4/10/2020. There was a lack of evidence that the facility identified that the new onset of SOB and coughing were consistent with the symptomatology of COVID-19. In addition, there was a lack of evidence that the facility implemented isolation and droplet precautions for R2, as R2 and R1 remained in the same room. 4/10/2020 6:27 PM - A Nursing Progress Note by E7 (LPN) documented that the chest x-ray results were obtained which confirmed that R2 had pneumonia. 4/13/2020 - A NP Progress Note by E5 (NP) documented that R2 had a [DIAGNOSES REDACTED]. R2 continued with a cough and feeling tired. 4/15/2020 - A NP Progress Note by E5 (NP) documented that R2 continued with a cough and fatigue. 4/16/2020 10:46 PM - A Nursing Progress Note by E10 (LPN) documented that R2 was transferred to a private room with droplet precautions. 4/17/2020 - A NP Progress Note by E5 (NP) documented that R2 had muscle weakness and R2 was tested for COVID-19, as R2's roommate, R1, was confirmed with COVID-19 on 4/16/2020. 4/21/2020 3:45 PM - An interview with E2 (DON) and E4 (ICP2) confirmed that the facility did not implement droplet precautions and isolate R2, as R2 was being treated for [REDACTED]. 4/22/2020 1:30 PM - An interview with E5 (NP) revealed that the new onset of SOB on 4/10/2020 was odd and R2 was having trouble breathing. E5 verbalized that R2 was being treated for [REDACTED]. E5 had R2 tested for COVID-19 as R2 was exposed to R1. E5 verbalized that it was her opinion that COVID-19 testing was not warranted for R2, despite the new onset of SOB. 4/27/2020 12:00 PM - Findings were reviewed during the Exit Conference with E1 (NHA) and E6 (QACC).</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.